A View from the 66th Regional Committee of WHO, 12-15 September 2016, UN City, Copenhagen

The European Regional Committee of the World Health Organization meets annually, and is a great place to catch a high-level snap-shot of what is current and important amongst health issues in the Region.

This year the Committee met in Copenhagen, 12 – 15 September 2016. Over the years, and certainly since 2010 when the current Regional Director, Dr Zsuzsanna Jakab, took office, conversations amongst the 53 Member States of the Region have become more policy focused and purposeful, with increasing inputs for all countries in both the western and eastern parts of the Region.

This year the policy focus has very much been on the United Nations Agenda 2030 and the Sustainable Development Goals (SDGs). In her address Dr Jakab noted that Health 2020 is fully aligned with the SDGs:

“The SDGs give us a wonderful platform to establish a coalition for health, led by WHO, engaging relevant [United Nations] agencies and working with Member States”, she stated.

Prominent items for debate were mid-term evaluations of Health 2020 and the European action Plan for Strengthening Public Health Capacities and services (the EAP-PHS). CPPH at Durham University, through its WHO Collaborating Centre status, led the midterm review of the EAP-PHS with collaborators from the University of Valencia and IHPA.

**Good progress was reported on Health 2020 implementation. Since 2012, the European Region had supported 25 Member States in developing their national health policies, and provided extensive support at the subnational level. Although Member States are reporting progress and are on track for many of the Health 2020 targets and indicators, reducing health inequities remains the greatest challenge.**

However, despite welcome achievements and advancements, the potential of the EAP-PHS has remained largely unrealized. There remains a gap between the stated level of political commitment to implementation and the actual resources allocated for it. Evidence on the cost–effectiveness of public health interventions is still not broadly known.

Over the four days of the Regional Committee a number of new strategies and action plans were adopted. Notable amongst these were:

1. **The Minsk Declaration on the Life-course Approach in the Context of Health 2020,** reflecting agreements reached at the conference held in Minsk in October 2015. The Declaration emphasised the importance of investing in people and future generations through a life-course approach, encouraging Member States and other key stakeholders to “act early, act in time and act together”.

2. **The European framework for action on integrated health services delivery,** which is the result of a 3-year participatory process. The framework aims to improve health and well-being by modelling the delivery of health and social services around the needs of people.

3. **A strategy and action plan for refugee and migrant health in the WHO European Region.** This covers nine priority areas for collaborative action; advocating for the
right to health of refugees, asylum seekers and migrants; addressing the social determinants of health; achieving public health preparedness and ensuring an effective response; strengthening health systems and their resilience; preventing communicable diseases; preventing and reducing the risks posed by non-communicable diseases; ensuring ethical and effective health screening and assessment; and improving health information and communication.

4. An action plan for sexual and reproductive health. Sexual health was defined more than 20 years ago, and since then the Region has seen major achievements in lowering perinatal mortality rates and increasing access to safer abortions. The vision of the action plan is that all people in the Region are enabled and supported to achieve their full potential for sexual and reproductive health and well-being, and that human rights are respected, protected and fulfilled.

Here there was some controversy. Nearly 20 Member States expressed support for the Action plan, although some delegates were concerned that the original language was weakened in order to reach a compromise. The strategy and action plan was adopted, with three countries, Hungary, Poland and Turkey, disassociating themselves for this decision.

5. A strategy on women’s health and well-being. This reflected that long life expectancy is not the only indicator of success, particularly when many years are not lived in good health. Women living in countries with the highest life expectancy can experience up to 12 years of ill health, and large gender and health inequalities exist across the Region.

The Committee also considered a number of other technical issues;

1. Reform of WHO’s work in health emergency management
2. Health laboratory strengthening
3. A European action plan for the health sector response to HIV
4. A European action plan for the health sector response to viral hepatitis
5. A European action plan for the prevention and control of NCDs
6. A European action plan to strengthen the use of evidence, information and research for policy-making

A key event in any Regional committee is the address by the Director-General, Dr Margaret Chan. This year she gave her final address as Director-General, as her term of office ends in May next year. Dr Chan emphasized that the European Region has been at the forefront of developments in many areas that influence health, including global environmental policy, non-communicable disease prevention, multisectoral collaboration, whole-of-government and whole-of-society approaches, people-centred health systems, mother and child health and the rights of women and girls, and international cooperation in health development.

She highlighted three important upcoming events at the United Nations General Assembly of relevance to the Region: the first high-level meeting on antimicrobial resistance, a high-level summit on refugees and migrants, and the launch of a report on health employment and economic growth that focuses specifically on future health workforce needs.
Dr Chan also spoke of the continuing need to pursue effective tobacco control measures, and prompted spontaneous applause from delegates when she referred to July’s court ruling to support Uruguay’s right to continue its anti-tobacco policies.

“This is a landmark victory, as it upholds the right of a sovereign government to protect its citizens from a deadly and addictive product, and gives precedence to that right. So ends a cynical attempt by a rich, multinational Goliath to batter a small country with limited resources”, she commented.

Of great relevance to the debate about strategic actions to control childhood obesity in England, and the recent announcement by HMG, in her concluding remarks, Dr Chan called on countries to tackle childhood obesity: “Take care of your children. Obesity and overweight in children is society’s fault, not theirs”.

In closing the Regional Committee, Dr Jakab highlighted the decisions on health taken for the benefit of the women, men, children and adolescents of the Region.

She thanked Member States partners and civil society organizations, as well as the host Danish Government and The WHO European Region’s patron Her Royal Highness The Crown Princess of Denmark, for all their active participation and engagement in this year’s proceedings.

She said: “You have experienced and practiced responsible health diplomacy, and I thank you for your willingness to cooperate in the spirit of consensus. This is the strength of our Regional Committee”.

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