

**The objectives, principles and modalities for continued cooperation between  
the European Commission and  
the WHO Regional Office for Europe**

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*The purpose of this document is to outline the objectives, principles and modalities for continued cooperation between the European Commission and the WHO Regional Office for Europe in the area of health.*

**Challenges for health and well-being**

Contemporary public health challenges are complex and interlinked. Addressing them at all levels – individual, institutional, community, local or national – requires strategic and coordinated initiatives to integrate and ensure coherence between the many different sectorial policies, which are relevant to keep individuals and populations healthy (research, humanitarian aid and development cooperation, foreign affairs, employment, food, energy, housing, social, education, industrial, trade, economic and health policies).

Both the WHO Regional Office for Europe and the European Commission have taken action, within their respective responsibilities to address current health challenges.

The Health 2020 strategy, a value and evidence based framework for health, adopted by the WHO Regional Committee for Europe in 2012<sup>1</sup> emphasises the political, professional and civil society engagement needed to ensure health improvement and the reduction of health inequalities, within a whole-of-society and whole-of-government approach

“Health in all policies” is a basic principle enshrined in article 168 of the TFEU, which specifies, “A high level of human health protection shall be ensured in the definition and implementation of all Union policies and activities”. This principle is reflected in the “EU Health Strategy – Together for Health”<sup>2</sup> approved in 2007.

Therefore, both the Health 2020 strategy and the EU Health Strategy recognise the need for an active and consistent dialogue and coordinated action among all sectors to promote policy coherence for health.

Within this broad agenda for health and wellbeing, the role of efficient and effective public health actions for health promotion, disease prevention and health protection cannot be underestimated.

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<sup>1</sup> “Health 2020. A European policy framework and strategy for the 21st century”, WHO Regional office for Europe, 2012; <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2013/health-2020.-a-european-policy-framework-and-strategy-for-the-21st-century-2013>

<sup>2</sup> Together for Health: A Strategic Approach for the EU 2008-2013”, COM(2007) 630 final, Commission of the European Communities; <http://eur-lex.europa.eu/legal-content/EN/TXT/PDF/?uri=CELEX:52007DC0630&from=EN>

Building and sustaining a quality health system, including a health information component, remains a core task and a duty of every government. By creating healthy environments and investing in health systems, health promotion and disease prevention as well as addressing lifestyle related risk factors, local and national communities increase the quality of life and life expectancy of people, diminish the pressure on public budgets and contribute to the economy as a whole.

In addition, increased mobility of people (and diseases), goods, services, information, and the increasing expectations of citizens, as well as the consequences of climate and environmental changes have compounded the demands on health systems and required changes in public health policy making.

### **Reinforcing cooperation**

With this background, the European Commission and the World Health Organization Regional Office for Europe recognise that their continued enhanced cooperation aims at addressing these challenges, at overcoming traditional sector boundaries in health policy development, and at pursuing policy coherence, as outlined in their respective strategic documents and explained above.

The exchange of letters of 14 December 2001<sup>3</sup> set out the framework for cooperation between the European Commission and the WHO as well as its objectives, priorities, areas of collaboration, procedures, activities and practical arrangements for its implementation. This framework remains valid. The cooperation arrangements provided for in that exchange of letters are regularly reviewed at annual Senior Officials Meetings.

In September 2010 the European Commission and the WHO Regional Office for Europe made a joint declaration<sup>4</sup> on how they planned to work together and in which priority areas during the period 2010-2014. This was aimed at structuring the cooperation to contribute to improve the health of Europeans.

The two institutions intend to further enhance their technical cooperation and dialogue aiming at identifying and developing effective actions to ensure that health concerns are taken into account as part of the policy developments in other policy areas.

They also remain committed to promoting the exchange of information, and to coordinating work in non-EU European countries, through the collaboration of the relevant units at the WHO Regional Office for Europe and in the Commission. This cooperation should take into account the local context and the respective role of the two institutions.

The European Commission and the WHO Regional Office for Europe wish to continue their engagement for effective dissemination of scientific evidence, data and information of relevance for health policies, thereby facilitating assessments and comparisons that can help policymaking. The two institutions intend to continue to exchange information on their respective actions and projects in order to increase complementarity and thus ensuring maximal synergy of efforts.

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<sup>3</sup> Official Journal of the European Communities of 4/1/2001 (2001/C 1/04), pages 1-7; [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C\\_.2001.001.01.0007.01.ENG](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.C_.2001.001.01.0007.01.ENG)

<sup>4</sup> [http://ec.europa.eu/health/eu\\_world/docs/moscow\\_declaration.pdf](http://ec.europa.eu/health/eu_world/docs/moscow_declaration.pdf)

## **Key areas for cooperation**

The WHO Regional Office for Europe and the European Commission have cooperated effectively over the last years across a wide range of policy areas and in particular on those areas identified in the 2010 Joint Declaration, such as health security, R&D, non-communicable diseases, health inequalities, health systems and health information. Achievements from 2010-2014 have been reported on our respective websites. In the period 2015-2019, the two institutions intend to maintain and expand their cooperation in these areas as specified below.

### *Innovation and health*

Cost-effective social and technological innovation in health is of crucial importance for bringing a better, more effective, efficient and higher quality health service to citizens. The synergy between health and innovation policies could achieve remarkable results if we spread the use of cost-effective technologies in Europe and brought different countries together in sharing their innovations in a faster and simpler way. European-level cooperation on innovation in health provides added value for countries willing to learn from concrete examples from elsewhere in Europe. Therefore, the European Commission and the WHO Regional Office for Europe endeavour to continue to encourage knowledge- and innovation sharing at European level. They intend to continue to work together in facilitating identification, application and evaluation of good practices across European countries. Cooperation could include areas such as, for example, e-health, health technology assessment as well as rapid dissemination of results of research and their application and translation into health practices.

### *Health security*

Public health emergencies such as communicable diseases outbreaks, pandemics, emerging or re-emerging diseases, antimicrobial resistance, natural or man-made disasters, and humanitarian emergencies with health consequences – all call for resolute joint action and efficient coordination between the WHO Regional Office for Europe and the European Commission. The 53 Member States of the WHO European region have developed significant but uneven surveillance and response capacities. Progress has been made in standardizing surveillance indicators and producing joint reports with the European Centre for Disease Prevention and Control. The European Commission and the WHO Regional Office for Europe endeavour to further establish the uniform disease surveillance and alert system in the Region, taking advantage of new tools for disease surveillance, reporting, data analysis and risk assessment. They intend to support countries of the WHO European Region in strengthening their overall preparedness and response capacities in an all-hazards approach, within the framework of the International Health Regulations (IHR)<sup>5</sup>, the EU Decision on serious cross-border threats to health<sup>6</sup>, and the recently launched European Medical Corps initiative<sup>7</sup>, which will be the EU's contribution to the Global Health Emergency Workforce.

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<sup>5</sup> [http://www.who.int/topics/international\\_health\\_regulations/en/](http://www.who.int/topics/international_health_regulations/en/)

<sup>6</sup> Decision 1082/2013/EU of the European Parliament and the Council of 22 October 2013 on serious cross-border threats to health, [http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L\\_.2013.293.01.0001.01.ENG](http://eur-lex.europa.eu/legal-content/EN/TXT/?uri=uriserv:OJ.L_.2013.293.01.0001.01.ENG)

### *Modernizing and integrating the public health information system*

Robust, high quality and comparable data are essential to improve health outcomes and health systems. The European Commission and the WHO Regional Office for Europe endeavour to continue to collaborate with each other and with OECD on information related to public health and health systems, in particular in relation to the achievement of harmonization of health indicators. In this context, the European Commission remains engaged in the European Health Information Initiative (EHII) and its six elements<sup>8</sup> led by the WHO Regional Office for Europe, including the development of development of information for health and well-being with a focus on indicators, improved access to and enhanced dissemination of health information, capacity building, strengthening of health information networks, support for health information strategy development, and communications and advocacy. The WHO Regional Office for Europe remains engaged in the Commission's efforts in setting up a sustainable EU Health Information System, including a more formalised governance of health indicators, collection and analysis of country specific information, and establishing a sustainable solution for providing technical and scientific support for health information in the EU. Both institutions aim at creating favourable conditions allowing the Member States to take decisions on health indicators leading to as high a level of integration as possible under the respective legal, financial and governance systems; this should be based on existing indicators systems, including the European Core Health Indicators (ECHI)<sup>9</sup>, Health 2020 indicators<sup>10</sup>, among others. The two institutions intend to continue to collaborate through this cooperation process as a vehicle to arrive at coherent and complementary health information reporting in the European Region. The European Commission and the WHO Regional Office for Europe endeavour to reduce through this cooperation process the burden put on Member States in terms of data collection and reporting.

### *Health inequalities*

Social and economic inequalities are deepening within and between countries in Europe partly as a consequence of the recent economic crisis, which affected many European countries. The negative impacts of this trend are detrimental for social cohesion and economic advancement. Increasing investments in preventive measures, strengthening public health capacity and advancing social protection policies could contribute to reversing this trend. In addition to this, the particular context affecting groups at risk of vulnerabilities including Roma, migrants, as well as the specific nature of issues arising in relation to gender or LGBTI - and also an ageing population creates a context of complexity requiring coherent and coordinated responses. The WHO Regional Office and the European Commission wish to work together, under their respective responsibilities, in supporting governments to identify effective policy options both for the health and other relevant sectors to bridge the gap within and between countries and reducing health inequalities. They wish to promote the exchange of information and good practices among European countries. The European

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<sup>7</sup> The European Medical Corps is part of the European Emergency Response Capacity, set up under the EU Civil Protection Mechanism;

[http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/emergency\\_response\\_capacity\\_en.pdf#View=Fit](http://ec.europa.eu/echo/files/aid/countries/factsheets/thematic/emergency_response_capacity_en.pdf#View=Fit)

<sup>8</sup> <http://www.who.euro.int/data-and-evidence>

<sup>9</sup> [http://ec.europa.eu/health/indicators/echi/index\\_en.htm](http://ec.europa.eu/health/indicators/echi/index_en.htm)

<sup>10</sup> <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being/publications/2014/targets-and-indicators-for-health-2020.-version-2>

Commission and the WHO Regional Office endeavour to identify policy tools aiming at decreasing health inequalities.

### *Health Systems Strengthening*

People centred health systems and Universal Health Coverage lead to better and more equitable health outcomes, provide financial protection, social inclusion and, ultimately, better economic development and societal well-being. The link and evidence between health, health systems and wealth underpinned the Tallinn Charter “Health, Health Systems and Wealth” and the Communication from the European Commission’s on effective, accessible and resilient health systems (April 2014)<sup>11</sup>.

Health systems need to adapt to 21<sup>st</sup> century challenges such as the ageing population, the unfinished business of communicable diseases, e.g. multidrug resistant tuberculosis, and the rise of non-communicable diseases, increased patient expectations and new preferences, etc. At the same time, governments are under strong pressure to balance their budgets, and make their health systems more efficient, accessible and resilient. Health systems therefore need to be strengthened through improved services (e.g. integrated/ coordinated care, better quality and access to care, appropriate and numerically sufficient health workforce, etc.) and technologies for better health outcomes, while being mindful of costs and the need to better allocate system resources.

The WHO Regional Office and the European Commission endeavour to exchange and cooperate on good practices on health system performance assessment and integrated models of care. The productive collaboration in the field of human resources for health based on the EU Joint Action<sup>12</sup> and the WHO Global Code of Practice<sup>13</sup> should continue.

### *Chronic Diseases*

Chronic and non-communicable diseases are the primary cause of death and disability across the European Region: they impact heavily on health and social systems and on their cost for society. This burden associated with the ageing of the European population requires the effective and efficient integration of services and the development of innovative and cost-effective preventive strategies tackling the known and preventable exposure, ranging from poor diet to physical inactivity and alcohol related harm, from environmental exposure to smoking. The shift from treatment to prevention and promotion is essential to ensure the long-term sustainability of the health and the whole welfare systems. The European Commission and the WHO Regional Office endeavour to continue to work together in the identification, promotion and implementation of policies and actions, within their respective competences, to address key health determinants such as inappropriate nutrition, lack of regular physical activity, harmful use of alcohol, and tobacco use, and to address chronic/non-communicable diseases.

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<sup>11</sup> Communication from the Commission on effective, accessible and resilient health systems, COM(2014) 215 final; April 4, 2014; [http://ec.europa.eu/health/healthcare/docs/com2014\\_215\\_final\\_en.pdf](http://ec.europa.eu/health/healthcare/docs/com2014_215_final_en.pdf)

<sup>12</sup> The Joint Action on Health Workforce Planning & Forecasting funded by the European Health Programme; <http://euhwforce.weebly.com/>

<sup>13</sup> WHO Global Code of Practice on the International Recruitment of Health Personnel; <http://www.who.int/hrh/migration/code/practice/en/>

The WHO Regional Office and the European Commission intend to continue to collaborate through specific actions, frameworks, networks, and platforms developed by either partner. They intend to involve each other in their respective activities in the area of chronic, non-communicable diseases. In particular, collaboration on cancer, cardiovascular diseases, diabetes, healthy ageing, dementia, and, in addition, possibly injuries and violence could be further explored.

### **Implementation and evaluation**

The WHO Regional Office and the European Commission endeavour to continue strengthening cooperation in the coming years (2015-2019) in line with the issues addressed in the previous sections of this document thus building upon the challenges, principles and objectives identified in the 2010 Joint Declaration.

The Senior Officials Meeting should review annually the cooperation and set specific actions, concrete deliverables they should produce and the deadline for completing them. The two institutions also commit to convene regular horizon-scanning meetings on specific public health areas between the relevant units to exchange information and discuss concrete aspects of their cooperation.

Full transparency and accountability of the cooperation process should be ensured through the posting of the relevant documents on the respective websites.

The collaboration described herein is without prejudice to the extensive technical cooperation that goes on in parallel across the board at expert level between the two institutions at global and regional levels.

In addition to the yearly planning and assessment of the collaboration carried out at the Senior Officials Meeting mentioned above, the Senior Officials meeting will review the objectives, principles and modalities for the cooperation in the second half of 2019.