

A new vision for WHO's European Region: united action for better health



In the past two decades the way we live our lives has changed almost beyond recognition. Digitisation, globalisation, migration, and urbanisation, climate change, and resource scarcity have resulted in a more complex, multipolar world. In the health sector, the increasing needs of our citizens, driven by demographic change and rising expectations, rising costs of providing health care, an ever-growing number of innovative medicines, and shortages of health-care workers are challenges facing all European countries today. Our ability to respond is being challenged by disinformation, populist policies, and an erosion of trust in authorities. Given these developments, WHO Europe needs a new vision that meets the challenges of today and the threats and opportunities of tomorrow.

First and foremost, this vision must be aligned with the needs and expectations of the governments to which WHO is accountable. But it must be based on the principle of international solidarity and a willingness to learn from each other, both our successes and our failures.¹ We need to take advantage of the new opportunities open to us, such as the digital revolution, ensuring that it strengthens rather than undermines health equity and contributes to the attainment of the human right to health. Only in this way can we create fair, safe, and stable societies.

Ultimately, we must build a pan-European Culture of Health, in which health goals guide public and private decision making, and everyone can make healthy choices.

First, we will tackle the main drivers of disease burden.² Our agenda will be driven by the data, which reveal enormous diversity among our member states. Some have seen remarkable progress in reducing major killers such as cardiovascular disease, whereas others have some way to go. We must confront the high burden of alcohol-related disease and multidrug-resistant tuberculosis. Although we must develop common solutions, we must also tailor them to the needs of individual countries.

Second, we must recognise that the greatest threats to public health often arise from decisions in other sectors, such as economic, educational, and welfare

policies.³ When we look at widening inequalities between and within countries, ageing populations, antimicrobial resistance, emerging and re-emerging infectious diseases, and the increasing burden of non-communicable disease and mental illness, we see that, to tackle these challenges, we will need to complement a biomedical approach with other disciplines and skillsets. Health is part of the solution to many issues faced by governments today, including all-of-government budgetary stability. We are committed to supporting health ministers to engage with their colleagues across government, finding ways in which they can collectively invest in better health for the benefit of everyone.⁴ We now have compelling evidence that healthier populations are both more productive economically and more cohesive socially.⁵

Third, we will work to achieve people-centred health systems, bringing together public health, primary care, specialist services, and social care. With ageing populations, more people have complex needs—everyone should benefit from the many innovations being implemented in integrated care across and beyond our region.⁶

Fourth, we must safeguard all groups within our populations. We cannot say often enough that health is a human right to which everyone is entitled, regardless of who they are. Collectively, we should meet the needs of the underserved, marginalised, and most vulnerable populations of the region.⁷ We can, if we choose to, identify the underserved, extending the full benefits of health and social care to them. It is our moral obligation to make health fully inclusive and non-discriminatory in every context; this is central to our understanding of universal health coverage.

As we move forward, we draw encouragement from how, for the first time, we have a commitment by world leaders to achieve measurable improvements in the health of their people, set out in the Sustainable Development Goals (SDGs). Health features not only in SDG 3, good health and wellbeing, but in many others, including eliminating poverty and hunger, addressing gender inequality and empowering women and girls, reducing inequalities, and promoting economic growth.

Published Online
February 3, 2020
[https://doi.org/10.1016/S2468-2667\(20\)30003-7](https://doi.org/10.1016/S2468-2667(20)30003-7)

These goals also underpin the programme of work agreed at the 2019 World Health Assembly.⁸

To achieve these goals, we have established six strategic directions for the regional office. First, we will develop a roadmap for better health in the region. This roadmap will include supporting countries in identifying emerging challenges and developing practical responses to them, drawing on the experience from across our region and beyond. The roadmap will be underpinned by our collective drive to assure universal access to primary health care.⁹

Second, working within the WHO Health Emergency Programme, we will support countries to strengthen their capacity to respond to emergencies and other threats to health, instituting a round-the-clock capacity to offer support in crises and response, while developing an emergency fund that can release resources immediately, on demand.

Third, we will coordinate a WHO pan-European Transformational Leadership Academy to support countries with the scale-up of effective and sustainable innovations to transform their health systems, to ensure that they are fit for the future. Creating a network of policy makers and experts to provide ongoing mentoring and coaching—we will draw on the extensive expertise in and beyond our region (such as the European Observatory on Health Systems and Policies).

Fourth, we will assist countries to create the conditions that make it easier for people to lead healthy lives, preventing communicable and non-communicable diseases, building scientific literacy and trust in health authorities, and overcoming the challenges of communicating evidence in the new digital environment. The WHO Regional Office for Europe will establish a new insights unit to enrich the evidence base for policy design and interventions, enrolling disciplines beyond the health sector and new approaches to diagnose determinants (social, cultural, and behavioural).

Fifth, we will strengthen our strategic partnerships for better health. At a regional level, these partnerships include close relationships with the EU and the Eurasian Economic Union, as well as the many global organisations active in Europe, such as the other UN

specialised agencies, the World Bank, and Organisation for Economic Cooperation and Development. We will also strengthen our many successful networks, such as the WHO European Small Countries Initiative and the Regions for Health Network, and we will explore new ways to engage with associations representing health professionals and patients.

Finally, while we look for excellence in others, we must also reflect on our own structures and processes, ensuring that the Regional Office is an agile, country-focused organisation, whose staff collaborate for the common good.

By developing pragmatic but ambitious country-specific actions, in an inclusive partnership with each country and stakeholders at all levels, we can secure, sustain, and improve the health of the people of Europe, with united action for better health that leaves no one behind. Anything less will be failure.

I am Regional Director of WHO's European Regional Office.

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