

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

This draft of the European Programme of Work, 2020–2025 (EPW) – “United action for better health in Europe” was developed with the endorsement of the Twenty-seventh Standing Committee of the Regional Committee for Europe.

The EPW starts from what citizens in the WHO European Region expect their health authorities to do. People want their authorities to guarantee universal access to quality care without fear of impoverishment; 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. Citizens 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 help Member States’ health authorities rise to that challenge, in each country and collectively in the WHO European Region. The COVID-19 pandemic that has hit the Region so fiercely mandates definite course corrections, which are integrated in this draft.

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. Given the state of flux in which European health care systems are, in this peculiar period, the draft EPW should be seen as a live document that will require regular updates.

While recognizing that every WHO region has its particular challenges, opportunities and priorities, the EPW is intended to demonstrate 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 and to preparation of the Fourteenth General Programme of Work. It seeks to align the work of the Regional Office with the “triple billion” targets, while also taking into account the roadmap to implement the 2030 Agenda for Sustainable Development.

A timeline of external and WHO internal consultations has been set. It is proposed that the draft document be presented to the WHO Regional Committee for Europe at its 70th session for endorsement.

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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 (Box 1), set out in the Organization’s Thirteenth General Programme of Work (GPW 13):

- Moving towards universal health coverage;
- Protecting people better against health emergencies; and
- Ensuring healthy lives and well-being for all at all ages

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. Days later, the COVID-19 pandemic hit the European Region with unexpected ferocity. COVID-19 has taken – and is still taking – a heavy toll on populations, on health workers, and on health and social care systems. Many are struggling to pass this stress-test unscathed. The economic fall-out of the pandemic will further hurt health and well-being across the Region. The COVID-19 crisis has pivotal implications: for health and social care systems; for the role of the Regional Office as an institution; and for this European Programme of Work.

A political mandate for the European Programme of Work in the post-COVID-19 era

3. The European Programme of Work, 2020–2025 (EPW) reflects a determination to leave no one behind, and to strengthen the leadership of health authorities in the Region.

4. **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 Region – from a health as well as a political perspective. For example, the risk of dying prematurely from the four main noncommunicable diseases (NCDs) is below 10% in some countries, but as high as 31% in others. These 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 that dismal 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 social and health care can fit into an economy of well-being. The disparities between countries, the persistence of large groups of vulnerable people within countries, and the slow pace of Regional convergence, mandate that the emphasis for this EPW should be on *leaving no one behind*.

5. **Leadership and authority.** The EPW also emphasizes the need to *reinforce the leadership capabilities of health authorities*. In many Member States, confidence in health authorities has suffered from problems encountered in the management of the COVID-19 crisis. But this has only exacerbated pre-existing dissatisfaction. Throughout the Region, people’s aspirations have been growing: for universal access to care, for living in safe,

supportive and healthy communities, for health security. The contrast has often been stark between these expectations and the experience of a deteriorating environment and of health services affected by disinvestment, commercialization and workforce problems. In several countries that disconnect has eroded trust in health authorities and sector leadership.

6. Fuelled by mis- and disinformation via media, the Internet and social networks, the COVID-19 crisis, with its real-time coverage of the rationing of personal protective equipment and the lack of prompt attention to the drama unfolding in nursing homes, has made the position of health authorities particularly delicate. Mistrust of scientific and health authorities is affecting the legitimacy of health governance institutions and overall system performance. This challenge cannot be ignored. The EPW must therefore emphasize reinforcement of the capacity of health sector leadership so that it can inspire trust and exert legitimate authority.

7. The need to focus on the recovery, resilience and robustness of public health and health systems in the wake of the COVID-19 pandemic only reinforces that determination.

Box 1. The global targets

The three priorities of GPW 13 are linked to three bold targets:

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

The Tallinn Charter: Health Systems for Health and Wealth, the Declaration of Astana on primary health care and the Declaration of the Sixth Ministerial Conference on Environment and Health (Ostrava, Czechia) 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.

What the Regional Office will focus on: the three core priorities of the EPW

8. Critical ongoing work that is part the Regional Office's current portfolio of activities (Box 2) will continue or be scaled up. The central thrust of the EPW, however, is to privilege lines of work and initiatives that bridge the three core corporate priorities and together constitute a programme of **post-COVID-19 recovery and reform**.

9. The COVID-19 pandemic and its looming economic fall-out are putting health and social care systems under heavy stress. This situation will not resolve itself by magic. Even with breakthroughs in treatment, testing and vaccines, transitioning towards a steady state of low-level transmission will leave a difficult legacy. Our health and social care systems will have to start over with an exhausted front-line staff, depleted budgets, and an accumulated backlog of people awaiting treatment. The full extent of this legacy is obviously not yet known, but it definitely includes a new awareness of the vulnerability and underfunding of health and social services and their workforces.

10. The upshot is a general consensus that health and social care are central to an economy of well-being – provided that care systems can recover and reform, and produce sustainable

answers to future as well as to present challenges. This implies the need for major investments to build **resilient and robust systems**. These will have to strike the right 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. This calls for governance foresight with flexibility, creativity and the ability to learn and change, rather than for short-term fixes. An acceleration of the work of the European Health Systems Foresight Group will help to guide recovery in such a way that it prepares people-centred health and social care for the coming decade.

11. Health and health care 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 a novel leadership role. It has demonstrated that it can work as one WHO; 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 and be a calming voice in often heated debate. It is now a prime and credible discussion partner for tackling the challenges at the interface between the health and socioeconomic spheres. The EPW needs to seize these opportunities.

12. For people to be at the centre of public policy, recovery efforts need to play out concretely at country level. This requires pragmatic, deliberate and contextualized efforts to build on synergies and complementarities between the work on each of the three core priorities. That in turn necessitates intense collaboration with and among national health authorities and major health and social sector players. Four flagship initiatives address aspects of these priorities that feature prominently on the agendas of Member States and for which high-visibility, high-level political commitment can be transformative.

Core priority 1. Moving towards universal health coverage

13. Throughout the Region people aspire to and expect universal access to quality care without experiencing financial hardship. This puts building a resilient and robust system of universal health coverage (UHC) at the core of post-COVID-19 recovery.

14. The Regional Office will make supporting country efforts its overarching focus. Enhanced country focus critically relies on strengthening regional and subregional linkages. The Regional Office currently has enhanced convening power among regional and subregional institutions – intergovernmental agencies and non-State actors. It will leverage this new prominence to ensure that international regulatory and policy arrangements, particularly those aimed at post-COVID-19 recovery, support the further strengthening of UHC. The Regional Office's regional and subregional work will seek synergies and economies of scale that support the recovery and reform efforts of national health authorities.

15. The work of the Regional Office to support the move towards UHC can be grouped in five components.

1. People-centred services

- (a) Bridge the health and social care divide, as a Region-wide priority, institutionalizing policy dialogue between the health and social sectors at the regional, subregional and national levels with a view to formulating plans and strategies.
- (b) Bridge the divide between primary health care and public health, guided by a review of the extant models of collaboration, their effectiveness and potential.
- (c) Bridge the divide between primary, specialized and hospital care, with primary care linkages and information flows at the centre of health care delivery and emergency response policies, as regional, subregional and national priorities.

2. Financial protection

- (a) Expand the agenda of regional and subregional dialogues on financial health protection with ministries of finance and intergovernmental organizations, to cover the necessary investment in post-COVID-19 health and social sector recovery and reforms, and perform ex ante impact assessment of adjustment and recovery programmes.
- (b) Support national dialogue to ensure reprioritization of government budgets and ring-fencing of health and social care budgets (regular budget sources, donor funding, solidarity mechanisms, contingency funds) in the wake of the COVID-19 crisis.
- (c) Reinforce the negotiation capacity of national health authorities to engage in constructive discussion of the health sector implications of economic recovery plans.

3. Health workforce

- (a) Formulate national strategies for modernizing the working conditions and modus operandi of the existing workforce and for aligning the production of the future workforce with the requirements of post-COVID-19 recovery.
- (b) Convene a supranational consortium to develop in-service training programmes to reorient and requalify the existing workforce towards people-centred care in the post-COVID-19 context.
- (c) Build consensus around regional and subregional policies for a fairer distribution of the health workforce: monitoring of mobility and migration; shared strategies to mitigate “push” factors (including deskilling, burnout and demotivation); and actions to foster a relationship of trust between health workers and health authorities.

4. Medicines and supplies

- (a) Convene stakeholders to work towards a new social contract between all stakeholders involved, including the pharmaceutical industry,
- (b) Identify and correct vulnerabilities in national and supranational production and procurement chains.
- (c) Accelerate the implementation of World Health Assembly resolution WHA72.8 on market transparency to improve access to high-priced innovative medicines and vaccines, by strengthening databases, expanding voluntary intercountry collaboration platforms and supranational procurement groups, and developing technical options for fair pricing.

5. Governance

- (a) Review models and mechanisms to ensure a flexible balance between command-and-control, entrepreneurial and decentralized, collaborative governance models for the health sector, able to combine progress towards UHC with the capacity to respond effectively to emergencies.

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

A functional review of the programmes and projects under the new Division of Country Health Programmes, the Division of Health Policies and Systems, and the Division of Country Support, Emergency Preparedness and Responses is currently ongoing. It will streamline the current portfolio of activities to ensure that their contribution to the three corporate priorities is efficient, visible and accountable. The functional review started with the appointment of the Directors of the respective Divisions and will be completed by the end of June 2020.

16. The Regional Office's work on UHC will be complemented by two flagship initiatives: the Mental Health Coalition; and Empowerment through Digital Health. The flagship initiatives are intended to give a strong impulse to renewal and innovation in the pursuit of UHC.

Flagship Initiative 1. The Mental Health Coalition

Mental health is a leading cause of suffering and disability in the European Region. The specific problems are diverse in nature but touch all ages and social groups. They include a surge of diseases of despair, the persistent prevalence of depressive and anxiety disorders, the growth of self-harm and suicide, and the unmet needs of people with dementia or autism spectrum disorder. Two specific challenges are the rise of burnout among health workers and the need to confront the mental health fall-out of the COVID-19 crisis.

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

The Mental Health Coalition will convene high-profile, committed personalities and influential stakeholders, 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 to 21st-century standards, in line with European values. The Coalition will help to change the way in which societies in the Region look at mental health, but it will also help countries to improve how their health services deal with mental health.

It will:

- provide the overarching structure for exchanging experience and mobilizing national champions;
- serve as the umbrella for a multi-agency, Region-wide review of lessons learnt and future perspectives;

- 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;
- facilitate national policy dialogues on mental health, with appropriate incorporation in national policies and plans of key mental health priorities (including cross-sector prevention; 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 has seen an unprecedented call for digital technologies to ensure continuity of care, improve quality and user autonomy, and smooth the flows of information between different health system components. The flexibility and rapid deployment of digital solutions offer particular perspectives in unforeseen crisis contexts. Great expectations notwithstanding, the adoption of interoperable digital technologies for clinical and public health decision-making struggles to overcome technical and political hurdles. This flagship initiative will provide technical and policy guidance and expertise on:

- the safety and efficacy of digital health solutions;
- the preservation of health equity, gender equity and human rights as core values in the systems that feed the strategic use of data;
- the review of the use, gaps and efficacy of digital health solutions deployed in response to the COVID-19 crisis.

The Empowerment through Digital Health initiative will:

- finalize the European Roadmap for Digitalization of Health Systems, as a blueprint for the design of national 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 and build consensus on a European health data governance framework through a Charter of European values, principles and methods for health data access, management, governance and use. The Charter will balance the rights and privacy of the individual with the need for data to drive the development of new clinical interventions, to inform policy and to facilitate public health forecasting and action. The Charter will describe the scope of current and potential health data use, propose a European value set for primary and secondary uses of health data, and outline a governance framework to improve the quality and interoperability of health and social care data, including mechanisms for capturing and applying consent for its use;
- support countries to leverage the use of digital technologies for improving the interface between citizens and services and for disease surveillance.

This flagship initiative complements and operationalizes the WHO Global Strategy for 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

17. The Covid-19 crisis has dominated public conversation as few health issues have done before, and provided evidence of a large social consensus on the responsibility of public health authorities for ensuring protection against health emergencies. It has put a critical spotlight on the scientific-political machinery of public health and on the social accountability of public health expertise.

18. The COVID-19 crisis has also been – and still is – a transformative experience for the Regional Office. The pandemic has shown the critical importance of acting rapidly and decisively, and of being able to produce rapid and authoritative situation assessments, of collating critical information reliably and credibly, and of sending out rapid response teams to assist national governments when appropriate. 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 the

Organization'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. It has intensified the communication and collaboration between WHO regional offices.

19. Learning from this experience is relevant for effecting the transition and recovery from the COVID-19 crisis and tackling the public health challenge of its aftermath. It will also guide efforts by the Regional Office to build capacity, over the coming years, to support countries in responding to a range of health emergencies, as well as to the risks associated with climate change. 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 destined to improve WHO governance. Some lessons have already emerged, including the need for a dual track response, combining emergency response with dedicated efforts to maintain continuity of access to care.

20. The COVID-19 crisis has highlighted the need for preparedness and prompt response, as well as for clearly defined command-and-control emergency response mechanisms and structures. It has also shown that preparedness, capacity for prompt response and solidarity, are critical, not only within countries but also among groups of countries in the Region. This mandates paying attention to the support that the Regional Office provides to countries, as well as to how the Regional Office mobilizes the regional and subregional structures. Work on the health emergencies priority will focus on three areas.

1. Expand the ongoing in-action review of the COVID-19 crisis into a formal critical lesson-learning review of the Region's response to this and other recent health emergencies, in order to:

- (a) Steer future country and regional preparedness and response capacity.
- (b) Feed into the independent after-action review planned at global level to improve WHO governance and operational management of emergency responses.

2. Enhance 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 care support for the population as a whole, including vulnerable groups.
- (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) Build capacity and assist in designing processes and training staff to enable effective communication on health emergencies and handling of rumours and false news.

3. Regional preparedness and capacity to respond, and production of public goods 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, streamline the emergency preparedness and response capacities of regional and subregional structures, and prepare joint procurement contingency plans and mechanisms.
- (d) 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 management of the COVID-19 crisis.
- (e) 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.
- (f) Mobilize partners in support of the updating, resourcing and stress-testing of high-quality country preparedness plans.

Core priority 3. Promoting health and well-being

21. Whether they are young or old, people aspire to live 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 threats to their health and well-being through appropriate public health programmes and policies, ranging from the well-established child and adolescent health or tobacco control programmes to more recent policies on healthy ageing or a "green deal" that insert local settings into a future economy of well-being.

22. In modernizing societies, such expectations tend to become more emphatic. Health leaders derive much of their authority from their response; when they are seen to fail, that perceived failure is promptly sanctioned by a loss of trust, authority and legitimacy. Public policies for the public's health and well-being thus form a highly visible complement to moving towards UHC: effective health and well-being policies are as important politically as they are necessary technically.

23. 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 programmes that were the foundation of WHO's work; its environmental health programmes; the work on essential public health functions, social determinants, and renewal of primary health care; and health in all policies. With the push towards UHC, they are part of a broader social trend in modernizing societies: to move towards an economy of well-being.

24. The actions and programmes for promoting health and well-being require a degree of programmatic identity that signals a dedicated and specific public health effort. This is

justified when specialized inputs are needed to address significant burdens of disease, but would lose their impact were they to be diluted in the overall UHC portfolio of health care services. Over time, the Regional Office has developed an extensive portfolio of such public health programmes (see Box 2 above). They take a life-course approach to address the determinants of health and well-being, with due attention paid to the impact of gender inequity and poverty on health and social cohesion. They use a wide range of entry points, from local community initiatives to intergovernmental regulatory arrangements. Their common denominator is that they are aimed at creating an environment that responds to citizens' concerns for safer, healthier and better living. For this EPW, the Regional Office will focus on the following:

1. Local living environments that enable health and well-being

- (a) Engage with regulatory and legislative intergovernmental structures and civil society organizations, including consumer organizations, to spur action on air pollution and on mitigating the health impact of climate change in synergy with green deal initiatives.
- (b) Further support initiatives such as Healthy Cities, the Regions for Health Network, Health Promoting Hospitals and Health Promoting Schools, and the child, adolescent and age-friendly local environments and settings approach.

2. Safer, healthier and better lifestyles

- (a) Support ministries of health in their efforts to mobilize political leaders around public health measures (such as regarding nutrition, tobacco, alcohol, obesity, traffic accidents) that can reduce the burden of NCDs.
- (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) Assist national authorities to mobilize society for promoting physical movement and healthy nutrition and for combating obesity.

3. Safer health care

- (a) Make antibiotic resistance a Region-wide priority (including by tackling the challenges posed by antibiotics in agriculture, aquaculture, and hospital and pharmaceutical industry waste; supporting regional and global efforts to develop new generation antibiotics; and promoting rational prescribing).
- (b) Step up patient safety and hospital hygiene programmes, extending them to primary care settings.
- (c) Horizon-scan, identify and assess self-care practices and interventions, including those implemented digitally and over the counter.

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

- (a) Develop robust metrics and indices on health and well-being (including metrics and indices for early childhood development; the quality of support to 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 death).
- (b) Create opportunities for national policy dialogue on inequalities, including the health and well-being of marginalized, underserved and vulnerable groups.

- (c) Collaborate with the social care sector to identify and map subgroups of the population in need of specific outreach to compensate for unmet need for care.

5. Review well-established programmes, assessing their need for rejuvenation and improved efficiency through innovation in terms of digitalization, technology and organization

- (a) Multidrug-resistant tuberculosis, HIV and hepatitis.
- (b) Child and adolescent health and development; sexual and reproductive health; maternal and newborn health.

25. The Regional Office's work on health and well-being will be complemented by two further cross-cutting flagship initiatives: the Immunization 2030 Agenda; and Healthier choices: Incorporating behavioural insights. These address issues that feature prominently on the agendas of Member States and for which high-visibility, high-level political commitment can be transformative.

Flagship Initiative 3. The Immunization 2030 Agenda

The European Vaccine Action Plan 2015–2020 sets a course to control, eliminate or eradicate vaccine-preventable diseases in the WHO European Region. The “Immunization 2030 Agenda” was conceived at the insistence of Member States, to address worrisome trends of declining vaccination coverage in some countries. These have been facing constraints in the supply, delivery and out-of-pocket cost burden of vaccines, or growing mistrust of vaccines fed by false news, rumours and misinformation. This flagship initiative will remobilize political leaders, at regional, subregional and country levels, to ensure continued high-visibility commitment to and promotion of full vaccination, ensuring upwards convergence of coverage achievements with the best performers within and between countries.

There is a new sense of urgency to this initiative created by the anticipation that a new vaccine could bring succour to the COVID-19 crisis. Should the promise of a vaccine against COVID-19 become reality, it will pose challenges that are familiar from the vast experience that the Region has in rolling out vaccination programmes. These challenges include preparation for the major operational, regulatory and financial planning implications of the deployment of a new vaccine, while ensuring high influenza vaccine coverage and tackling the coverage gaps for other vaccine-preventable diseases.

This requires a detailed roadmap that takes into account not only the priorities, needs, capacities and immunization system experience specific to each country but also the necessary transparency and solidarity to ensure fair access to and distribution of vaccines in the Region. With the Immunization 2030 Agenda, the Regional Office will do its part, in synergy with global initiatives, to stimulate and coordinate the accessible supply of vaccines. It will heighten awareness and vigilance to promptly detect problems of substandard products and artificial scarcity. It will also use its leverage with regional and subregional institutions to govern fair and reciprocal distribution.

Flagship Initiative 4. Healthier choices: Incorporating behavioural insights

With this flagship initiative the Regional Office intends to invest in new insights that can help make it easier for people to make optimal health choices. First, by using such insights to improve design and procedures at the interface between citizens and their health and social care services, including front desk services; second, by improving the health literacy messaging directed at people to favour healthy lifestyles or to avoid risky behaviours. Conflicting belief systems, feelings of fear, mistrust, uncertainty, mis-processed information, feelings of inconvenience or an experience of disrespect or discrimination are but some of the factors that can lead to suboptimal choices and that can be avoided or corrected.

Some of the disincentives to optimal choices can be influenced in ways that make it easier for people to choose more health-friendly options. Such design modifications can be guided by new scientific insights on how social, cultural and behavioural factors, or inappropriate design of care processes, lead to suboptimal choices in uptake of and compliance with professional care, self-care or lifestyle choices. The programme will target the redesign of the messaging around healthy lifestyle choices (including the social adaptations required in response to the COVID-19 crisis) and front desk health care delivery processes and procedures. Ultimately the programme will help health authorities to improve the way their services respond to their citizens' expectations for respectful, people-centred care.

This flagship initiative will:

- support countries, regional and subregional structures to identify opportunities to adapt, adopt and create best practices in optimizing their front-desk work and their health messaging;
- produce a compendium of best practices for making policies, processes, procedures, and regulations more culture-appropriate, people-centred and user-friendly;
- establish a clearing house/resource centre for the emerging R&D on behavioural factors influencing health choices;
- produce an investment case for developing a knowledge and evidence base on this area of work;
- advocate for systematic inclusion of information on patient experience in policy formation.

How the Regional Office will work to maximize country impact

26. The readjustment of the way of working of the Regional Office is accelerating as a result of the COVID-19 crisis. The Regional Office is changing:

- how it collaborates with others and unites action for better health;
- how it works with national and subnational health authorities to reinforce sector 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. The European Region is a diverse one, where – for reasons of geopolitics, history or mere size – not all countries are equally well inserted in the regional conversations on health care policies. The Regional Office has gained prominence as a constructive convener and

intermediary through which countries gain a voice at the negotiation table with intergovernmental institutions and mechanisms. It has done so not only at 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 their voice heard in a world where health sector issues are increasingly internationalized.

Leveraging partners for including Member States in regional conversations

28. The constellation of actors and networks in the current health landscapes has become extremely complex and multilayered. Many important regional bodies and multilateral institutions that can play a more effective role are found in the Region or include European members, such as the European Union; five major emerging national economies: Brazil, the Russian Federation, India, China and South Africa; the Commonwealth of Independent States; the Eurasian Economic Community; the Central European Initiative; the Council of the Baltic Sea States; 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; and the Northern Dimension Partnership in Public Health and Social Well-being. The Regional Office also animates its own network of small countries to make sure that their voices continue to be heard. Many of these institutions and ad hoc associations of countries cover subsets of European 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 and social care are being paid increased attention in these forums, a trend that is amplified by the COVID-19 crisis. This multiplies the opportunities to increase consensus and synergy on shared health priorities, and to make progress on necessary improvements at the interface between health and socioeconomic development, and between health and social policies.

30. Moreover, with creativity and through proactive initiatives, the Regional Office has shown that, even in the chaotic context of the pandemic, it is possible to include all Member States in at least some of the subregional or regional discussions. This is important because inclusion in these multicountry conversations brings 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.

31. In recent months, partly thanks to the ongoing crisis, the Regional Office been able to scale up the number of forums in which Member States can interact on health-related issues. Expanding this number further will be a key concern of the Regional Office leadership.

Working with partners for synergies around core health priorities

32. Among the international institutions active in the Region, several have activities that directly or indirectly concern health. These include the European Union, the Organisation for Economic Co-operation and Development, the Global Fund, Gavi, the Vaccine Alliance, and many others. They also include a large number of influential professional associations of regional or subregional scope. The Regional Office's new prominence makes it possible to engage these organizations in fair and effective interagency collaboration aimed at synergizing, synchronizing and pooling efforts and experience. The appointment of an

ambassador to the European Union's initiatives on cancer prevention and control, with a remit to ensure coordinated Region-wide cancer initiatives covering all countries in the Region, is just one example. One area of particular interest for developing strong partnerships is that of data collection and analysis. Taking inspiration from the UHC partnership, the Regional Office will also develop a range of instruments and platforms (including relevant metrics) to foster more effective and accountable multi-agency collaboration.

Enhance country focus: direct support to Member States health leadership

33. Including through its management of the COVID-19 crisis, the Regional Office has gained new authority as a reference source of vital evidence-based guidance. It is now well recognized as a fair, neutral and competent discussion partner to assist health authorities with difficult policy choices and implementation challenges. This allows it to step up:

- Deployment, at Member States' request, of ad hoc rapid response expertise for in-situ and virtual "safe space" policy dialogue on challenging issues, ranging from transitioning and recovery to the necessary reforms to build resilient and robust health systems.
- Collaboration with the European Observatory on Health Systems and Policies, among others, on a database on health systems responses to the COVID-19 crisis.
- Provision of tailored support to health leadership in Member States in order to conduct ex ante health impact analysis of the economic recovery programmes and strengthen their capacities to negotiate investments in the 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 and forecasting to anticipate policy challenges to the health system and conduct scenarios-for-the-future exercises.
- Launch of a pan-European transformative leadership academy, with: (i) a junior fellowship programme to build capacity for participatory governance; (ii) a mid-level exchange programme between Member States and the Regional Office, focusing on recovery, resilience and robustness; and (iii) a twinning and peer-support programme to assist high-level decision-makers in managing change.

Aligning with the shared core priorities: a Regional Office that is fit for purpose

34. As a matter of priority, the Regional Office will update all country cooperation strategies (CCS) as soon as the transition out of the acute pandemic phase makes it possible to engage in a reasoned debate about future collaboration. The updated CCS will align with the EPW and address the likely need for investment in recovery and reform.

35. The Regional Office will systematically pay attention to 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 greatest need of support. It will see it as a priority to foster better integration of all countries in forums for supranational dialogue on health matters.

36. The Regional Office will foster a work environment conducive to delivering results, both proactive and reactive. It will use the EPW to defragment its guidance and support in line with the three core priorities and the need for recovery and building resilient and robust systems. It will make arrangements for the flexible deployment, at Member States' request, of ad hoc rapid response expertise for in-situ and virtual "safe space" policy dialogue on challenging issues.

Resource mobilization

37. The Regional Office will roll out a dedicated strategy for resource mobilization that builds on the GPW 13 investment case and the global WHO resource mobilization strategy (document EB146/29). This strategy will support implementation of the GPW 13 and the EPW. It will build on a detailed analysis of historical developments, challenges and opportunities, looking at voluntary contributions and priority areas supported, top contributors, contributor types and funding base composition. The Regional Office will capitalize on its enhanced regional profiling for its resource mobilization, using the Framework for Engagement with Non-State Actors as a guide for the pursuit of unspecified funding, technical collaboration, in-kind donations and partnerships.

38. The resource mobilization strategy has the following aims: (i) increase the level of flexibility, sustainability and predictability of contributions; (ii) secure new partner contributors, governments and other contributors; (iii) strengthen resource mobilization at country level; (iv) align with the EPW; (v) define the Regional Office's operating model for resource mobilization; and (vi) enhance the resource mobilization capacity of the Regional Office and WHO country offices.

39. In alignment with United Nations reforms, efforts will be made to participate in "Delivering as one" and ensuring that health is integrated into the broader United Nations development agenda, particularly the United Nations Sustainable Development Cooperation Framework.

Measuring progress

40. The COVID-19 crisis has underscored the absolute need for all countries to strengthen their data and health information systems and circuits and to be able to generate timely, credible, reliable and actionable data.

41. The Region has the baselines and the capacity to measure progress towards the triple billion goals, in line with the WHO Impact Framework (Box 3). The Region will measure this progress using the global indicators; however, the Regional Office will also define regional

trajectories and process monitoring indicators. This will enable the Regional Office to provide country-specific policy advice on accelerating progress.

42. The basis of the information to monitor process will come from the Regional Office's collaboration with Member States and their national statistical offices. The Regional Office will, however, also partner with other United Nations agencies and key partners such as the European Commission, the Organisation for Economic Co-operation and Development and the European Centre for Disease Prevention and Control to reduce the burden on Member States.

43. The Regional Office will implement a measurement framework for the EPW, making sure it is aligned with the frameworks for the GPW 13, the Sustainable Development Goals and the Joint Monitoring Framework. It will be tailor-made 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 3. Readiness for measuring progress regarding the three core corporate priorities

1. UHC: this will be assessed by measuring the degree of financial protection, for which baseline data are available and organizational capacity is well established. Metrics that combine service coverage and financial protection will be complemented by equity-sensitive metrics and will incorporate analysis of unmet need.
2. Protection against emergencies: the COVID-19 crisis has highlighted the need to update the health emergencies preparedness index and to include an effective system for tracking emergencies and the response to them in ways that are disaggregated by gender, 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 Global Monitoring Framework for the Prevention and Control of NCDs and global NCD targets; the European Health Equity Status Report Initiative also provides a useful suite of indicators. A baseline is available through the United Nations Sustainable Development Goals Indicator Database, as well as WHO and other United Nations sources, for which there are reliable measurement methods and capacity and in which the life-course perspective and gender and health equity issues can be incorporated.

Consultation, engagement and decision process

44. The Twenty-seventh Standing Committee of the Regional Committee for Europe (SCRC) endorsed the EPW and agreed to submit it for adoption to the 70th session of Regional Committee in September 2020.

45. Before doing so, the Regional Office is seeking additional input and feedback from all Member States, until end of June 2020, on the strategic direction and components of the EPW as presented in this draft document.

46. In addition, it is reaching out to other stakeholders and partners, including international governmental organizations and non-State actors, as well as WHO staff in the Regional Office and in country offices, in order to engage with them in a constructive dialogue on how to

implement the EPW, including through the establishment of partnerships. This process will continue after the EPW is adopted.

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