The World Health Organization in the European Region
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Welcome to the WHO Regional Office for Europe (WHO/Europe). We work in the European Region, made up of 53 countries, stretching from the western shores of Greenland to the Pacific shores of the Russian Federation, and from the Mediterranean to the Baltic Sea. The sheer size of the Region means an incredible diversity of people and health situations, but Member States share a common goal: ensuring that their citizens enjoy better health.

Reaching this goal is not easy and many challenges lie ahead. The differences within and between countries — in income levels, opportunities and health status — are greater today than at any time in recent history.

The challenges to health in the Region — noncommunicable diseases (NCDs) such as cardiovascular diseases and cancer, obesity, alcohol consumption and the harm to health from natural disasters and environmental degradation — are among the greatest facing health development today. In addition, diseases such as HIV/AIDS and multidrug-resistant tuberculosis (MDR-TB) remain an unsolved problem, which is made more severe by their increased likelihood of spreading more widely and rapidly owing to globalization and climate change.

No single or simple interventions will guarantee success in tackling these challenges. Every health problem requires a joint effort involving all government sectors, international organizations, professionals, civil society and individuals. Everyone has a part to play in helping build a healthier future for the Region.

To support action across government and society for health and well-being, the 53 European Member States have adopted a new policy framework: Health 2020. One of its key objectives is to address health inequalities and achieve greater social justice and inclusion for vulnerable people. With Health 2020, we believe we can reach the goal of better health and well-being for all people.

We are excited to share with you what we do, what we stand for, how we work with and serve our Member States, and how we lead the way towards a healthier future for all.

Zsuzsanna Jakab
WHO Regional Director for Europe
Health 2020 is a health policy framework that guides the 53 countries in the WHO European Region. It recognizes that good health benefits everyone, and that countries can reach the highest standards of health by working across government to pursue two strategic objectives:

• improving health for all and reducing health inequalities
• improving leadership and participatory governance for health.

Achieving these objectives will take a combination of individual and collective efforts. Governments, nongovernmental organizations, civil society, the private sector, academe, health professionals, communities and all individuals have a role to play in Health 2020, and all must work together.

Indeed, this was a guiding principle in developing the policy framework, which brought together input from all Member States as well as nongovernmental organizations (NGOs), professional associations and international partners, including the European Union.

Priority areas

Health 2020 has four interconnected priority areas for policy action that are tailored to the particular health needs of the Region. While each country has a different starting point, as well as its own circumstances and capacities, these priority areas form the foundation for all work within Health 2020:

• investing in health through a life-course approach and empowering people;
• tackling the Region’s major health challenges of NCDs and communicable diseases;
• strengthening people-centred health systems, public health capacity and emergency preparedness, and surveillance and response; and
• creating resilient communities and supportive environments

With the coordinated common framework provided by Health 2020, all European countries can realize the benefits of good health, which in turn strengthens communities and society as a whole.
HEALTH 2020
WHO was founded in 1948 to help people everywhere achieve the highest possible level of health.

To provide tailor-made assistance to Member States on specific issues, WHO has six regions, including the European Region.

**What WHO does**

WHO works with national governments and international organizations, serving its 194 Member States by:

- providing leadership on global health matters
- shaping the health research agenda
- setting norms and standards
- articulating evidence-based policy options
- providing technical support to countries
- monitoring and assessing health trends.

All of WHO’s actions are based on a set of shared values; key among them is the idea that health is a human right.

**WHO and you**

WHO’s work has a significant impact on all people’s lives. With help from WHO and its partners, a greater number of:

- government policies are in place to ensure that all people have equal access to effective health care;
- agreements have been reached to protect against shared health threats, such as tobacco, disease outbreaks or chemical pollution, as health risks can cross borders;
- drugs are available for treating TB, HIV/AIDS and many other killer diseases;
people are protected by life-saving vaccines against poliomyelitis (polio), measles, rubella, diphtheria, tetanus, pertussis and meningitis;
best practices for midwives, surgeons and other health workers have been developed;
sectors of public life — such as transport, agriculture, education and urban planning — take health into account;
diseases, including polio and leprosy, will soon be stopped for good; and
well targeted interventions are making environments healthier and preventing illnesses from unsafe water, air pollution and poor hygiene.

But there is still a lot of work to be done to make the world a healthier place.

WHO in numbers

- Year founded: 1948
- Governance: WHO Constitution, elected Executive Board, World Health Assembly (of all Member States), regional committees for all regions
- Member States: 194
- Regional offices: 6
- Country offices: 147
- WHO collaborating centres: 800
- NGOs in official relations with WHO: 183

“Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.”

Preamble to the WHO Constitution (1946)
Did you know?

Every year, more than 160 000 children in the Region die before their fifth birthdays.

Cardiovascular diseases are the number-one cause of death in Europe. Most can be prevented by addressing risk factors such as tobacco use, unhealthy diet and obesity, physical inactivity, raised blood pressure, diabetes, and raised lipids.

Every year, 10.7 million babies born in the Region need to be immunized against vaccine-preventable diseases, yet 1 million infants do not receive the complete series of three doses of diphtheria, pertussis and tetanus vaccine.

Only 1 in 3 people with MDR-TB and only 1 in 2 people with HIV/AIDS know they are infected.

Each year, 1.6 million people die from tobacco use and exposure to tobacco smoke in the Region.
A child born today in a high-income European country can expect to live on average **19 years longer** than a child born in a low-income country.

As many as **1.8 million deaths** can be prevented every year by making environments healthier.

Healthy lifestyles or immunization against cancer-causing infections can prevent more than **30% of cancer cases**.

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**WHO/Europe**

WHO/Europe works in a Region of 53 countries, which are home to nearly 900 million people.

WHO/Europe is made up of scientific, technical and health experts who work at its headquarters in Copenhagen, Denmark; several specialized technical centres; and country offices in 29 Member States across the Region.

WHO/Europe programmes address many topics, such as the social determinants of health, communicable diseases and NCDs, health systems, health information, family and community health, and environment and health.

**Regional health challenges**

Countries in the Region face different health problems that require different approaches.

- **In higher-income** countries, rising health costs related to ageing populations, changing lifestyles and increasing demands from citizens worsen the existing disease burden caused by NCDs. At the same time, infectious diseases remain a threat since most infectious agents remain in the environment or are imported through international trade and travel.
- **In lower-income** countries, populations face a double burden of disease: NCDs combined with rising rates of communicable diseases such as HIV/AIDS and TB.

Inequities in health and health care exist in both rich and poor countries, as well as within countries.

Many WHO European Member States are going through economic crises and health system reforms — and need WHO's assistance.
The following stories show a few of the many ways that WHO is working with countries in the European Region and how Health 2020 is being brought to life.

Montenegro collaborates with other small countries to implement Health 2020

Montenegro is working with other small-population countries in the WHO European Region to better address health inequalities and social determinants of health as envisioned in Health 2020.

Professor Miodrag Radunovic, Minister of Health of Montenegro, met with Ms Mina Brajovic, Head of the WHO Country Office, Montenegro, in spring 2013 to discuss opportunities offered to the country under the collaboration framework set up between WHO/Europe and San Marino in late 2012.

Dr Radunovic reiterated his strong commitment to implementing Health 2020 to improve population health and well-being by reducing health inequalities. He also expressed a strong interest in taking part in the programme of collaboration among small countries, which complements the development of the country’s national public health strategy, as inspired by Health 2020.

Through the collaboration framework, Montenegro will share positive experiences with other small countries on how to strengthen primary health care to provide high-quality, efficient and accessible health services. Other countries invited to participate include Andorra, Cyprus, Iceland, Luxembourg, Malta and Monaco.

The partnership will generate new know-how, increase policy capacity and build public commitment for societal and cultural change that improves health and supports sustainable development in countries with small populations. It is also expected to identify and test innovations to increase health equity that can be used throughout the WHO European Region.
Ukraine is the first country in the newly independent states (NIS) to introduce programmes providing HIV, TB and drug-dependence therapies in an integrated manner.

Combining medication to treat HIV or TB with methadone replacement therapy is not as easy as it sounds. Patients usually have to go to two or three different places every day to collect their medicines. Many patients interrupt their treatment, which leads to drug resistance and complications.

Today, patients in some Ukrainian cities receive a combination of methadone for their drug dependence and medication to treat HIV or TB in one clinic. The simple step of reorganizing health services around the needs of the patients is making it easier for them to get the treatment they need.

These efforts have had remarkable impact. A recent analysis of integrated care in Ukraine found that it not only resulted in improved HIV and TB treatment outcomes but also significantly decreased illicit drug use.

WHO/Europe has played a key role in establishing and expanding these services in Ukraine. About 20 sites now provide integrated HIV and drug-dependency treatment, primary health care and TB services, and sexual and reproductive health services for women. WHO/Europe has also supported training in integrated care for multidisciplinary teams from 18 regions in the country.
Online tool for estimating the benefits of cycling, walking and public transport

Promoting healthy and sustainable transport alternatives is a key area of work for WHO/Europe. To help countries fine-tune their transport policies, experts have developed the health economic assessment tool (HEAT), a user-friendly online program that answers such questions as “If X people cycle or walk for Y minutes on most days, what is the economic value of the health benefits?”

HEAT is a simple yet scientifically robust tool that has become very popular with transport economists and urban planners. It helps in analysing how public transportation, cycling or walking can benefit urban development.

Physical inactivity is associated with about 1 million deaths each year in the WHO European Region, where an estimated two thirds of the population are not physically active enough. Active mobility through cycling and walking can be a highly effective means of promoting physical activity.
Events attended by large numbers of people – such as the Olympic Games, an international music festival or a sports championship – can severely strain even strong health care systems.

The influx of large numbers of people, along with the infrastructural changes needed to support such events, creates complex management challenges to governments.

In 2012, Poland and Ukraine hosted the Union of European Football Associations (UEFA) European football championship, and the United Kingdom hosted the summer Olympic and Paralympic Games. WHO/Europe helped health authorities in these countries to prepare their health systems to cope effectively with the public health aspects of the events.
Interactive atlases show how social factors contribute to health inequality

Have you ever wondered how healthy you would be if you were born in a different town or country, or lived or worked in different conditions?

Such social determinants – factors such as lifestyle, education, employment status, income level, gender and ethnicity – have a bigger impact on health than anything else. These factors are mostly responsible for health inequities: the unfair and avoidable differences in health found within and between countries.

The online interactive atlases created by WHO/Europe help policy-makers, academics and health professionals:

- understand the effects of social determinants on health
- select data and create maps showing inequalities
- find answers to questions that influence policy choices.

Using some 800 criteria, the atlases can map out the health status of various social groups, including the poor, and identify pockets of poverty both in and between subregions and countries. They also help to show different causal links, or channels, through which inequalities may affect health.

The atlases cover 34 countries and 281 regions, and WHO/Europe is working to expand them to cover the entire WHO European Region.
Course on strengthening health systems trains decision-makers across Europe

The Flagship Course on Health System Strengthening is one of WHO/Europe’s key means of helping health decision-makers identify systems and policies that will improve the performance of their countries’ health systems.

WHO/Europe, the World Bank Institute and regional training partners developed a training course for high-level health professionals to examine problems in health sectors. It offers an invaluable experience of teamwork and shared learning, and more than 1500 participants from across the European Region have benefited from it so far.

“The Slovak health reforms would have been less sophisticated — if at all successful — without the impact of the Flagship programme.”

Peter Pazitny, Health Policy Institute, Slovakia
Making pregnancy safer

In many parts of the European Region, childbirth is mostly a positive experience. But in some countries, women and their babies do not receive adequate support. Women still receive excessive medication even during normal deliveries or cannot choose the positions they prefer during labour, and babies are taken away from their mothers immediately after birth and kept in separate wards.

Maternity clinics in Kazakhstan started to phase out old practices in 2011 by introducing the WHO Making Pregnancy Safer programme, which promotes the best practices in maternal and neonatal health. Owing to the joint efforts of local and WHO experts, the implementation of the programme has significantly improved conditions for new mothers and their babies.

“The programme has brought real change and contributed to significantly reducing infant mortality, complications of childbirth and deaths of mothers. A strange thought comes to me occasionally: how did we work before?”

Dr Nurlan Berikov, head of Zhezkazgan maternity clinic

“This is my third delivery at this hospital. My feelings could be described as shock and surprise, followed by happiness and admiration. During previous deliveries, I was all alone with my own pain. Today, many things have changed. After the delivery, my son was always with me. I felt so close to him. I could feed, observe and dress him. Only during this delivery did I feel myself to be a real mother.”

A mother a few days after her delivery
Creating new opportunities for Roma

The estimated 500,000 Roma who live in Serbia are 6 times poorer than the general population. Roma children are 3 times more likely than others to die before the age of 5 years. Up to 20% of Roma are illiterate, and 33% of Roma households are not connected to a sewerage system.

WHO/Europe helps Serbia to combat social exclusion and reduce poverty among the Roma population.

In Serbia, collecting and sorting recyclable waste comprise an important livelihood for the Roma. as well as an excellent entry point for the provision of job opportunities and improvement of the social determinants of health. WHO/Europe, the Serbian ministries of health and environment, the city of Belgrade and the Roma community have established a cooperative owned by the Roma that specializes in waste management through the establishment of recycling centres. The project is called SWIFT. The initiative is supported by the government of Norway and the European Union.

Through their employment with the cooperative, SWIFT workers are eligible to register with the health and education authorities. This ensures that cooperative members, and their families and communities have access to health, education and social services, and are included in the wider community.

Plans are underway to establish similar projects in Skopje, the former Yugoslav Republic of Macedonia. In 2012, the project won the UN21 Awards prize in the “greening” category. United Nations Secretary-General Ban Ki-Moon personally delivered the prize to the SWIFT team on 18 September 2012 during his visit to Serbia.
As part of a campaign in 2012 to combat diphtheria in Tajikistan, 23–28 April were designated national immunization days. In its first phase, the campaign aimed to vaccinate 730 000 children aged 3–6 years.

Special outreach teams and mobile brigades, consisting of experienced health care specialists, vaccinated children at designated locations near their homes, including in isolated, hard-to-reach areas of the country.

The second phase of the campaign targeted people aged 7–21 on specific days in September, October and November.

The Government of the Russian Federation provided the campaign with a grant of US$ 1 million through the United Nations Children’s Fund (UNICEF), matching the Government of Tajikistan's allocation. This grant was used to procure auto-disable syringes and safety boxes to ensure safe, one-time use of syringes and needles, and to provide additional cold-chain equipment for the safe storage and transportation of vaccines.

UNICEF, the United States Centers for Disease Control and Prevention (CDC) and WHO/Europe work closely with the Tajik Government to raise public awareness of the vaccination campaign through various activities, including public service announcements on television and radio, to ensure that every child in the country is reached.
The story of Turkey and tobacco goes back a long way. The world-famous oriental tobacco dates back to the Ottoman Empire and, for the last 400 years, tobacco has been an important part of Turkey’s political and cultural identity.

Attempting to control tobacco in a country in which more than half of all men were daily smokers at the turn of the millennium seemed like a tall order. And yet Turkey is the only country in the world to have received four WHO awards for achievements in tobacco control.

By 2008, Turkey benefited from some of the most stringent tobacco-control measures in the world, making indoor spaces 100% smoke-free. The impact on health has been clear: a 20% drop in smoking-related hospital admissions and a 4% drop in adult smoking prevalence (from 31% to 27% between 2008 and 2012).

Turkey’s success has been observed closely by many other Member States of the WHO European Region and globally and provided much inspiration. Indeed, representatives of several countries have visited Turkey to learn about best practices in implementing laws on tobacco.

Smoking prevalence by region

Building partnerships

to better serve Member States

Since its founding, WHO has worked with a broad range of partners at the global, regional and country levels. This ensures that national and international organizations combine their efforts to benefit people, particularly the poor and vulnerable.

In the European Region, some of WHO’s many key partners are the European Union (EU) and its institutions, the Organisation for Economic Co-operation and Development (OECD) and WHO’s sister United Nations agencies.

The EU is a natural partner for WHO/Europe since many Member States belong to it and have a strong voice in global and regional health matters. WHO/Europe works with the Council of the EU through its presidencies, the European Parliament and the European Commission and its agencies, such as the European Centre for Disease Prevention and Control (ECDC). WHO has special agreements with the European Commission and ECDC that steer their joint work following the 2010 declaration “A shared vision for joint action.”

WHO is the United Nations specialized agency for health, but works very closely on health and health-related issues with many other United Nations organizations. WHO collaborates closely with the Joint United Nations Programme on HIV/AIDS (UNAIDS), UNICEF, the United Nations Population Fund (UNFPA), the United Nations Economic Commission for Europe (UNECE), the United Nations Development Programme (UNDP) and United Nations Environment Programme (UNEP), the Food and Agriculture Organization of the United Nations (FAO) and the International Labour Organization (ILO). It participates in all efforts that support effective coordination among United Nations agencies, such as the teams in countries.

WHO/Europe also works closely with OECD, CDC, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI Alliance, as well as a wide range of other partners, including networks, foundations and civil-society organizations.

Without its partners, WHO’s work would be impossible.
Partnership success stories

- The Region has been polio-free since 2001 thanks to the Global Polio Eradication Initiative led by WHO, UNICEF, Rotary International and CDC.
- With proven control programmes, the Roll Back Malaria partners are making progress towards eliminating malaria from the Region by 2015.
- WHO and UNFPA have collaborated for more than 25 years on their joint product Entre Nous, a magazine on sexual and reproductive health. Entre Nous serves as a forum for sharing success stories and challenges and linking with other relevant health issues.
- Through the South-eastern Europe Health Network (SEEHN), whose secretariat was jointly hosted by WHO/Europe and the Council of Europe from 2001 to 2010, health acted as a bridge for peace and brought people together across borders to improve health through joint projects.
As health challenges grow in complexity, WHO is asked to address more and more problems and needs. WHO resources alone are not enough — that is why it counts on donor support.

The total WHO budget for 2012–2013 is about US$ 4 billion. Less than a quarter of this amount came from regular contributions from WHO’s Member States; more than three quarters is money that countries, agencies and other donors gave to WHO voluntarily.

This budget covers the core work of WHO across the three levels of the organization — headquarters, regional offices and country offices.

In the WHO European Region, the total 2012–2013 budget is US$ 246 million, about 75% of which comes from donor contributions. Following the decisions of the World Health Assembly, the WHO global governing body, it is spent on the priority areas of work.
WHO is reforming to meet people’s health needs today and in the future. This reform is driven by Member States and covers three areas:

- Programmatic reform – Defining WHO’s priorities in public health, and ensuring they are addressed and financed;
- Governance reform – Strengthening oversight and decision-making by WHO’s governing bodies, and coherence with others working in global health;
- Managerial reform – Ensuring that the organization has the right staff, resources and policies to serve its Member States in the most responsive, transparent, accountable way.

The reform recognizes and seeks to enhance the strength and flexibility of WHO’s three tier structure, combining global oversight, regional collaboration and local reach. WHO/Europe is fully engaged in the reform process and facilitates an active, continuing dialogue with European Member States.

Adapting in a changing world: WHO reform

WHO/Europe budget 2014–2015

- Health systems: 20%
- Corporate services / enabling functions: 24%
- Preparedness, surveillance and response: 6%
- Promoting health through the life-course: 18%
- Communicable diseases: 14%
- Noncommunicable diseases: 14%
- Emergencies: 4%
- Preparedness, surveillance and response: 6%

Communicable diseases: 14%
Noncommunicable diseases: 14%
Promoting health through the life-course: 18%
Emergencies: 4%
Communicable diseases

Eliminating certain vaccine-preventable diseases such as measles and rubella; lowering the burden of conditions such as HIV/AIDS, tuberculosis, malaria and neglected tropical diseases; and reducing inequities in health related to these conditions.

Noncommunicable diseases

Cutting deaths and long-term poor health from heart disease, cancer, diabetes, chronic respiratory disease, mental conditions and traffic accidents; addressing their risk factors, including high blood pressure, tobacco use, harmful use of alcohol, high blood cholesterol, overweight, unhealthy diets and physical inactivity; and reducing inequalities in health related to these conditions.

Promoting health through the life-course

Continuing to increase life expectancy in Europe and extend years of life spent in good health by focusing on mother and child health, sexual and reproductive health, environmental conditions and healthy ageing.

Increasing the well-being of the European population through an integrated health policy approach based on Health 2020 that addresses inequities and health determinants.

Health systems

Ensuring universal health coverage and Europeans’ right to health, and strengthening public health and health financing.

Preparedness, surveillance and response

Promoting surveillance of and effective responses to disease outbreaks, including influenza and poliomyelitis, as well as acute public health emergencies; implementing the International Health Regulations (IHR); and managing the health-related aspects of humanitarian disasters.

For more information, please visit our web site (www.euro.who.int).

Follow us on Twitter (https://twitter.com/WHO_Europe).