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United action for better health in Europe European Programme of Work, 2020–2025

The European Programme of Work, 2020–2025 – “United action for better health in Europe” (EPW) has been developed through a process of extensive consultation with Member States, the European Commission, non-State actors, intergovernmental and United Nations organizations, as well as WHO staff. Following the recommendation of the Twenty-seventh Standing Committee of the Regional Committee for Europe, it is submitted for adoption to the 70th session of the Regional Committee in September 2020.

This EPW sets priorities for the coming five years by starting from what citizens in the Region legitimately expect from their health authorities. People want their authorities to guarantee their right to universal access to quality care without fear of financial hardship; they want them to offer effective protection against health emergencies; and they want to be able to thrive in healthy communities, where public health actions and appropriate public policies secure a better life in an economy of well-being. People increasingly – and rightly – hold their health authorities to account for meeting those expectations.

The EPW sets out a vision of how the WHO Regional Office for Europe can support health authorities in Member States to rise to that challenge, in each country and collectively in the Region.

The development of the EPW’s vision started before the COVID-19 pandemic hit the Region so fiercely. This crisis obviously mandated course corrections, which have been integrated into this strategy. Given the state of flux in European health systems, the EPW should be seen as a live document that will regularly be updated.

The EPW is not an exhaustive enumeration of the Regional Office’s normative and technical work. Rather, it focuses on those aspects that constitute a departure from a mere continuation of business as usual, given the radically changed context under which WHO will operate in the coming years. It leaves room for agile implementation, speeding up delivery of results and supporting investment in the future.

While recognizing that every WHO region has its particular challenges, opportunities and priorities, the EPW demonstrates how the work of the WHO Regional Office for Europe can best contribute to the global vision set out in WHO’s Thirteenth General Programme of Work, 2019–2023 (GPW 13), and to the preparation of the upcoming GPW 14. It aligns the work of WHO-EURO with the triple billion targets, while supporting countries in their commitments to implement the 2030 Agenda for Sustainable Development and the Global Action Plan for Healthy Lives and Well-Being for All.

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Why a European Programme of Work? Shared global priorities, regional emphases

1. Member States of WHO globally – and in its European Region – are committed to implementing three interconnected strategic priorities that constitute the pillars of WHO's Thirteenth General Programme of Work, 2019–2023 (GPW 13):

- moving towards universal health coverage (UHC)
- protecting people better against health emergencies
- ensuring healthy lives and well-being for all at all ages.

These core priorities are anchored in the 2030 Sustainable Development Goals (SDGs) agenda and are linked to three bold targets for the health sector's contribution to the SDGs: the triple billion targets (Box 1).

Box 1. The triple billion targets

The GPW 13 is linked to the triple billion targets at the centre of the health sector's contribution to the SDGs for the world:

- One billion more people benefiting from universal health coverage.
- One billion more people better protected from health emergencies.
- One billion more people enjoying better health and well-being.

The EPW shapes the European Region's contribution to the GPW 13 and these global targets. The Tallinn Charter: Health Systems for Health and Wealth; the Astana Declaration (on Primary Health Care); the Ostrava Declaration of the Sixth Ministerial Conference on Environment and Health; and the Shanghai Declaration on promoting health in the 2030 Agenda for Sustainable Development provide a solid foundation for refocusing the Region's work on these core priorities, while the COVID-19 pandemic adds urgency to the efforts to reach these targets.

2. Following the election of a new WHO Regional Director for Europe in September 2019 and his appointment by the Executive Board at its 146th session in February 2020, the Member States of the WHO European Region enjoined the WHO Regional Office for Europe to refocus its work on these core priorities. This came with a strong call to unite action for better health across the whole Region through the European Programme of Work, 2020–2025 (EPW).

3. Days later, the COVID-19 pandemic hit the European Region with unexpected ferocity. The pandemic has taken – and is still taking – a heavy toll on people and communities, on health workers, on health systems and social care, on economies and on society as a whole. Many are struggling to pass this stress test unscathed. The economic fallout of the pandemic will further impact health and well-being across the Region. The COVID-19 crisis has pivotal implications for health systems and social care, for the role of WHO-EURO¹ as an institution and for the EPW. It has set in motion what will become a

¹ WHO-EURO consists of the Regional Office in Copenhagen, Denmark; 32 country, field and liaison offices; three subregional WHO Health Emergencies Programme (WHE) hubs; six Geographically Dispersed Offices (GDOs); and one WHO-hosted Partnership.

profound transformation of health systems and social care in the Region, with the perspective of a digital, innovative, outcomes-directed and people-centred future.

A political mandate for the EPW

4. The EPW reflects WHO-EURO's determination to leave no one behind and to strengthen the leadership of health authorities in the Region.

5. **Leaving no one behind.** The presence of health inequalities indicates that much still needs to be done to achieve an equitable society. Inequalities have been a persistent challenge in the European Region – from a health as well as a political perspective. The epidemiology of communicable diseases in the Region underpins the importance of addressing socioeconomic inequities, as does the unequal burden of noncommunicable diseases (NCDs). For example, the risk of dying prematurely from the four major NCDs is below 10% in some countries, but as high as 31% in others. Such gaps persist: the convergence between countries in the Region remains disappointingly slow and is associated with wide disparities in investment in health. This is mirrored by stalled progress, and sometimes a worsening, in health equity within many Member States. Against this background, COVID-19 has hit the poor and most vulnerable most severely, exacerbating pre-existing inequalities. It has amplified the effects of social disinvestment and exposed how far societies still need to go before health and social care fit into an economy of well-being. The regrettably slow pace of regional convergence is further stymied by the persistence of gender and social gaps in health outcomes within countries, insufficient attention to large groups of vulnerable people and challenges related to migration into and within countries. The EPW therefore puts strong emphasis on *leaving no one behind*.

6. **Leadership and authority.** The EPW also emphasizes the need to *reinforce the leadership capabilities of health authorities*. The COVID-19 crisis has boosted the standing of the health workforce in the eyes of the general public in most Member States. However, in several countries, pre-existing dissatisfaction has been exacerbated by the difficulties their health authorities have encountered in managing the COVID-19 crisis. Throughout the European Region, people increasingly want governments to secure their fundamental rights to better health and well-being; to universal access to care; to live in safe, supportive and healthy communities; and to health security. Increasingly, health authorities are concerned about the disconnect between these legitimate expectations and the concrete experience of a deteriorating environment and of health services constrained by shortages, disinvestment, commercialization or even corruption. Fuelled by the infodemic that came with the COVID-19 crisis, this disconnect between expectations and experience erodes trust in the governance of the health sector. The EPW puts a particular focus on supporting capacities for effective health leadership and engagement with other policy sectors, so health authorities can live up to the legitimate expectations of the populations they serve.

7. The need to focus on the recovery, resilience and robustness of health systems and public health services in the wake of the COVID-19 pandemic only reinforces the determination to leave no one behind and reinforce the leadership capabilities of health authorities.

What shall WHO-EURO focus on? The three core priorities of the EPW

8. The EPW's core priorities find their origin in the legitimate expectations of citizens. People expect their governments to secure their right to universal access to quality care without financial hardship, to protect them against health emergencies, and to ensure better health and well-being at all ages. This provides the policy frame for the specific areas that constitute the Regional Office's technical portfolio (Box 2). The central thrust of the EPW is to privilege lines of work and initiatives that directly contribute to the three core priorities and together constitute a programme of post-COVID-19 recovery and reform. Four flagship initiatives complement the portfolio: they are intended as accelerators of change, mobilizing around critical issues that feature prominently on the agendas of Member States and for which high-visibility, high-level political commitment can be transformative.

9. The COVID-19 pandemic and its looming economic fallout are putting health systems and social care under heavy stress. Even with breakthroughs in treatment, testing and vaccines, transitioning towards a steady state of low-level transmission will leave a difficult legacy. Health systems and social care are dealing with exhausted frontline staff, depleted budgets and an accumulated backlog of people awaiting treatment. The full extent of this legacy is obviously not yet known, but COVID-19 has accentuated the vulnerability and underfunding of health and social services and their workforce.

10. The upshot is a strengthened consensus that health care, social care and public health are all central to an economy of well-being – provided that recovery and reform give sustainable answers to current and future challenges, with major investment in building resilient and robust systems. There will have to be a balance between delivering universal access to care and public health, responding promptly and adequately to emergencies, and ensuring healthy lives and well-being for all at all ages. Rather than short-term fixes, this calls for governance foresight with courage, creativity and the ability to learn.

11. Health and health systems currently have unprecedented prominence in regional and subregional conversations, as well as in those at national and subnational levels. During this crisis, the Regional Office has acquired leadership prominence. WHO-EURO has demonstrated that it can work as one WHO and one United Nations; that it can unite and mobilize Member States and institutions across the diversity of the Region, creating subregional mechanisms where necessary, and including all small countries; that it can deploy staff and expertise promptly where needed, issue relevant normative guidance in a timely way, and coordinate and fast-track the procurement of personal protective equipment; and that it can communicate firmly and objectively. As the Region moves towards a period of recovery and reform, WHO-EURO can build on this to assist countries and facilitate discussions at the interface between the health and socioeconomic spheres.

12. For people to be at the centre of public policy, recovery efforts need to play out concretely at the country level. This requires pragmatic, deliberate and contextualized efforts to ensure WHO-EURO's technical portfolio builds on synergies between technical programmes to focus on the EPW's core priorities (Box 2). This portfolio provides an indispensable basis for addressing the large range of NCDs, communicable diseases, and social and economic determinants of health that shape health outcomes and health inequality across the life course. It does the groundwork for the support provided to countries in pursuing the three core priorities.

13. WHO-EURO will make supporting country efforts its overarching focus. Along with direct country-level support, enhanced country focus also critically relies on strengthening regional and subregional linkages. WHO-EURO currently has enhanced convening power among regional and subregional agencies and actors, intergovernmental as well as non-State. It will leverage this new prominence to ensure that international regulatory and policy arrangements, particularly those aimed at post-COVID-19 recovery, support progress on the core priorities. WHO-EURO will thus seek synergies and economies of scale in its regional and subregional work that support the efforts of national health authorities to lead recovery and reform. Intense collaboration with and among national health authorities, major health and social sector players, and actors from other sectors such as environment, urban planning, transport, education or agriculture is necessary to achieve the necessary balance between the three core priorities that is tailored to the specific circumstances and needs of each Member State.

Box 2. Scaling up the Regional Office's current portfolio of activities

The technical portfolio of WHO-EURO has been streamlined in three divisions, which are all focused on supporting countries to make progress with the three core priorities: UHC, health security, and health and well-being. They are supported by the Office of the Regional Director and a Division of Business Operations.

The **Division of Country Health Policies and Systems (CPS)** assists countries in the Region with the design and implementation of appropriate health policies and systems to strengthen UHC. It works to strengthen data-driven, evidence-informed, contextually tailored health policy development and implementation at national, regional and local levels, taking an inclusive approach across the life course. The Division advocates the strengthening of public health leadership, focusing on implementing policies that are people centred, promote health, prevent illness and address the social and economic determinants of health. The Division aims to foster leadership on equity, human rights and gender mainstreaming in health. It focuses on building capacity for health systems innovation to enable the sustainable delivery of high-quality primary health and community services that are effectively linked to hospitals, and mental health, public health and social care services. To do so, CPS supports country efforts to facilitate access so as to leave no one behind, to improve financial protection, to strengthen the health workforce, to increase access to affordable medicines and technologies, and to promote the uptake and implementation of digital technology.

The **Division of Country Health Programmes (CHP)** assists country efforts to reduce the burden of noncommunicable and communicable diseases and address the social and economic determinants of health. It focuses on health promotion measures; integrated prevention and control of noncommunicable diseases, including cancers, cardiovascular diseases, chronic respiratory diseases and diabetes, and risks related to tobacco use, physical inactivity, unhealthy diet, and the harmful use of alcohol; communicable diseases such as tuberculosis, HIV/AIDS, hepatitis, and vector-borne and neglected tropical diseases; eradication and elimination of vaccine-preventable diseases and advocacy for increased use of vaccines; containing and controlling antimicrobial resistance; and addressing existing and emerging environmental health risks. A determination to ensure universal access to people-centred quality health services across the continuum of care is matched by concrete steps towards building the evidence base

for policy design and interventions using social, cultural and behavioural approaches, to drive implementation of innovation at national, regional and local levels.

The **Division of Country Support and Emergencies (CSE)** supports the coordination efforts of multiple sectors of government and partners – including bi- and multilaterals, funds and foundations, civil society organizations and the private sector – to attain health objectives and national health policies and strategies. This includes helping Member States to manage and respond to the health needs of refugees and migrants, with a focus on access to health services and on preparedness for refugee and migrant influxes. The Division houses the WHO Health Emergencies Programme (WHE), which provides technical guidance and operational support to prevent, prepare for, detect, rapidly respond to, and recover from outbreaks and emergencies. WHE assists countries to contain and mitigate the risk of high-threat diseases and infectious hazards; to detect and assess emergency health threats and inform public health decision-making; and to respond rapidly and effectively to emergencies under a coordinated Incident Management System. It ensures WHO's work in emergencies is effectively managed, sustainably financed, adequately staffed and operationally ready to fulfill its mission. Its hub-and-spoke structure ensures country-specific and intercountry activities in priority countries.

The **Division of Business Operations (BOS)** ensures the productivity and transparency of the technical programmes and the implementation of the EPW. BOS oversees budgetary and financial accountability with a risk-based approach to support the management of entrusted resources with close attention to value-for-money principles. BOS implements projects to improve WHO-EURO's productivity and ensure financial sustainability of the region's structures; develop a client-oriented culture among the enabling services; strengthen Country Office capacities; and drive strategic initiatives to enhance staff motivation and productivity. BOS strives to strengthen the capacity of WHO-EURO to react in an agile way to external and internal changes.

The **Regional Director's Office (RDO)** has the overall responsibility for the planning, execution and evaluation of WHO programmes at the regional and country levels and in strengthening the alignment and joint work across the three levels of the organization. It is the safeguard of the WHO Values Charter. It encompasses the enabling functions of resource mobilization and alliances, external relations and communications, and support to governing bodies of the European Region, in addition to organization development, staff development and learning, and transformation. It also specifically includes the representative function of WHO with the institutions of the European Union.

Core Priority 1. Moving towards UHC

14. Throughout the Region, people expect their governments to secure their right to UHC: that they have universal access to quality care without financial hardship. They expect their health systems to respond to a comprehensive range of health threats and problems, collective and individual, acute and chronic, communicable and noncommunicable. WHO-EURO will support the efforts of Member States to build robust, resilient and evidence-informed systems, as the core of post-COVID-19 recovery. WHO-EURO's work on UHC is focused in five areas:

1. Support Member State efforts to put people at the centre of services

- (a) Bridge the divide between health systems and social care, institutionalizing policy dialogue and coordination mechanisms, to ensure people-centredness across the continuum of care for communicable diseases, NCDs and mental health conditions and across the life course.
- (b) Bridge the divide between primary health care and public health services, in particular, by integrating essential public health functions, and focusing on monitoring and evaluation of population health needs at the community level.
- (c) Bridge the divide between primary, specialized ambulatory and hospital care services, (public and private), putting primary care as the centrepiece of people-centred service delivery.
- (d) Mainstream the care continuum from clinical prevention, through early detection and screening, treatment, rehabilitation and palliative care to meet the needs of people with noncommunicable and communicable diseases (Box 3).
- (e) Develop coherent strategies and policy targets for the provision of affordable, accessible, acceptable, and quality sexual and reproductive health services. The closing of equity gaps and upholding rights related to the sexual and reproductive health of the most vulnerable and marginalized is a litmus test for progress towards UHC: it requires a well-functioning health system, and signals whether policy and legislative barriers are addressed and gender equality, equity and human rights respected and promoted.

Box 3. Mainstream the care continuum to put people at the centre of services

WHO-EURO will strive to mainstream the care continuum from clinical prevention, through early detection and screening, treatment, rehabilitation and palliative care. It will support the development of sustainable services to meet the health care needs of people with communicable and noncommunicable diseases through the following actions.

- Stepping up strategic leadership, in promoting and monitoring regional, subregional and national actions to address communicable diseases and NCDs as part of UHC.
- Meeting country demand for technical guidance and assistance on communicable diseases and NCD priority interventions. This will include the design, testing and deployment of innovative, context-based recommendations and models for high-quality services for the prevention and management of both acute episodes and chronic health conditions. This support will be provided in partnership with national policy-makers, practitioners and relevant local institutions, and supported by WHO Collaborating Centres, and professional and patient associations, where appropriate.
- Convening regional stakeholders and establishing a regional platform of experts from Member States, relevant United Nations regional specialized agencies, European professional associations, and WHO Collaborating Centres to steer novel approaches in implementation of global cancer initiatives, including cervical cancer, breast cancer and childhood cancer elimination. In addition, facilitating the development of subregional coalition of countries and

the establishment of institutional twinning mechanisms to increase uptake and appropriate transfer of evidence-based knowledge and best practices from prevention, detection, treatment and management of cancer.

- Developing big-data capacity in surveillance, modelling and policy monitoring, as well as in developing timely and targeted strategies for surveillance, prevention, diagnosis and treatment of communicable and noncommunicable diseases.

Mainstreaming the care continuum is vital not only for achieving UHC, but also for protecting against health emergencies. WHO-EURO will support national dialogues on the need to invest in communicable diseases and NCD prevention and control to alleviate the socioeconomic burden of the current and future pandemics and strengthen interagency work and country coordination to include NCDs in COVID-19 and emergency preparedness and response. WHO-EURO will also support the development of health security plans with the long-term aim of building back more resilient health systems.

2. Support Member State efforts to ensure and enhance financial protection

- (a) Expand regional and subregional dialogues on financial protection with ministries of finance and intergovernmental organizations to secure adequate investment in post-COVID-19 recovery and reforms, including ex-ante impact assessments of adjustment and recovery programmes on gaps in health coverage, out-of-pocket payments and unmet needs due to cost.
- (b) Support national dialogue to ensure reprioritization of government budgets and ring-fencing of public spending on health and social care in the wake of the COVID-19 crisis.
- (c) Reinforce the negotiation capacity of national health authorities to engage in constructive discussion of the implications of economic recovery plans for the health sector.
- (d) Support national authorities to reduce financial hardship and unmet need for health services (including medicines) by identifying gaps in health coverage and redesigning coverage policy to address these gaps.

3. Support Member State efforts to face post-COVID-19 recovery health workforce challenges

- (a) Support the formulation of national strategies for improving working conditions and retaining and motivating the existing workforce. As well as aligning the education, training and production of the future workforce with population health needs, including the requirements of post-COVID-19 recovery.
- (b) Convene a supranational consortium of academic and professional organizations to support continuing professional development for the health workforce. This consortium should work across Member States to reorient the existing health workforce to utilize innovative systems and technologies in order to provide team-based, people-centred care in the post-COVID-19 context.
- (c) Support Member States to build sustainable health workforces by building consensus around regional and subregional initiatives to reach a fairer distribution of the health

workforce and address shortages: by enabling a better understanding of health labour market dynamics; through monitoring of health worker mobility; through shared strategies to mitigate “push” factors (including burnout and demotivation); and through actions to sustain and enhance trust between health workers and health authorities.

4. Support Member State efforts to ensure access for all to medicines, vaccines and health products

- (a) Convene stakeholders, including patients, non-State actors and the pharmaceutical industry, to work towards a new social contract through which patients, health systems and governments can attain affordable pharmaceuticals that meet their needs, while investors and the pharmaceutical industry are sufficiently incentivized to develop or manufacture those medicines. Identify and support the correction of vulnerabilities in regulatory, production, procurement and supply chains, with a focus on substandard and falsified medicines and health products.
- (b) Accelerate the implementation of the World Health Assembly resolution WHA72.8 on Improving the transparency of markets for medicines, vaccines, and other health products, to improve access to high-priced innovative medicines and vaccines by strengthening information systems, expanding voluntary intercountry collaborative platforms and supranational procurement groups, and developing technical options for fair pricing.

5. Support Member State efforts to improve governance and stewardship

- (a) Review the health governance models and mechanisms in the Region with a view to identifying good practices to optimize the balance between command-and-control, entrepreneurial, and decentralized and collaborative approaches.
- (b) Support national health authorities in assessing and addressing concrete governance challenges to improve transparency and accountability mechanisms within their health systems.
- (c) Build capacity for the development of policies and practices that are grounded in evidence and factual information, and that are informed by civil society and multistakeholder engagement.

15. WHO-EURO’s work in support of UHC will be complemented by two flagship initiatives: the Mental Health Coalition and Empowerment through Digital Health. These flagship initiatives are intended to galvanize renewal and innovation in the pursuit of UHC.

Flagship Initiative 1. The Mental Health Coalition

Mental health represents a vital element of individual and collective well-being. It can be put at risk by stressful or adverse living, working or economic conditions, and social inequalities, violence and conflict: in this regard, the COVID-19 pandemic has demonstrated how vulnerable mental health can be. Mental health conditions are highly prevalent and represent one of the leading causes of suffering and disability in the European Region.

The challenges posed by mental health conditions touch all ages and social groups. They include a surge of diseases of despair, the persistent prevalence of depressive and anxiety disorders among young people, the growth of self-harm and suicide, and the

unmet needs of people with dementia or autism spectrum disorder. Specific challenges are the rise of burnout among health workers; the need to confront the mental health fallout of the COVID-19 crisis; and the need to support the resilience of communities affected by conflict.

In many cases, the suffering of individuals and their families is compounded by stigma, discrimination and violation of human rights, and social exclusion, making the way in which society looks at people with mental health conditions a part of the problem itself.

The Mental Health Coalition will convene high-profile, committed personalities and influential stakeholders like the affected people themselves, under the auspices of Her Majesty Queen Mathilde of Belgium, to transform societal attitudes about mental health.

The Coalition will work to eliminate stigma and discrimination by increasing mental health literacy, also among the health workforce. It will mobilize commitments for investment in mental health and advocate for the service reforms that can bring mental health care in all Member States up to 21st-century standards, in line with European values. The Coalition will help to change the way in which societies in the European Region look at mental health, and it will also help countries to improve how their health services work with individuals and communities to better their mental health.

The Coalition will:

- provide an overarching structure for exchanging experience and mobilizing national champions, advocates and service innovators;
- serve as the umbrella for a multi-agency, Region-wide review of lessons learnt and future perspectives for mental health policy formation and implementation;
- stimulate fundamental and applied research on mental health, with particular attention to the interface between health, social and community care and the role of primary care; the intersection between mental health and gender; and the role of temporary or chronic financial insecurity;
- facilitate national policy dialogues on mental health and psychosocial support to incorporate key mental health priorities in national policies and plans (such as cross-sector prevention; digitalization of mental health services; de-institutionalization of psychiatric care and investment in commensurate community structures; collaboration between health and social care networks; and forensic mental health).

Flagship Initiative 2. Empowerment through Digital Health

The COVID-19 pandemic highlighted an urgent need for effective digital tools and an unprecedented rush to implement eHealth services, including telemedicine consultation and digital contact tracing, in countries across the Region. This is most welcome, but there are risks involved, for example, in terms of human aspects of care and undermining of fundamental rights. The adoption of interoperable digital technologies for clinical and public health decision-making struggles to overcome technical and political hurdles. This flagship initiative complements initiatives from various countries and partner institutions by providing technical and policy guidance and expertise on the safety and efficacy of digital health solutions; and preserving health equity, gender equality, equity and human rights as core values in their deployment.

The Empowerment through Digital Health initiative will undertake the following steps.

- Review the use, gaps and efficacy of digital health solutions deployed in response to the COVID-19 crisis.
- Finalize the European Roadmap for Digitalization of Health Systems as a blueprint for the design of digital health and social care architectures; as a baseline for orienting and measuring digital health system investment and reform; and as a catalyst for funding, research and partner engagement for digital health.
- Develop a European health data governance framework through a European Health Data Governance Charter that outlines a set of European values, principles and methods for health data access, management, governance and use for effective health systems and public health action. It will galvanize existing efforts to protect the data rights and privacy of individuals and provide a description of the elements and processes constituting good data governance as an integral part of well-functioning national health information systems. The framework will support the use of quality health data for decision-making at all levels of the health system, strengthen public health forecasting and action, and facilitate secondary uses of health data for research and the development of new clinical interventions.
- Support countries to leverage the use of digital technologies to improve the interface between people and health services; improve health system performance; and strengthen critical public health functions including disease surveillance, early warning and risk assessment.

This flagship initiative complements and operationalizes the draft WHO Global Strategy on Digital Health, filling gaps in the overarching digitalization frameworks in the Region that are holding up rapid roll-out of the innovative digital solutions that are emerging across countries.

Core priority 2. Protecting against health emergencies

16. The COVID-19 crisis has dominated public conversation as few health issues have done before. The commitment of communities and individuals to the collective response has

proved essential. It has confirmed a widespread social consensus on the responsibility of health authorities for ensuring protection against health emergencies. Reliable risk communication has become a strategic responsibility, putting the spotlight of public scrutiny on the science and politics of public health and on the social accountability of public health expertise.

17. The COVID-19 crisis has also been – and still is – a transformative experience for WHO-EURO. The pandemic has shown the critical importance of acting rapidly and decisively. WHO has had to produce rapid and authoritative situation assessments, collate critical information reliably and credibly, and send out rapid response teams to assist national governments in a short space of time. It is too soon for a full, critical evaluation of the support provided to countries, but there is no doubt that the pandemic has transformed WHO's presence in countries, its deployment of staff, its production of guidance, and its communication with Member States and regional and subregional institutions and clusters of countries. In addition, it has intensified the communication and collaboration between WHO regional offices and United Nations agencies.

18. Learning from this experience is relevant for post-COVID-19 crisis recovery and for tackling the public health challenges of its aftermath. It will also guide efforts by the Regional Office to build capacity to support countries in preventing, detecting and responding to a range of health emergencies as well as to the risks associated with climate change, zoonotic diseases and antimicrobial resistance. A systematic and comprehensive review of the management of the COVID-19 crisis is therefore an essential part of the work on protecting against health emergencies. An in-action review is ongoing and will feed into the planned independent global after-action review set up to improve WHO governance. Some lessons have already emerged, including the need for a dual-track response that combines the emergency response with dedicated efforts to maintain continuity of access to care.

19. The COVID-19 crisis has highlighted the need for preparedness and prompt response, cooperation and solidarity, as well as for clearly defined command-and-control emergency response mechanisms and structures. This proved critical within countries, but also among clusters of countries. Country capacities have to be mobilized, but so do regional and subregional structures, capitalizing on the lessons learnt thus far. This leads to a triple agenda:

1. Learn lessons: expand the ongoing in-action review of the COVID-19 crisis into a formal review of the Region's response to recent health emergencies

- (a) Document lessons learned from the response efforts to date to better prepare health systems now and in the future.
- (b) Update the country COVID-19 strategic preparedness and response plans accordingly.
- (c) Promote an agenda for research on the protection of the public and the health workforce from hazards caused by major public health emergencies.
- (d) Steer future country and regional preparedness and response capacity.

This in-action review will feed into the Independent Pandemic Preparedness and Response Review (IPPR) in line with World Health Assembly resolution WHA 73.1 on COVID-19 response, to improve WHO governance and operational management of emergency responses.

2. Support country preparedness and response capacity

- (a) Support, in collaboration with partners, the improvement or completion of high-quality, adequately resourced and stress-tested preparedness plans for various types of emergencies. Ensure that these plans make provision for continuity of access to health services for the population as a whole, including vulnerable people and migrants, with due attention to the psychological services aimed at avoiding mental health crises and negative long-term effects.
- (b) Support country capacity for prompt mobilization of reliable strategic information and intelligence.
- (c) Support the streamlining of national coordination mechanisms with clearly defined lines of command (including coordination of the health cluster) and of arrangements to mobilize and absorb external financial or operational assistance in case of overwhelming emergencies.
- (d) Support building in-country capacity and assist in designing processes and training staff for effective risk communication, handling of rumours and false news, and strengthening preparedness and involvement of the public.

3. Reinforce regional preparedness and capacity to respond, and produce the public goods required to manage crises

- (a) Reconfirm the role of WHO as the normative reference for the International Health Regulations (IHR) (2005) and health emergencies.
- (b) Review IHR core capacity indicators, and map and maintain information on country preparedness and response capacity.
- (c) Build on networks and leverage the Regional Office's capacity, as upgraded and diversified during the COVID-19 crisis, to conduct regular horizon scanning and risk assessment exercises, to streamline the emergency preparedness and response capacities of regional and subregional structures, and to prepare joint procurement contingency plans and mechanisms.
- (d) Reinforce structural collaboration and synergy between WHO-EURO and the European Centre for Disease Prevention and Control.
- (e) Maintain WHO's capacity and the ability of associated networks to rapidly produce the high-quality guidance material and tools that have proved critical to managing the COVID-19 crisis.
- (f) Agree with relevant regional and subregional institutions on clear lines of coordination, transparent and data-driven communication channels, and mechanisms to operationalize solidarity in the case of a multicountry emergency.
- (g) Mobilize partners in support of updating, resourcing and stress-testing high-quality country preparedness plans.
- (h) Support country efforts to increase the resilience of health care facilities to climate change and natural disasters, while improving the environmental sustainability of their operations.

Core priority 3. Promoting health and well-being

20. People place great value on living in safe and supportive communities, where the social and physical environment favours physical, psychological and social health and well-being. They expect health authorities to protect them and their families from what threatens their health and well-being: by deploying dedicated public health programmes and policies to tackle determinants of health; by mobilizing other sectors to put health in all policies; by promoting initiatives that address local determinants of health with green deal investments into a future economy of well-being.

21. In modernizing societies, such expectations become more emphatic. Health leaders derive much of their authority from their response; when they are perceived to fail, it is promptly sanctioned by a loss of trust, authority and legitimacy. Public policies for the public's health are thus as important politically as they are technically necessary to move towards UHC.

22. The cluster of activities and programmes to promote health and well-being throughout the life cycle brings together public health traditions that have shaped the work of WHO over decades: the disease-control and environmental hygiene programmes that were its foundation; the work on essential public health functions, social determinants and renewal of primary health care; and the push for health in all policies especially between health and social policy. Together with progress towards UHC, they speak to the broader social trend of moving towards an economy of well-being.

23. The actions for prevention and promotion of health and well-being require programmes with a visible commitment to dedicated and specific public health efforts. Over time, WHO-EURO has developed an extensive technical portfolio (see Box 2 above) that builds the necessary evidence base. These programmes take a life-course approach to address the determinants of health and well-being, with due attention paid to the impact of gender inequality, inequity and poverty on health and social cohesion. They use a wide range of entry points, from local community initiatives to intergovernmental regulatory arrangements. They have in common the aim of creating an environment that responds to citizens' concerns for safer, healthier and better living.

24. The EPW emphasizes the importance given to this priority by pooling efforts in five workstreams:

1. Supporting local living environments that enable health and well-being

- (a) Engage with regulatory and legislative structures and civil society organizations, including consumer organizations and urban, spatial, social and transport planning experts, to spur action on air pollution and on mitigating the health impact of climate change in line with green deal initiatives.
- (b) Provide further support to initiatives such as Healthy Cities; the Regions for Health Network; Health Promoting Hospitals and Health Promoting Schools; the Transport, Health and Environment Pan-European Programme; and the child, adolescent and age-friendly local environments and settings approach.

2. Promoting safer, healthier and better lives

- (a) Support ministries of health in their efforts to mobilize political leaders around public health measures that can reduce the burden of NCDs (such as regarding nutrition, tobacco, alcohol, obesity, traffic accidents – see Box 3).
- (b) Leverage regional and subregional institutions and agencies with authority and influence over food policies to promote healthier food composition and reduce the risk of foodborne disease.
- (c) Leverage regional and subregional institutions and agencies that can ensure universal and climate-resilient access to basic services such as safe water, sanitation and hygiene, including for schools and health facilities.
- (d) Support health authorities in mobilizing society for physical activity, healthy nutrition, and the fight against obesity.

3. Improving patient safety and tackling antimicrobial resistance

- (a) Scale up efforts to tackle antimicrobial resistance as a Region-wide One Health priority, with support for: tackling the challenges posed by antimicrobials in agriculture, aquaculture, and hospital and pharmaceutical industry waste; regional and global efforts to develop new generation antimicrobials; reduction of inappropriate and promotion of rational prescribing (based on WHO AWaRe); and surveillance of antimicrobial use, resistance and healthcare-associated infections.
- (b) Step up patient safety, hospital hygiene and infection prevention and control programmes, extending them to primary care and long-term care settings, and including safety of medicines and health products.
- (c) Support the engagement of patients, families and professionals in patient safety initiatives and practice.
- (d) Horizon scan, identify and assess self-care practices and interventions, including those implemented digitally and over the counter.

4. Developing strategic intelligence on levels and inequalities of health and well-being

- (a) Design robust and disaggregated metrics and indices on health and well-being (including metrics and indices for early childhood development; the quality of support for ageing; the quality of end-of-life care; inequalities in quality and access to care; health and health care for vulnerable groups and migrants; and avoidable premature deaths).
- (b) Create opportunities for national policy dialogue on inequalities, including the health and well-being of marginalized, underserved and vulnerable groups.
- (c) Collaborate with other sectors to identify and map subgroups of populations whose unmet needs require specific outreach measures.

5. Reviewing major well-established programmes within WHO-EURO's technical portfolio, assessing their need for improved efficiency through innovation in terms of digitalization, technology and organization

- (a) Review the programmes on multidrug-resistant tuberculosis, HIV and hepatitis.

- (b) Review the programmes on child and adolescent health and development; sexual and reproductive health and rights; maternal and newborn health.

25. The Regional Office's work on health and well-being is complemented by two further cross-cutting flagship initiatives: the European Immunization Agenda 2030; and Healthier choices: Incorporating behavioural and cultural insights.

Flagship Initiative 3. The European Immunization Agenda 2030

The European Vaccine Action Plan 2015–2020 has set a course to control, eliminate or eradicate vaccine-preventable diseases in the WHO European Region. The insistence of the Region's Member States to launch a "European Immunization Agenda 2030" sets a new course to address inequalities in vaccination coverage between and within countries. It does so by systematically tackling constraints in the supply and delivery of vaccines, including those related to community demand and acceptance, and the need to confront vaccine hesitancy and the spread of misinformation.

This flagship initiative will remobilize political leaders at regional, subregional and country levels to ensure continued high-visibility commitment to high and equitable vaccination coverage within countries. This initiative aims to lead to an upward convergence of vaccination coverage between countries.

Equitable expansion and uptake of vaccines would substantially reduce mortality and morbidity from vaccine-preventable diseases and help to prevent epidemics and pandemics. The anticipation that a new vaccine could bring relief to the COVID-19 crisis gives a new sense of urgency to this initiative. Should the promise of a vaccine against COVID-19 become reality, it will pose familiar challenges, for which the lessons learned through the European Vaccine Action Plan 2015–2020 are relevant. These challenges range from ensuring equitable access, conducting timely operational planning, and addressing regulatory and financial issues, to the need for combining these efforts with those ensuring high seasonal influenza vaccine coverage as well as tackling coverage gaps in national immunization schedules.

The European Immunization Agenda 2030 hinges on innovative programming and targeted local-level intervention for demonstrable impact. This requires a detailed roadmap along with a robust results-based monitoring framework that takes into account not only the specific priorities, needs, capacities and characteristics of the programmes in each country, but also the necessary transparency and solidarity to ensure equitable access to and distribution of vaccines in the Region. With the implementation of European Immunization Agenda 2030, WHO-EURO will, in synergy with global initiatives, strengthen national immunization policies and tailor service delivery to the needs of individuals and communities based on data-enabled informed decisions. It will work with regional, subregional and national institutions and platforms to enhance local ownership and strengthen cross-sector partnerships.

Flagship Initiative 4. Healthier behaviours: incorporating behavioural and cultural insights

With this flagship initiative, the Regional Office intends to invest in new insights that can help to build a culture of health in which everyone is enabled to make healthy choices, in their daily lives and in the way they use health services. People's behaviours can be adversely affected by factors often insufficiently taken into account in the design and implementation of policies, the organization of services or the behaviour of health workers: these can range from a lack of health literacy, conflicting belief systems, feelings of fear, mistrust, and uncertainty, mis-processed information, feelings of inconvenience or an experience of disrespect or discrimination. Often these barriers to optimal health can be avoided or corrected by building a better understanding of these social, behavioural and cultural factors.

The initiative will promote the use of insights into these social, behavioural and cultural factors to improve health literacy, as well as the design, procedures and provider behaviour at the interface between citizens and their health and social care services. It will foster new scientific understanding on how these factors and the design of policies and service delivery processes interact to assist countries in optimizing uptake of services, adherence to treatment, self-care, and individual and collective ways of living (including in view of the social adaptations required in response to the COVID-19 crisis). By engaging disciplines beyond the bio-medical sphere, including the social sciences and the medical humanities, this initiative will help health authorities improve the way their services respond to their citizens' expectations for respectful and people-centred care.

This flagship initiative will:

- support interested countries, as well as regional and subregional structures, to identify opportunities to adapt, adopt and create good practices in promoting a culture of health and optimizing the design of processes and practice at the interface between people and their health and social care services;
- produce a compendium of good practices for making policies, processes, procedures, and regulations more culture appropriate, people centred and user friendly, with particular focus on the inclusion of information on patient experience in policy formation;
- establish a resource centre for the emerging research on behavioural and cultural factors that affect behaviour regarding health; and
- produce an investment case for developing a knowledge and evidence base in this area of work.

How will WHO-EURO maximize country impact?

26. The previous section sets out what WHO-EURO will prioritize in the period 2020–2025. This agenda also requires substantial changes to how WHO-EURO operates. Some of these changes were put in place in the first half of 2020, as rapid adjustments were made to respond to the challenges of the COVID-19 crisis. The challenge of recovery and reform

countries face will require continuing and patient efforts on behalf of WHO-EURO to ensure durable improvements to its way of working, adapting:

- how it collaborates with others and unites action for better health;
- how it works with national and subnational health authorities to reinforce sectoral leadership and build trust; and
- how it adjusts its own structures into a fit-for-purpose organization.

Unite the efforts of regional and global partners

27. For reasons of geopolitics, history, or mere size, not all countries in this heterogeneous Region are equally well inserted in the regional conversations on health policies. WHO-EURO has recently gained more prominence as a constructive convener and intermediary through which countries can gain a stronger voice in the discussions with intergovernmental institutions and mechanisms. WHO-EURO has done so not only at the regional level but, importantly, also at subregional level and in subregional country clusters. This creates channels and opportunities for countries, whatever their size or their geopolitical context, to have a place at the negotiation table in a world where health sector issues are increasingly internationalized.

Leveraging partners to include Member States in regional and subregional conversations

28. The constellation of actors and networks in the current health landscape has become complex and multilayered. The many important regional bodies and multilateral institutions that play a role include: the European Union; the World Bank; the Council of Health Cooperation of the Commonwealth of Independent States; the Eurasian Economic Union; the Central European Initiative; the Shanghai Cooperation Organisation; the Turkic Council; the Parliamentary Assembly of the Council of Europe; the South-eastern Europe Health Network; the European Observatory on Health Systems and Policies; the Northern Dimension Partnership in Public Health and Social Well-being; the G7 and the G20. In collaboration with other United Nations organizations and development partners, WHO-EURO supports several multilateral environmental agreements and multisectoral policy platforms, and participates in harmonizing reporting and integrated financial frameworks. It also operates its own network of small countries to make sure that their voices continue to be heard. Many of these institutions, collaborations and associations cover subsets of Member States, in different and overlapping constellations.

29. This complex landscape offers opportunities to organize topical conversations on health-related concerns of transnational relevance. Health is getting increased attention in these forums and the COVID-19 crisis has amplified this trend. This multiplies the opportunities to build consensus and solidarity around shared health priorities and to make progress on necessary improvements at the interface between health and socioeconomic development, and between health and social policies.

Working with partners for synergies around core health priorities

30. Several international institutions active in the Region have an agenda that directly or indirectly impacts health at the country level. These include the European Union; the Organisation for Economic Co-operation and Development; the European Centre for Disease

Prevention and Control; the Global Fund; Gavi, the Vaccine Alliance; United Nations agencies; and many others. These also include a large number of influential professional and patient associations of regional or subregional scope.

31. The EPW envisages WHO-EURO increasing the commitment and engagement of all partners in the European United Nations Issue-based Coalition on health and well-being for all, with joint analysis, joint advocacy, policy coordination and country support to reach health-related sustainable development targets. This includes ad hoc support in developing United Nations Sustainable Development Cooperation Frameworks (UNSDCFs), Country Cooperation Assessments, communicating to United Nations Country Teams and supporting implementation of the Global Action Plan for Healthy Lives and Well-Being for All.

32. WHO-EURO's new prominence makes it possible to engage these organizations in fair and effective interagency collaboration aimed at synchronizing, finding synergies and pooling efforts and experience. WHO-EURO will ensure that health is integrated into the broader United Nations development agenda by its participation in "Delivering as One", particularly with regard to the UNSDCF.

33. At the country level, WHO-EURO will actively support health authorities in promoting the alignment and coordination of country partners – national agencies and networks, country branches of international agencies, and civil society organizations – to national health plans and priorities. It will strive for gains in synergy, coordination, and efficiency through pooling of knowledge, elimination of duplication, synchronization of efforts and strengthening of accountability mechanisms, also in terms of reporting. Country offices will use their country cooperation strategies or other appropriate instruments to assist national health authorities in taking the lead for organizing more joined-up collaboration with partners.

34. At regional and subregional levels, the Regional Office will develop a range of instruments and platforms (including relevant metrics) to foster more effective, synergistic and accountable interagency collaboration. Streamlining the collection, analysis and reporting of disaggregated data will be an area of particular focus for the development of strong partnerships. The Regional Office will systematically strive to ensure all countries can benefit from lessons learned from promising subregional initiatives and innovations. The appointment of an ambassador to the European Union's initiatives on cancer prevention and treatment, with a remit to ensure coordinated Region-wide cancer initiatives covering all countries in the Region, is just one example of this approach.

Enhance country focus: direct support to Member States health leadership

35. By being creative and through proactive initiatives, WHO-EURO has shown that, even in the chaotic context of the pandemic, it is possible to include each Member State in at least some of the subregional or regional discussions. This is important because these multicountry forums bring access to cooperation and learning, and to channels of solidarity and economies of scale. These may be self-evident to Member States that are well established in these conversations, but others still lack access to such opportunities. In recent months, partly owing to the ongoing crisis, the Regional Office has been able to scale up the access of all Member States to discussions on health-related issues in extant regional and subregional

bodies, and multilateral institutions. Expanding and deepening this participation will be a key concern of the Regional Office's leadership.

36. The COVID-19 crisis has enhanced WHO-EURO's authority as a source of evidence-based guidance. It has a track record as a fair, neutral and competent partner that can assist health authorities with difficult policy choices and implementation challenges. This allows it to step up in the following areas.

- Deployment, at Member States' request, of rapid response teams for on-site and virtual safe space policy dialogue on technically challenging or difficult choices regarding recovery and the reforms required to build resilient and robust systems.
- Collaboration with the European Observatory on Health Systems and Policies on, among others, the COVID-19 Health System Response Monitor.
- Tailored support to health leadership in Member States with ex-ante health impact analysis of economic recovery programmes and by strengthening their capacities to negotiate for investments in the recovery and reform of the health sector.
- Organization of voluntary intercountry peer reviews and exchanges of good practice on key health policy topics, including structural and other reforms and change management.
- Support to strategic policy dialogues, at the request of Member States, involving both political and technical levels and using strategic country intelligence, data, evidence and forecasting to anticipate policy challenges and conduct exercises on future scenarios.
- Launch of a pan-European transformative leadership academy, with: (i) a junior professional officer programme to build public health and participatory governance capacities; (ii) a mid-level officer exchange programme between Member States and the Regional Office, focusing on health system recovery, resilience and robustness; and (iii) a twinning and peer-support programme to assist high-level decision-makers in managing change.

Align with the shared core priorities: a fit-for-purpose WHO-EURO

37. As a matter of priority, WHO-EURO will update its country cooperation strategies with Member States or otherwise engage in a reasoned debate about future collaboration. The aim is to ensure that the core priorities are given due prominence, with provisions to unite partners in support of investment in recovery and reform.

38. WHO-EURO will systematically pay attention to achieving a better balance between impacting regional and subregional mechanisms and delivering direct country support. It will focus on those countries where the need to accelerate upward convergence with high performers is greatest, and where health authorities are in the greatest need of support. It will be a priority to foster better integration of all countries in forums for supranational dialogue on health matters.

39. WHO-EURO will use the EPW to defragment its guidance and support to countries in line with core priorities and the need for recovery and building resilient and robust systems. It will improve the balance between the technical development of its programme portfolio and tailored support to countries in function of needs and requests. It will make arrangements to

ensure the flexible deployment of both staff and consultant expertise, at Member States' request, to complement its portfolio of technical programmes with tailored and timely support through safe-space policy dialogue and advice.

40. WHO-EURO will foster a work environment conducive to delivering results. It will:

- align organizational structures to deliver the EPW and GPW 13 informed by consultation with staff, and seek to align resource allocation and programming with the needs of delivering impact at the country level;
- support a values-based culture of collaboration and innovation, including agile and multidisciplinary team-based models of working, with appropriate levels of delegated authority and accountability, including for intensified joint technical assistance and policy support;
- introduce leaner administrative procedures and practices, pursue digital transformation and take measures to reduce its carbon footprint; and
- ensure a healthy, respectful and motivational workplace for all staff with the implementation of zero tolerance of harassment, and promotion of diversity and gender balance.

Resource mobilization

41. The EPW Engagement Strategy 2020–2025 currently under development promotes coherent resource mobilization and partnership efforts with the intention of enhancing, strengthening, improving and scaling up normative guidance, technical support and knowledge exchange for the countries of the European Region. Building on the GPW 13 investment case and the global WHO resource mobilization strategy (document EB146/29) the strategy focuses on results-driven resource partnerships, the measures of which are defined by the EPW. WHO-EURO's resource mobilization strategy will: (i) align resource mobilization with the priorities of the EPW; (ii) increase the level of flexibility, sustainability and predictability of contributions; (iii) define a transparent operating model and build capacity for resource mobilization especially at the WHO country offices; (iv) identify and mobilize new donors, governmental and other; (v) pursue resource partner models for co-generation and joint investment through sharing of intelligence and seed funding; (vi) implement structural changes in the Regional Office to ensure more strategic allocation of funding and the financial sustainability of the country focus and alignment with the core priorities of the EPW.

42. Along with its resource mobilization strategy and its monitoring through appropriate metrics, WHO-EURO will provide proactive support to the mobilization by country health authorities of resources for recovery and reform, pursuing convergence between country priorities and calls to action. A concerted effort will be made to match WHO's comparative advantages and unique expertise with resource partner interests and priorities. Embracing innovation, the EPW Engagement Strategy 2020–2025 promotes: analysis of resource-partner evolution, trend projection and improved donor intelligence; rationalization of WHO-EURO's current portfolio along with the three EPW/corporate priorities; consolidation of complementary programmes; high-level investment cases for the EPW flagship initiatives and countries/blocs with the most concerning health trends; and strategic strengthening of WHO-EURO's country presence.

43. Through a coordinated effort at regional and country levels, WHO-EURO will aim to diversify the current resource partner base and sources of financing, mobilizing smaller and emerging or re-emerging resource partners, and exploring non-traditional, innovative funding mechanisms and blended funding opportunities.

How shall we measure progress in the Region?

44. The COVID-19 crisis has underscored the critical need for all countries to strengthen their health data and information systems and circuits. There is a need for a quantum leap in the ability to generate timely, disaggregated and comprehensive data that provide credible, reliable and actionable information. Classic data collection will need to be complemented by robust use of big data, online surveys, consensus panels and expert opinion. This will ensure that decisions are data driven and facilitate public health monitoring and forecasting.

45. The Region has the baselines and the capacity to measure progress towards the triple billion targets in line with the WHO Impact Framework (Box 4). The Region will measure this progress using the global indicators; WHO-EURO will also define regional trajectories and process monitoring indicators. This will make it possible to provide country-specific policy advice on accelerating progress.

46. The basis of the information to monitor progress will come from collaboration with Member States and their national statistical offices. To reduce the burden on Member States of overlapping reporting and monitoring requirements, WHO-EURO will partner with other United Nations agencies and key partners such as the European Commission, the Organisation for Economic Co-operation and Development, the European Observatory for Health Systems and Policy, and the European Centre for Disease Prevention and Control.

47. The strengthening of health information systems will continue to be a priority area of focus particularly in the eastern part of the Region, where WHO is a key partner, to further develop credible, timely high-quality country health data and profiles. These will be used to measure and monitor impact as well as to forecast needs, and anticipate and respond to policy challenges impacting the health of the population and health systems.

48. The Regional Office will implement a measurement framework for the EPW that is aligned with the frameworks for the GPW 13, the Sustainable Development Goals and the Joint Monitoring Framework. It will be tailored to monitor the impact of the flagship initiatives and of work under the three core priorities. It will include metrics to monitor efforts towards regional convergence, stronger health leadership and united action for better health.

Box 4. Readiness for measuring progress regarding the three core corporate priorities

1. UHC: progress is to be assessed by measuring the degree of financial protection; baseline data are available and organizational capacity is well established. Global metrics that combine service coverage and financial protection will be complemented by a regional approach to monitoring that combines statistical analysis of financial protection with equity-sensitive metrics, and will incorporate analysis of unmet needs and policy analysis to generate timely, actionable and country-specific evidence.
2. Protection against emergencies: the COVID-19 crisis has highlighted the need to update the health emergencies preparedness index. This must include tracking of

emergencies, response and impact in ways that are disaggregated by sex, age and socioeconomic status and that include disease surveillance and health systems performance.

3. Health and well-being: monitoring of multiple metrics is well established, with the NCD Global Monitoring Framework and global NCD targets. The European Health Equity Status Report Initiative provides a useful suite of indicators. A baseline is available through the United Nations Sustainable Development Goals Indicators Database, as well as various WHO and other United Nations sources. Reliable measurement methods and capacity exist in which the life-course perspective, gender and health equality and equity issues can be incorporated.

Consultation, engagement and decision process

49. The Twenty-seventh Standing Committee of the Regional Committee for Europe endorsed the EPW and agreed to submit it for adoption to the 70th session of Regional Committee in September 2020. Before doing so, the Regional Office has sought additional input and feedback from all Member States and reached out to other stakeholders and partners, including international governmental organizations, the European Commission, the United Nations and non-State actors, as well as WHO staff.

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