WORLD HEALTH ORGANIZATION
OFFICE AT THE EUROPEAN UNION

2014-2015
Our people
Promoting health within the UN system
Driving the Health Research Agenda
Shaping the EU Public Health Agenda
WHO and the EU: a reinforced partnership
Integrated communications
Welcome

The European Union (EU) is a very important partner of the World Health Organization (WHO); it represents 28 Member States (MS) of the 53 countries of the WHO European Region (WHO Europe). All of these 28 EU countries fall under the mandate of WHO Europe. The effective cooperation of both institutions in all health related topics benefits member states of the EU and other nations with whom Europe is linked.

Contemporary public health challenges are complex and interlinked. Addressing them at all levels – individual, institutional, community, local or national – requires strategic and coordinated initiatives. There is a need to integrate and ensure coherence between the many different sectorial policies, which are relevant to keep individuals and populations healthy.

In response to this changing context, Health 2020, the European health policy framework of WHO, underlines the importance of cooperation across and within governments and societies for health and well-being. It aims at improving health for all and at reducing health inequalities. Indeed, investment in health reduces disparities and further contributes to social cohesion breaking the downward spiral of poor health that both contributes to and results from poverty and exclusion.

The EU plays a crucial role in promoting public health complementing national health policies. Since 2000, the European Commission and WHO have established a framework for cooperation aiming at identifying and developing effective actions to ensuring an intersectoral approach to public health policy development. Both organizations recognize that the contribution of and dialogue with other sectors influencing health determinants is crucial. This approach is fully in line with the Health 2020 framework.

Over the last years, the WHO office at the European Union has actively contributed to strengthening the collaboration and synergies with both the EC and other EU institutions and stakeholders, including the European Parliament, the Council and the broad public health community.

This activity report illustrates the extensive work carried out by WEU in Brussels in the last two years. It shows that together we are on the right path to build a European Region in which all people are enabled and supported in achieving their full health potential and in which health inequalities are reduced.
Introduction

The past biennium has been rich in opportunities and challenges for the health sector, not only at EU level, ranging from the containment of Ebola in three African countries; the new climate change agreement in Paris; the phasing out of the Millennium Development Goals and the approval of the new SDG’s agenda, to mention a few.

During this biennium 2014–2015, WEU has worked to promote WHO’s health agenda and to foster co-operation with all EU institutions and stakeholders. This report gives an overview of the WEU political and programme achievements and events organized since January 2014 until December 2015.

WEU was set up in 1998 to support and strengthen the cooperation between WHO and the three main decision-making bodies of the EU: the European Commission, the European Parliament (EP) and the Council of the European Union (Council) as well as with other relevant stakeholders interested in public health. This partnership aims at facilitating the achievements of the common public health goals at global and regional levels.

The landscape of the actors and stakeholders of the EU and especially the Brussels landscape is broad and dynamic. In this environment, WEU functions as a hub between the EU institutions, other stakeholders and WHO. WEU informs and communicates on WHO developments and strategies through different platforms and mechanisms.

Moreover, we have consolidated a systematic dialogue with the European Commission at technical and at political level extending the remit of the work beyond the health sector to other agendas relevant to health. We therefore deal, in addition to DG SANTE (Health and Food Safety), with DG RTD (Directorate-General for Research and Innovation), DG DEVCO (Directorate-General for Development and Cooperation), EEAS (EU External Action Service), DG CLIMA (Directorate-General for Climate Change), DG ECHO (Directorate-General for Humanitarian Aid and Civil Protection), DG ENVIRONMENT (Directorate-General for the Environment), DG CONNECT (Directorate General for Communications Networks, Content & Technology) and others.

I am pleased to say that WHO’s technical expertise has been increasingly recognized by these directorates in the European Commission as well as by the Environment, Public Health and Food Safety European Parliament Committee (ENVI) as the reference source of expertise and knowledge on critical public health issues.

In addition, over the years WEU has revitalized an informal network with the EU countries health attachés based in Brussels to facilitate an exchange of views on issues of common interest. At the same time, the WEU team monitors and disseminates information within WHO on EU policies and initiatives. We identify opportunities to improve cooperation at the global, regional and country levels. In order to ensure a better understanding of EU developments through a more systematic exchange of information we have been disseminating a weekly newsletter, which reaches senior management in WHO headquarters and in WHO Europe. In this way we make sure that EU developments are better known at the appropriate level in WHO thus facilitating the interaction with the EU and a better and informed proactive approach by WHO for public health policy development.

With the aim of contributing more actively to shape the EU public health agenda, during 2014-2015 biennium WEU has intensified its public role, attending over 560 events as well as initiated an active presence in social media. These efforts allowed for a broader recognition of WHO leadership in public health issues within the large stakeholder base in Brussels.

The Ebola outbreak, vaccination campaigns, carcinogenicity of meat and processed meat, air quality, tobacco, alcohol, the intersection between food and health, the noncommunicable disease debates, the sustainability of health systems, the global role of health in development policies or the elimination and eradication of some diseases are some of the debates in which we have been an active contributor.

Moreover, we have an established network with United Nations (UN) agencies in Brussels and we work through several working groups on specific topics to respond jointly and with one voice to policy developments relevant for health in the EU. WEU also contributes to discussions on the financial administrative framework agreement (FAFA) between the EU and the UN.

WEU has also contributed to advance public health research by carrying out a specific research project named RAHEE funded by the public health programme of DG SANTE. This project...
The continuous support from the WEU office in providing information and the promptness in responding to requests has been instrumental for our planning and for promoting our agenda for evidence-informed policy making. It should also be seen as a benchmark to monitor and evaluate the work which will be undertaken in future years.

I hope you will enjoy reading it.

Roberto Bertollini
Chief Scientist and WHO Representative to the EU

Recognizing the constant evolution of social, environmental, economic and epidemiological realities and their impact on population health, the strength of WHO-EU partnership remains vital to improving public health across the globe. WHO looks forward to continuing to build on joint efforts with the EU towards shepherding a new, successful era of sustainable development.

Ian Smith
Executive Director of the Director-General’s Office, WHO

aimed at identifying priorities for a research agenda on health economic evaluation, outlining the existing health economic evidence on the 10 main conditions responsible for the highest burden of disease in the EU. The recommendations from the project are being used by the EC as a basis for identifying the research questions to address by DG RTD in the future. We would like this report to be a tool for better knowledge of the work of the WEU within and outside the WHO system. It

Claudia Stein
Director of the Division of Information, Evidence, Research and Innovation, World Health Organization, Regional Office for Europe
WHO and the European Union: a reinforced partnership

In 2015, the European Commission and the WHO renewed their joint commitment to work together towards their shared objective of addressing today’s complex health challenges, from health security to chronic diseases and health systems. The office of the WHO at the European Union continued to play an important role in ‘greasing the wheels’ of the Commission’s daily cooperation with WHO, as well as in contributing to the EU health policy debates in Brussels.

Acknowledgments

The report would not have been possible without the many contributions from colleagues from the World Health Organization Office at the European Union. The bi-annual report has been greatly enriched through discussions with the WEU team and with the input from colleagues across the organization.

European Commission-WHO: a reinforced cooperation

“...wish to continue their engagement for effective dissemination of scientific evidence, data and information of relevance for health policies, thereby facilitating assessments and comparisons that can help policymaking. The two institutions intend to continue to exchange information on their respective actions and projects in order to increase complementarity and thus ensuring maximal synergy of efforts”.

An intense collaboration between the two institutions has been developing over time through different agreements, which are summarized in Box III.

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An intense collaboration between the two institutions has been developing over time through different agreements, which are summarized in Box III.
Citizens' health is a core EU priority. EU health policy complements national policies to ensure that everyone living in the EU has access to quality healthcare.

The main objectives of EU health policy include: disease prevention, promote healthier lifestyles, promote well-being, protect people from serious cross-border threats to health, improve access to healthcare, promote health information and education, improve patient safety, support dynamic health systems and new technologies, set high quality and safety standards for organ transplants and other substances of human origin, ensure high quality, safety and efficacy for medicinal products and devices for medical use.

While the organization and delivery of healthcare is the responsibility of individual countries, the EU brings added value in helping countries achieve common objectives.

EU health policy generates economies of scale by pooling resources, and helps countries to tackle the common challenges, including health threats such as pandemics, the risk factors associated with chronic diseases or the impact of population ageing on healthcare systems.

EU health policy is developed in a process involving the Council of the European Union, the EP and the European Commission.

The Council of the European Union (Council) is the EU's main decision-making body. It represents the 28 MS. It is the council and the parliament that pass European laws.

The European Parliament (EP) is the European body that directly represents the people of the MS. It consists of 751 members. The EP shares equal legislative and budgetary powers with the Council. The European Commission is accountable to the EP.

The European Commission (EC) is the executive body of the EU responsible for proposing legislation, implementing decisions, upholding the EU treaties and managing the day-to-day business of the EU.

Important institutions with whom WEU cooperates on a regular basis include the European Commission, the EP and the European Council of the European Union (See Box I). WEU interacts efficiently with the EU executive body with the aim of mutually reinforcing policies and actions being developed by both organizations for public health development. Moreover, WEU closely monitors and provides input to EU policies related to health such as the air quality directive or the safety at work strategy. At the political level, periodic meetings take place between the EU Health Commissioner, the WHO Director-General and the WHO Regional Director for Europe.

At the technical level, senior officials’ meetings are held annually, involving officials from various EC Directorates-General and from WHO offices in Geneva, Copenhagen and Brussels. The most recent senior officials’ meeting (SOM) was held in February 2015. (See Box IV for an overview of the past SOM meetings)

2000: In December 2000, WHO and the EC exchanged letters to strengthen and intensify their cooperation in the field of health. The agreement linked a number of priority areas - including health information, communicable diseases, tobacco control, environment and health, sustainable health development, health research - and also outlined practical procedures for systematic cooperation.

2010: The WHO-EC cooperation was further developed in the Moscow Declaration of September 2010 seeking to strengthen policy dialogue and technical cooperation on public health.

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2015: In September, the EC and WHO/Europe renewed their joint commitment to work together towards their shared objective of better health in Europe. The new document outlines the objectives, principles and modalities for continued cooperation in different policy areas such as health security, RTD, noncommunicable diseases (NCDs), antimicrobial resistance (AMR), health inequalities, emerging health threats, health systems and health information. In the period 2015 – 2019, the two institutions intend to maintain and expand their cooperation in the identified priority policy areas.

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### Box I: The EU and health policy

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### Box II: EU main collaborating institutions

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### Box III: The EU and WHO: framework of collaboration

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In addition, WEU participates and often facilitates a number of technical and high level meetings with the EC to support the global and regional efforts of WHO, including the Global Health Policy Forum jointly organized by 3 Directorates of the Commission (SANTE, DEVCO and RTD).
WHO HQ - European Commission

Dr Chan has met on several occasions with Commissioners Andriukaitis (Health), Mimica (Development), Stylianides (Humanitarian Aid and Crisis Management) and Moedas (Research and Innovation) to discuss, among other issues, a coordinated response to the Ebola outbreak.

On June 4 2015, in the context of the European Development Days, Dr Chan delivered a keynote opening statement on the Ebola outbreak at the high level session organized by WEU on From Resilience to Resilience: Consolidating Efforts for a sustainable Ebola response. On the same day, Dr Chan launched in the EP, an emergency appeal, to support the international humanitarian response to the health needs in Iraq. Dr Chan warned that public services for health, water, and sanitation were collapsing and that the support of the international community was urgently needed.

WHO Europe - European Commission

WHO Regional Director for Europe, Zsuzsanna Jakab has met the EU Health Commissioner on a number of occasions. For instance, the first meeting took place on the third day in office of the Health Commissioner on 5 November 2014, to discuss priorities and future collaboration. Both leaders meet and interact on a regular basis in different settings. This allows for a permanent exchange of views, coordination and partnership.

Zsuzsanna Jakab has also met a number of EU senior officials to discuss ongoing and future cooperation. WEU has enhanced its efforts towards a reinforced cooperation with different directorates within the EC. In addition to DG Sante, WEU has worked with DG Environment, DG DEVCO, DG RTD or DG TRANSPORT, in order to facilitate the implementation of an effective intersectoral policy for health.

WHO Regional Director for Europe, Zsuzsanna Jakab, EU Health and Food Safety Commissioner, Vytenis Andriukaitis

© European Union, 2015 / Photo: Lieven Creemers

Box IV: WHO - EC: Senior official meetings and high level meetings

Since the beginning of the cooperation between WHO and the EC, a total of 15 SOM’s have been organized. In the biennium 2014–2015, WEU organized the last one in February 2015. Minutes and records of these meetings can be found in the links that are provided at the end of this report (see References section).

European Commission - WHO collaborative projects

There are many joint EC / WHO projects involving technical or financial collaboration with a number of different Commission Directorate-Generals. WEU has followed very closely (the office has participated in over 20 meetings) the discussions on the financial administrative framework agreement (FAFA) between the UN and the EC to develop a coherent and mutually acceptable legal and financial framework. This agreement underwent intense negotiations in 2014–2015.

This project identified priorities for a research agenda on health economic evaluation and the results included an outline of the existing health economic evidence on the 10 main conditions responsible for the highest burden of disease in the EU. The project concluded summarised recommendations to the EC on how to address the knowledge gaps identified.

Among the many technical projects carried out in partnership between WHO and the EC, the RAHEE project, funded by DG SANTE was implemented directly by WEU.

Discussion between Dr Margaret Chan, Director General of the World Health Organization (WHO), on the right, and Neven Mimica, Date: 03/03/2015   Reference: P-027675/00-19   Location: Brussels - Palais d’Egmont © European Union, 2015 / Photo: Etienne Ansotte

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When the EC starts working on a new policy initiative or revises existing legislation, it usually opens a public consultation. These public consultations provide an ideal platform for WEU to provide WHO expert knowledge on specific public health issues being addressed.

Some of the WHO/WEU contributions to policy development in the EU:
- Europe 2020 strategy public consultation in November 2014. WEU coordinated the WHO response to the EU policy strategy and highlighted the importance of universal health coverage, the role of prevention policies, health in all policies, and the importance of a whole-of-government approach for health improvement.
- Implementation plan of the European consensus on humanitarian aid in 2015. WEU highlighted some of the lessons learnt from the Ebola crisis and the importance of health in humanitarian response.
- Towards a new partnership between the EU and the ACP countries after 2020. The UN Brussels based agencies, including WHO, have submitted a joint response to the EC’s public consultation on the relationship between the EU and the ACP countries in December 2015. The aim of the consultation was to take stock of the current partnership agreement, to explore the extent in which it remains valid for the future and offers a platform to advance joint interests. The UN submission highlighted the agenda 2030 and its 17 SDGs and how the partnership needs to adapt to respond to new challenges and a new international cooperation system. The UN agencies requested the SDGs to be considered in the early planning stages of envisaged joint initiatives.

WEU - advancing the public health agenda in the European Parliament

Chair, European Parliament Committee on the Environment, Public Health and Food Safety

Giovanni La Via

Since 1979, successive European treaties have increased the powers of the EP when it comes to drafting the EU budget and laws. EP political control of the EU’s other institutions and bodies has also been strengthened. With the Lisbon Treaty, which entered into force in 2009, the EP’s legislative role has grown considerably: it now has as much weight as the Council of the European Union.

The EP has consistently acted for the establishment of a coherent public health policy. It has also actively sought to strengthen and promote health policy through numerous opinions, debates, or own-initiative reports on a wide range of issues including tobacco, alcohol, access to medicines, obesity, food and health, vaccines, HIV or the SDGs.

WHO is always been a valuable partner when it comes to establishing the best policies on health technologies and medical devices.

With sincere gratitude for the work done and all my support for the work ahead of us,
ENVI Committee: Exchange of views with Zsuzsanna Jakab, WHO Regional Director for Europe, on the Ebola crisis 22, 23
05.11.2014 - Zsuzsanna Jakab, WHO Regional Director for Europe, briefed the Committee on Environment, Public Health and Food Safety on the impact of the Ebola outbreak in Europe and abroad on 5 November 2014.

In a separate meeting, Rick Brennan, Director, Ebola Response Team, on the Development Committee, discussed the Ebola crisis in view of preparing an EP Resolution on the issue.

The risk of an Ebola outbreak in European countries remains low. The Ebola outbreak has severely affected Guinea, Liberia and Sierra Leone in Western Africa. The urban and suburban setting, combined with weak health systems and conflict in the subregion has led to this crisis. We need to address Ebola at its source.

Giovanni La Via and Roberto Bertollini with Professor M. Catchpole 16

Today, vaccines have an excellent safety record and are among the most efficient and cost-effective instruments that we have in public health.

Roberto Bertollini
Chief Scientist and WHO Representative to the EU

“WHO is concerned about a worrisome mistrust in vaccination programmes among some groups of the population, despite solid scientific data”, said Bertollini. He invited Members of the EP to make use of good science as a basis to make policy decisions and to close the immunization gap in Europe by urging MS to implement the European Vaccine Action Plan 2015-2020 (EVAP) that was adopted at the 64th session of the WHO Regional Committee for Europe by all EU countries in 2014. 26
Officials within Permanent Representations dealing with health and health related issues are called health attachés. They meet on a regular basis in preparation for upcoming negotiations or as part of existing coordination mechanisms, such as the Council Working Group on Health.

Informal network of Health attachés

European citizens are facing great public health challenges such as NCDs, AMR, access to affordable and high quality care for everyone but also new emerging risks linked to the environment we live in. Understanding health trends is very important to ensure better coordination among different policy levels and deliver better healthcare for our citizens. I look forward to continue cooperating with WHO to better respond to existing and emerging healthcare challenges.

Roberto Bertollini
WHO Representative to the EU

Health policies can create an environment where the default option is the healthy one.

Roberto Bertollini
WHO Representative to the EU

IARC’s review confirms the recommendation in WHO’s 2002 “Diet, nutrition and the prevention of chronic diseases” report, which advised people to moderate consumption of preserved meat to reduce the risk of cancer. The latest IARC review does not ask people to stop eating processed meats but indicates that reducing consumption of these products can reduce the risk of colorectal cancer. An analysis of data from 10 studies estimated that every 50 gram portion of processed meat eaten daily increases the risk of colorectal cancer by about 18%.

Roberto Bertollini
WHO Representative to the EU

EAT FOR HEALTH

13.10.2015 - The EP has organized the workshop “Eat for Health” to discuss eating habits and trends in Europe as well as the options for policy makers, industry, professionals and citizens to promote a healthier diet.

Roberto Bertollini, Chief Scientist and WHO Representative to the EU, presented the WHO Europe ‘Food and Nutrition Action Plan 2015-2020’ (FNAP) and he explained that 15 of the 20 leading risk factors for NCDs are associated with nutrition and physical activity. The FNAP identified five priority areas, one of which is to create healthy food and drink environments. Effective food marketing policies, pricing policies and promotion of a healthy diet by health professionals could make healthy options more available to everyone.

Red meat and processed meat

ENVI Committee: Exchange of views with WHO on the IARC monograph evaluating the potential carcinogenicity of the consumption of red meat and processed meat.

09.11.2015 - WHO joined the Committee on the Environment, Public Health and Food Safety (ENVI) for an exchange of views following the 26 October press release about the results of an IARC monograph on the potential carcinogenicity of the consumption of red meat and processed meat, and to respond to MEPs questions on the impact that the alarm reported by the media had on meat and processed meat producers in the EU and on the general public.
Shaping the EU Public Health Agenda

WEU has made a great effort over the past two years to expand and consolidate its relationship with other public health stakeholders in Brussels. As a member of the EPC’s Coalition for Health, Ethics and Society (CHES) Steering Committee and as a speaker at various health-related events, WHO staff has made an important contribution to reminding the European audiences of the importance of health across various policies and the need for comprehensive thinking. As the EPC continues to promote discussion on the health challenges of the day, we look forward to the valuable contributions of the WHO Office at the EU also in the future.

Annika Hedberg
Senior Policy Assistant, European Policy Center

The office of the WHO at the European Union has been a key partner for the Association of European Cancer Leagues (ECL) in our work in promoting cancer prevention in particular the European Code against Cancer, as well as access to screening and patient support and treatment. WHO has been instrumental in supporting ECL’s vision of a Europe free of cancers, and has been an active participant in our work at the European Parliament. WHO office to the EU has been very supportive in our role as the Secretariat for the MEPs against Cancer, an all-party Parliamentary group committed to political action on cancer. We find our collaboration with WHO very productive and look forward to continuing our work together.

Wendy Yared
Director, Association of European Cancer Leagues

WEU advocacy activities have involved delivering evidence-based recommendations to decision makers and stakeholders on and off open public fora. This has been supported by WEU communication activities aiming to reinforce the WHO mandate to drive positive public health change.

WEU has attended 563 events over the last two years and delivered 56 presentations on a variety of topics ranging from tobacco, alcohol, AMR, air quality, health systems and its sustainability, cancer, diabetes, chronic respiratory diseases, cardiovascular, trans-fats, obesity, tuberculosis (TB), Ebola, healthcare workforce and access to medicines.

As a leading think tank that aims to stimulate new thinking on European and global issues, we regard the WHO Office at the European Union as a highly valuable actor willing to go the extra mile to improve the health status of Europeans.

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Wendy Yared
Director, Association of European Cancer Leagues

Establishing a broad-based public health community has been a passionate job for the WEU team. WHO Europe and WHO. Some information about the number and types of WEU outreach and advocacy activities as well as the main topics addressed over the past two years are illustrated below:

Working with the extended public health community

WEU has made a great effort over the past two year, to expand and consolidate its relationship with other public health stakeholders in Brussels. This has resulted in a growing and closer collaboration with the public health community on issues of high public health concern such as NCDs - tobacco and alcohol, Health 2020 or SDGs.

Nathalie Furrer
Director, Friends of Europe

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Some of the stakeholders WEU has collaborated with in the biennium 2014-2015
EPHA is Europe’s leading NGO alliance advocating for better public health. WEU is an essential partner for our work towards universal good health and well-being, and access for everyone to sustainable and high quality health systems. We share the aims of WEU and of Health2020, for a Europe whose policies and practices contribute to health, both within and beyond its borders. EPHA believes that such partnerships are vital to advance crucial public health initiatives and to achieve effective governance with health at the heart of all policies. We look forward to continuing our great cooperation with WEU to achieve better health for all.

Nina Renshaw
Secretary-General European Public Health Alliance

Working collaboratively with the WHO on issues of patient safety has been invaluable to the success of awareness raising campaigns on key public health issues in Europe.

John Bowis
Honorary President of Health First Europe

Chapter II. Shaping the EU Public Health Agenda

WEU INVOLVEMENT AT EVENTS

<table>
<thead>
<tr>
<th>Attendance</th>
<th>Presentation or speech</th>
<th>Chair or panelist</th>
<th>Total participation</th>
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<tr>
<td>506</td>
<td>40</td>
<td>17</td>
<td>563</td>
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Tobacco

The adoption of the EU Tobacco Products Directive (2014/40/EU) (TPD) in 2014 has been an important milestone in the fight against tobacco consumption in the EU. This development contributes to the implementation of the legally binding WHO Framework Convention on tobacco control (FCTC) which entered into force in February 2005. Both EU Member States and the EU are parties to this Convention. In the process to adopt the TPD, the tobacco industry deployed a massive scale lobby to amend, delay and water-down the text, in what has been described as “the most lobbied dossier in the history of EU institutions”.

WEU established a very strong presence in the EP during the discussions on the Tobacco Products Directive and in particular collaborated with the rapporteur of the initiative, Linda McAvan MEP.

In 2013, WEU organised a seminar on the occasion of World No Tobacco Day, which addressed banning tobacco advertising as one of the most effective key measures to reduce smoking. In addition a large number of meetings and presentations were delivered by WEU in different settings in close collaboration with a number of stakeholders such as the European Public Health Alliance (EPHA) and Smoke Free Partnership (SFP) to make the voice of the public health community heard.

Following the adoption of the Directive, the advocacy efforts of WEU have continued to facilitate the development of a number of delegated acts foreseen in the TPD.

In relation to the FCTC, WEU has facilitated some high-level meetings between Vera Da Silva, Head of Convention Secretariat (WHO FCTC) and EC officials (including EC Health Commissioner, EC Commissioner for Development) in June 2015 to get support to the Protocol to eliminate illicit trade in tobacco products. Other issues that were addressed during this round of meetings were:

- The agreement between Philip Morris International and the EC and the need not to extend its validity beyond June 2016
- The role of OLAF (as an organization from the EU who is Party to WHO and full party to FCTC) and as such eligible to become Party to the Protocol to Eliminate Illicit Trade in Tobacco Products) in its fight against illicit trade
- The interference of the tobacco industry in the ratification process of the FCTC with developing countries

The work with the EP in relation to tobacco continues and WEU is cooperating with the cross-party working group chaired by Gilles Pargneaux MEP (S&D, France), who also co-chairs the Parliament’s ENVI committee. The EP group works to ensure MS meet the transposition deadline of the Tobacco Directive as well as the enforcement of the FCTC provision that requires total transparency of meetings between the tobacco industry representatives and policy-makers meeting tobacco industry representatives. The EP anti-tobacco group working group also aims at addressing illicit trade and cigarette smuggling.

European Union and the International Development Community

The European Development Days 3-4 June 2015

2015 was a transitional year for the development community as it marked the deadlines for both reaching the MDGs and agreeing on the post-2015 development framework. WHO through WEU participated in the 9th edition of the EDD to ensure that health is a top priority in the post-2015 agenda and that the lessons learnt from the Ebola response were fully integrated.

The EDD 2015 edition was a great opportunity for the development community to talk about health as a critical contributor to achieving the overarching purpose of the SDGs. WEU organized a high level plenary session from response to resilience: Consolidating efforts for a sustainable Ebola response and a laboratory session on the International Health Regulation in the context of cross border health threats of
From Response to Resilience: Consolidating Efforts for a sustainable Ebola Response - The aim of the plenary session, opened by Dr Chan, was to get an insight into how different organizations use the lessons learnt from the Ebola outbreak to strengthen national and international response and capacities and build more resilient health systems. It was also an opportunity to discuss the situation regarding the Ebola outbreak, including the global response, its medium and long-term societal implications for the three affected countries - Guinea, Liberia and Sierra Leone; and the role of the international community in ensuring sustainable recovery. It also facilitated discussions about conditions, resources and political commitments needed for global public health emergency response capacity and preparedness for future global epidemics.

International Health Regulations in the context of cross border health threats of international concern - This session was an opportunity to understand the role of international collaboration and health governance to contain the spread of infectious diseases. Approved in 2005, the International Health Regulations (IHR) have helped countries to prevent, detect, inform and respond to public health events in a coordinated manner. Different health crises such as the H1N1 pandemic and the Ebola outbreak highlighted the weaknesses and strengths of this tool and the challenges for countries with weak health systems.

Refugees and Internally Displaced Persons: Right to Health, Right to Life - Globally, more than 50 million people have been forced to flee their homes and two-thirds of them are internally displaced due to conflict in their home country. Growing global instability has led to a rising number of internally displaced persons (IDPs) and refugees. This situation has created an ever increasing burden on host countries and aid agencies providing essential healthcare services. Participants at the session drew on their experience to explore contemporary challenges and lessons learnt, as well as outline practical strategies and recommendations for providing quality healthcare to refugees and IDPs.

Liaising with the key EU partners to address health needs in conflict zones and emergencies

WEU has been working closely with regional offices, country offices and headquarters to support the EU participation in addressing the health needs of people in conflict and emergency situations, including response to crisis in Iraq, Syria, Nepal and Yemen.

On 4 June 2015, Dr Margaret Chan, WHO Director-General delivered a speech at the EP External Affairs’ Committee on the occasion of the launch of the 2015 Iraq Humanitarian Response Plan (HRP) - an appeal for funding in response to this humanitarian and health crisis.

The Ebola outbreak in 2014 and 2015 in the three West African countries Guinea, Sierra Leone and Liberia and the repercussions it had at international level have substantially changed the perception of the international community on global health security. This outbreak has also shown how an epidemic can proliferate rapidly in the absence of a strong health system capable of a rapid and integrated response.

The engagement of the international community including the ACP countries, the EU and its MS has played a crucial role in the response to the Ebola crisis. WEU supported WHO global efforts to mobilize the international community in the response ensuring updates and communication on developments.

Collaboration with the African, Caribbean, and Pacific Group of States (ACP)

ACP Secretariat in Brussels has been instrumental in the set up of an international response to the Ebola outbreak. The Secretariat organised several important conferences.

| On 17 September 2014 WEU was invited by the ACP Secretariat in Brussels to deliver a presentation on the response to the Ebola crisis. |
| On 23 February 2015 the ACP organized a second meeting of senior health officials in Brussels. WEU delivered a technical presentation on Ebola preventive measures and response to the Ebola crisis supporting the preventive and control measures for this viral disease epidemics |
| Seizing the momentum, on the 25–26 February, the ACP countries organized a Health Ministerial conference to reflect on the ACP cooperation on health in the context of the post–2015 development agenda. WEU was invited to deliver a presentation on the Ebola response and preventive measures in West Africa. WEU provided input to the ministerial declaration which was adopted. On this declaration, ministries emphasised the need to strengthening health systems to prevent future epidemics like Ebola. |

The Ebola outbreak has been a wake-up call for the international community. WHO is taking steps to make sure that the world will never again be taken by surprise and that never again the international community, national governments and local authorities will not be fully equipped to respond.

NATO

NATO invited WEU on 21-22 October 2014 to present the latest information on Ebola and next steps as well as on the 27 April 2015 to speak about Ebola outbreak one year on, to review the lessons and experiences learnt.

European Commission

WEU has facilitated the dialogue between WHO and the EC on the Ebola response. In December 2014, two high-level meetings to discuss the Ebola health response with the EC took place. Rick Brennan, Director, Ebola Response Team, attended these meetings together with WEU colleagues.

In addition, WEU has participated in the weekly meetings organized by DG ECHO and the Health Security Committee to coordinate a European and a Member State response to the Ebola outbreak. WEU collected and provided updates from colleagues in the field and from headquarters.

European Parliament

WHO global and WHO/Europe were invited by the EP (ENVI and DEVE Committee) for an exchange of views with members of the EP to talk about the Ebola response.

Commissioner Christos Stylianides, responsible for humanitarian aid and crisis management, together with AHT and DEVE Chairs Elmar Brok and Linda McAvan as well as Kyung-wha Kang, Assistant Secretary-General for Humanitarian Affairs and Deputy Emergency Relief Coordinator of the UN, also participated in this event.

Furthermore, WEU in coordination with WHO/Europe and headquarters, provided input in the EU Implementation Plan of the European Consensus on Humanitarian Aid, a key political reference document on the EU’s approach to humanitarian aid.

Liaising with the key EU partners to address health needs in conflict zones and emergencies

WEU has been working closely with regional offices, country offices and headquarters to support the EU participation in addressing the health needs of people in conflict and emergency situations, including response to crisis in Iraq, Syria, Nepal and Yemen.

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Driving the Health Research Agenda

Within the framework of the work plan of the 2011 Health Programme, the European Commission requested WHO/Europe to carry out a study to identify priorities for a research agenda on health economic evaluation (RAHEE)\(^36,37\). The RAHEE project, implemented by the WEU in 2013-2015, outlined the existing health economic evidence on the 10 conditions responsible for the highest burden of disease in the EU and made recommendations to the EC on how to address the knowledge gaps identified. The project drew on expertise from across the EU, with partners in Belgium, England, France, Italy, the Netherlands, Poland, Portugal, Slovenia, Spain and Sweden.

Main recommendations for the EU in the field of health economics research and practice are:

- Understanding how cost-effectiveness thresholds should be determined
- Increasing use of real-world data as opposed to purely clinical trial data
- Engaging early with health technology assessment agencies to improve chances new therapies will be assessed for their cost-effectiveness
- Standardization of economic models to improve re-use and transferability
- Assessment of complex treatment pathways and combinations
- Associations between patient characteristics and outcomes

The project execution has been supported by input from a panel of eight internationally recognized experts in health economics. The experts convened three times over the course of the project to provide input to the overall methodology, assess progress of the work and finally, to help integrating the recommendations of a high-level expert panel convened as part of the project implementation in the final report.

The EC was actively participating in the process and represented in the different meetings. The outcomes and main findings of this research are expected to be taken into account by the EC when defining future research calls for proposals on this issue.

Chapter IV. Promoting health within the UN system

Promoting health and well-being is key to achieving progress across all 17 Sustainable Development Goals. WHO and the UN house have worked closely with the European Union to ensure access to health by providing safe and effective medicines and vaccines for all. This strong partnership, ranging from technical cooperation to valuable dialogue on health policies, will be critical to save and improve the lives of people around the world.

Barbara Pesce-Monteiro
Director of the United Nations Representation Office in Brussels

The UN team in Belgium comprises 25 specialized agencies, funds and programmes covering the range of UN humanitarian and development, human rights and peace and security agencies.

WHO works with the UN team at different levels and on different platforms and topics to promote health within the UN system. For example, WHO has contributed to the UN position paper on migration in November 2015.

European Year for Development (EYD) - 2015 was the year in which the MDGs ended and the international community agreed on the future SDG agenda. To mark this moment, the EU declared 2015 the European Year for Development. WHO has been an active contributor to the European Year of Development in cooperation with other UN agencies. Every month in 2015 had its own theme. The themes coincided (often) with international days. April theme was dedicated to health and WEU created a website https://europa.eu/eyd2015/en/who in which different stories, pictures, videos and articles related to the work of the organization were posted. The story From the migration front line: interview with a Lampedusa doctor\(^38\) was drafted in cooperation with the WHO/EURO PHAME project in April 2015 and the article also featured on the WHO/EURO’s website.

WEU also co-curated the Twitter account of the European Year for Development of DG DEVCO (https://twitter.com/ eyd2015) in April and health issues linked to the work of the organization, as well as MDGs were promoted through this channel.
UN Day - Every year, UN agencies in Brussels join to celebrate the anniversary of the UN in partnership with the Ville de Bruxelles. With over 3000 visitors, this was a great opportunity to raise awareness about the activities and the people of WHO.

UN Day 2014 - [http://www.unbrussels.org/un-day-2014.html](http://www.unbrussels.org/un-day-2014.html) This edition of UN DAY 2014 focused on green cities, showcasing how people can integrate the fight for sustainable development and against climate change within their daily work. In addition to promoting WHO programmes in relation to climate change and health, WEU informed the general public about the Ebola outbreak and the emergency response to the crisis.

UN Day 2015 - [http://undaybrussels.org/](http://undaybrussels.org/) On Sunday 25 October 2015, UN Day commemorated the founding of the organization in 1945 “70 Years -We the peoples-. WEU developed different material to illustrate some of the greatest achievements of the organization and the importance of vaccination as a public health tool.

Environmental factors are responsible for nearly a quarter of the global burden of disease. Therefore, it will be crucial to protect and improve our environment to implement the UN 2030 Agenda for Sustainable Development. As an example, UNEP and WHO are working closely together to prepare for the high-level segment of the 2nd United Nations Environment Assembly in Nairobi in May 2016, where environment ministers and representatives from all parts of the globe will debate the theme “Healthy environment - healthy people.”

Chapter IV. Promoting health within the UN system
Integrated communications

In the biennium 2014–2015, WEU communication activities have supported WHO regional and global advocacy efforts by informing in a timely manner on EU developments and by convening WHO messages to Brussels based audiences.

Internal communications

WEU develops different communication tools to ensure that WHO colleagues are informed on EU developments. WEU produces a weekly newsletter based on thorough monitoring of Council, EC, EP, EU agencies and key stakeholders’ activities and policies. This information is gathered through desk research, participation at events and conversations with stakeholders. The weekly newsletter is circulated to a mailing list of over 200 people including WHO senior management, Brussels health attachés and EC high-level officials.

WEU also collects information about upcoming events organized in Brussels by the EU institutions and by relevant stakeholders thus allowing for a detailed weekly overview of activities, events and conferences. This information is distributed together with the weekly newsletter. The list of events is discussed among WEU staff during the weekly team meeting to organize WEU’s participation, as appropriate.

Last, an agenda with EU institutional meetings and related documents on health related matters is also distributed at the beginning of each week permitting a timely follow-up of policy development at EU level.

WEU utilizes both the event calendar as well as the newsletter as a flagging tool for important upcoming topics needing closer attention by other WHO units.

A digital newsletter with additional features that will allow for more interaction with its readership is being developed.

Social media: reaching the Brussels based public health community

In March 2015 WEU launched the Twitter account “WHOatEU” to amplify WHO health messages to key EU stakeholders.

Social media activities have been incorporated in the daily outreach efforts of the office and in support of regional and global health campaigns addressing for instance vaccines, AMR, tobacco, Ebola outbreak, TB, malaria, air pollution, nutrition, NCDs, SDGs, migration and health.

@WHOatEU is followed by a large number of institutional voices including the EC official accounts (@EU_health, @Food_EU, @eu_echo, etc.), Commission offices (@V_Andriukaitis, etc.), MEPs (@MAC_MEPs, @LindaMcAvanMEP), EP Committees (@Europarl_EN, @EP_Environment) but also by key stakeholders, think tanks, bloggers, academia, health experts or UN agencies.

WEU utilizes both the event calendar as well as the newsletter as a flagging tool for important upcoming topics needing closer attention by other WHO units.

A digital newsletter with additional features that will allow for more interaction with its readership is being developed.
WEU is currently composed of 6 staff members and 2 consultants.

The Brussels team include long-serving WHO staff members, many of which have a multiple duty station history. The longest serving staff member (at WEU office) has 14 years of service, followed by a colleague who just completed 10 years. Other team members have joined over the last few years, with WEU’s most recent recruit in October 2015.

WEU complemented its work force by recruiting the services of three consultants to cover a total of 19 man months in order to enhance communication activities from 2014 to the end of 2015, provide logistics support for the organization of the European Development Days in 2015 and support the work of the office with research and analysis.

WEU has put in place an internship programme for recent graduates to work alongside professionals in their field for a period of three to a maximum six months. Formal cooperation was established with a number of institutions, including the European Medical Students Association (EMSA), Luiss Guido Carli University (Rome), Università Cattolica del Sacro Cuore (Rome), or the Flanders Department of Foreign Affairs. There is also an understanding with the Dutch Government to train young professionals in an international institution, as part of their induction programme.

WEU has welcomed 26 interns in the period 2014-2015. The interns provide valuable assistance to the technical officers working in health systems, communicable diseases, NCDs, emergency and response, health through the life-course, communication and outreach activities as well as administration and management. The interns have been fully integrated into the team and conducted policy research, scientific journals review, analysis and communication.

WEU interns, with their enthusiasm and professionalism were essential for the fulfilment of WEU mandates and objectives. We thank their energy, ideas and spirit for innovation.

Roberto Bertollini
Chief Scientist and WHO Representative to the EU
Chapter VI. Our people

Office team (in alphabetical order as of 31/12/2015)

Staff members

- Stéphane Vandam, M.D., M.P.H., Public Health Officer
- Gesine Knolle, Communications and Policy Officer
- Ine Mortelmans, Administrative Assistant
- Maria Teresa Marchetti, Technical Officer
- Masoud Dara, M.D., Medical Officer/Programme manager
- Roberto Bertollini, M.D., M.P.H., Chief Scientist & WHO representative to the EU

Consultants

- Sofia Ribeiro, M.D., consultant - Public Health
- André Peralta, M.D., Researcher
- Patricia Lamas Sanchez, Consultant - External Relations

Interns (as of 31/December 2015)

- Peter Grabitz
- Sofia Lucchini
- Sofiana Ntokou
- Richard Tran
- Nicolas Verheyleweghen
- Anny Yu

Former members of the office team

- Fatima Ludin, Programme Assistant
- Sofie Maes, M.D, Programme Officer
- David Topkaya, Research Fellow

Consultants

- Alexandra Cogels, Event Coordinator
- Anna-Maria Lucas, External Affairs Officer
- Sanne Staes, Administrative Assistant
- Elfi Vanorbeek, Administrative Assistant

Full list of WEU interns 2014-2015 (in alphabetical order)

- Sture Alne
- Allira Attwill
- Arnaud Bayle
**Chapter VI. Our people**

**INTERNS BACKGROUND**
- Political Science / European Studies
- Economics
- Health Sciences / Medicine
- Non-communicable disease
- Communicable disease
- Administration
- Research and Innovation
- Development and cooperation
- Communications
- Health Systems
- Other

**CAREER DEVELOPMENT FORMER WEU INTERNS**
- Specializing MD: 7
- Consultant: 4
- Student Master | PhD: 3
- Corporate Organizations: 2
- Government | Public Organizations: 2
- International Organization: 1

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*Note: The diagram and table provide a visual representation of the interns' backgrounds and career development post-internship.*
Journal Club

The Journal Club was initiated in 2015 to discuss emerging public health issues of relevance for WHO work. It also helps WEU interns become more familiar with the scientific methodology applied to public health and to critical thinking. Staff and interns were invited to choose a scientific paper or a topic relevant for the office due to its impact in public health policy and prepare a short presentation critically evaluating the research methodology, the findings and identify shortcomings. The actual Journal Club initiative is not limited to WEU team members, but has also benefitted from videoconference presentations done by WHO colleagues in country offices on their work, or the presentation of results from PhD research.

In 2015 alone, a total of 13 presentations were made on topics ranging from alcohol consumption, health inequalities, access to innovative medicines and TB. Of those, 10 focused on the discussion of a scientific article published in a high-impact peer reviewed journal and three used other sources of information including PhD theses. All presentations were followed by an active discussion.

Induction Programme

The induction programme was initiated in August 2015 and aimed at providing newcomers and interns with an overview of the procedures and staff at the office, and also a short overview of European institutions and European public health, as well as providing training in social media and in the corporate image of WHO.

Several members of staff are involved in delivering this programme with the aim to help newcomers accommodate to the rhythm and tasks of the WHO environment. Several components take place during the first two weeks of a new arrival to the office for a total time of approximately one and a half days. All participants are invited to fill in an evaluation form, whose analysis will contribute to the improvement of the programme.

In 2015, a total of six interns and one new staff member have benefitted from the induction programme.

Training

WEU, in view of the launch of its twitter account @WHOatEU and its increasing presence in social media, developed a set of guidelines on social media based on the global and regional guidelines. Specific training on social media was delivered by an external expert in March 2015 with the aim to help staff and interns to implement social media tactics in their daily working life.

Training on public affairs and advocacy was also organized with an external communications agency for the staff and interns during a team development day in December 2015. A total of 19 participants joined the training.

Safety and security

Security has been a hot topic in Brussels during 2015, with increased awareness of vulnerability during the last months of the year. Under the guidance of UNDSS who executed two visits to the UN premises in Belgium, several actions for improving the safety of UN staff and WHO staff in particular were taken, with effective reinforcements of the offices and building. WEU is using a group via the WhatsApp platform to communicate quickly between all members of the office team. This has proven effective during the Brussels lockdown at the end of November 2015.
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31. Information about the Ministerial Conference can be found here: http://www.acep.org/content/sightlines-after-post-2015-development-agenda-acp-health-ministers-meeting
32. Information about the Ministerial Conference can be found here: http://www.acep.org/content/sightlines-after-post-2015-development-agenda-acp-health-ministers-meeting
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