

Working for health with the European Union

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**World Health
Organization**

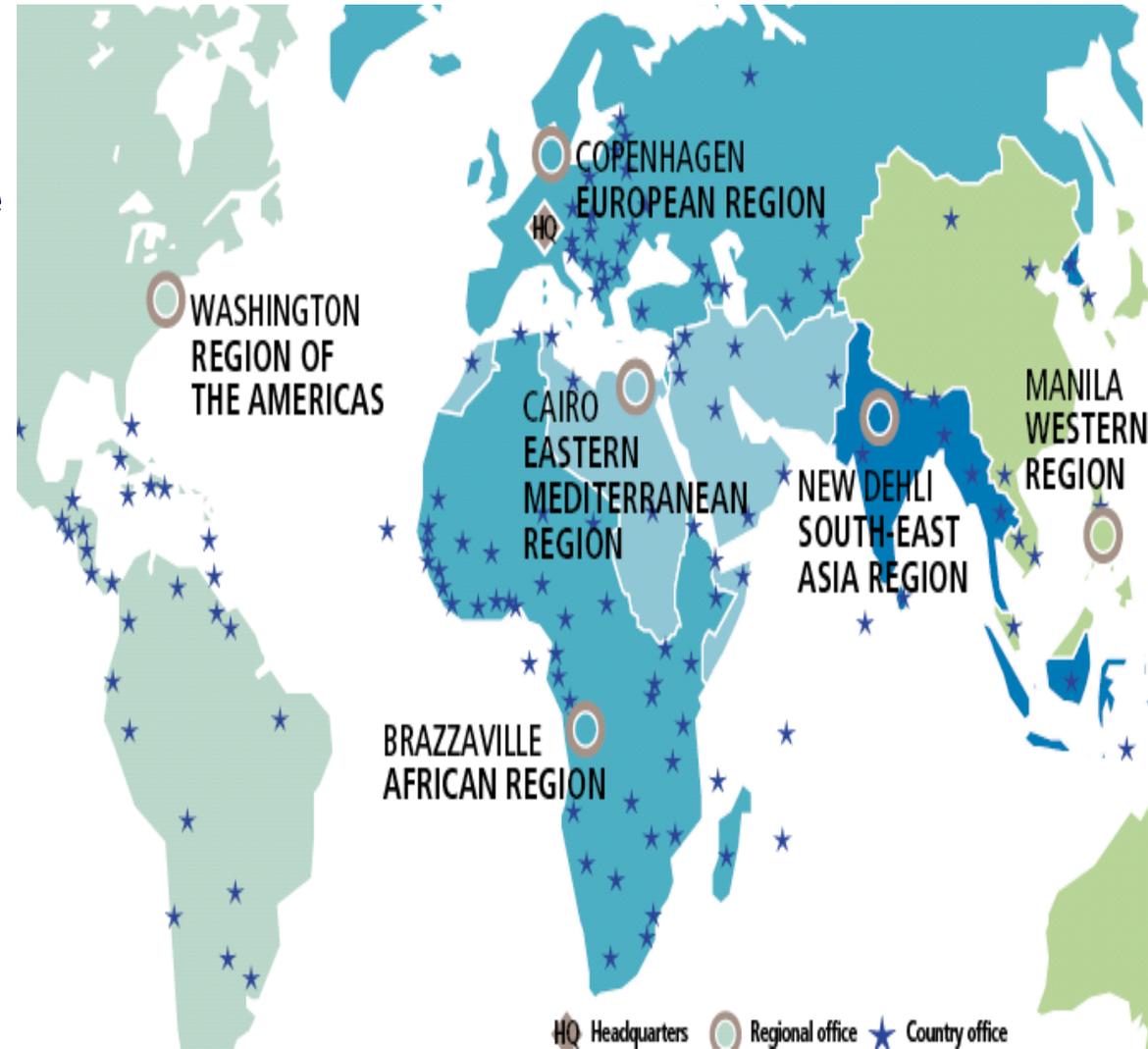
The World Health Organization

- WHO is the directing and coordinating authority on international health within the UN system
- WHO experts produce health guidelines and standards
- Support countries to address public health issues and promote health research
- Facilitate collective action among governments to jointly tackle global health issues



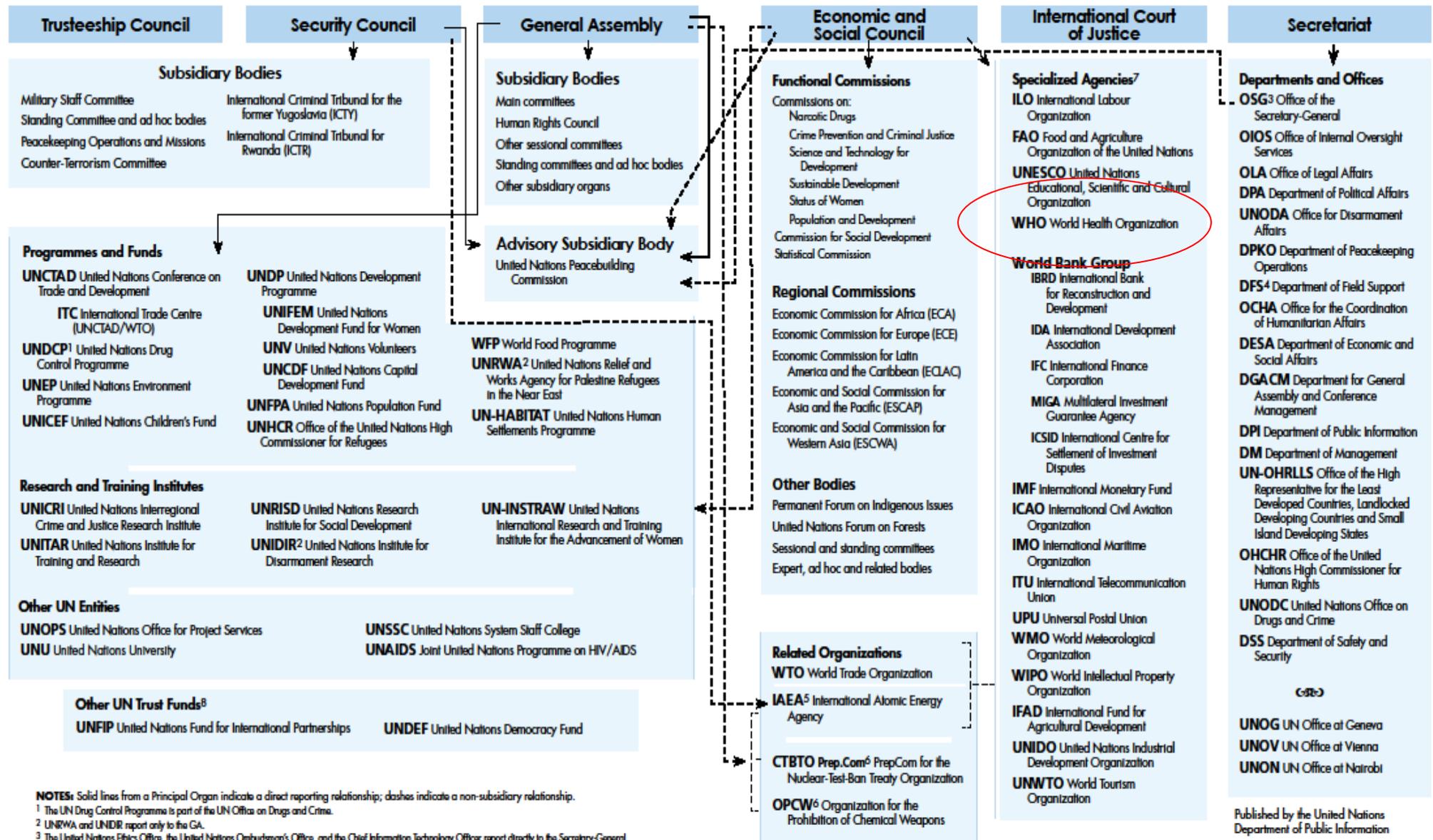
Governance

- Membership: 193 States
- Member States review performance and set new strategic targets, approve resolutions & budget
- Supported by 34 MSEB elected by WHA
- over 8000 staff,(doctors, scientists, administrators, managers, etc) in 142 countries 6 Regional Offices & Geneva HQ



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Principal Organs



NOTES: Solid lines from a Principal Organ indicate a direct reporting relationship; dashes indicate a non-subsidiary relationship.

¹ The UN Drug Control Programme is part of the UN Office on Drugs and Crime.

² UNRWA and UNIDIR report only to the GA.

³ The United Nations Ethics Office, the United Nations Ombudsman's Office, and the Chief Information Technology Officer report directly to the Secretary-General.

⁴ In an exceptional arrangement, the Under-Secretary-General for Field Support reports directly to the Under-Secretary-General for Peacekeeping Operations.

⁵ IAEA reports to the Security Council and the General Assembly (GA).

⁶ The CTBTO Prep.Com and OPCW report to the GA.

⁷ Specialized agencies are autonomous organizations working with the UN and each other through the coordinating machinery of the ECOSOC at the intergovernmental level, and through the Chief Executives Board for coordination (CEB) at the inter-secretarial level.

⁸ UNFIP is an autonomous trust fund operating under the leadership of the United Nations Deputy Secretary-General. UNDEF's advisory board recommends funding proposals for approval by the Secretary-General.

Brief History

- April 7th 1948 WHO's Constitution came into force
- 55 Founding Member States, now 193 MS
- Initial priorities were:
 - post-war basic health services restoration
 - urgent responses to emergencies
 - malaria, tuberculosis and venereal diseases
 - women and children health



1945. The UN Conference in San Francisco unanimously approves the establishment of a new, autonomous international health organization



The World Health Organization Constitution comes into force on 7 April 1948



CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

THE STATES Parties to this Constitution declare, in conformity with the Charter of the United Nations, that the following principles are basic to the happiness, harmonious relations and security of all peoples:

Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity.

The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without distinction of race, religion, political belief, economic or social condition.



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CONSTITUTION OF THE WORLD HEALTH ORGANIZATION

CHAPTER I – OBJECTIVE

Article 1

The objective of the World Health Organization shall be the attainment by all peoples of the highest possible level of health.

CHAPTER II – FUNCTIONS

Article 2

In order to achieve its objective, the functions of the Organization shall be:

(a) to act as the **directing and co-ordinating authority on international health work;**



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WHO core functions

- Providing leadership on matters critical to health and engaging in partnerships where joint action is needed;
- Shaping the research agenda and stimulating the generation, translation and dissemination of valuable knowledge;
- Setting norms and standards and promoting and monitoring their implementation;
- Articulating ethical and evidence-based policy options;
- Providing technical support, catalysing change, and building sustainable institutional capacity; and
- Monitoring the health situation and assessing health trends.



Illustrated landmarks in the history of WHO

1948

WHO Constitution



Expanded Programme on Immunization Launched



1974

Onchocerciasis Control Programme Launched



On Immunization Launched

1978

Onchocerciasis Control Programme Launched



1978

Primary Health Care Conference, Alma Ata



Illustrated landmarks in the history of WHO

1979

Smallpox Eradication Certified



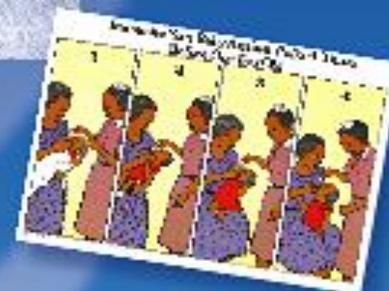
Polio Eradication Launched

1988



Launched

1988



2004

Framework Convention on Tobacco Control



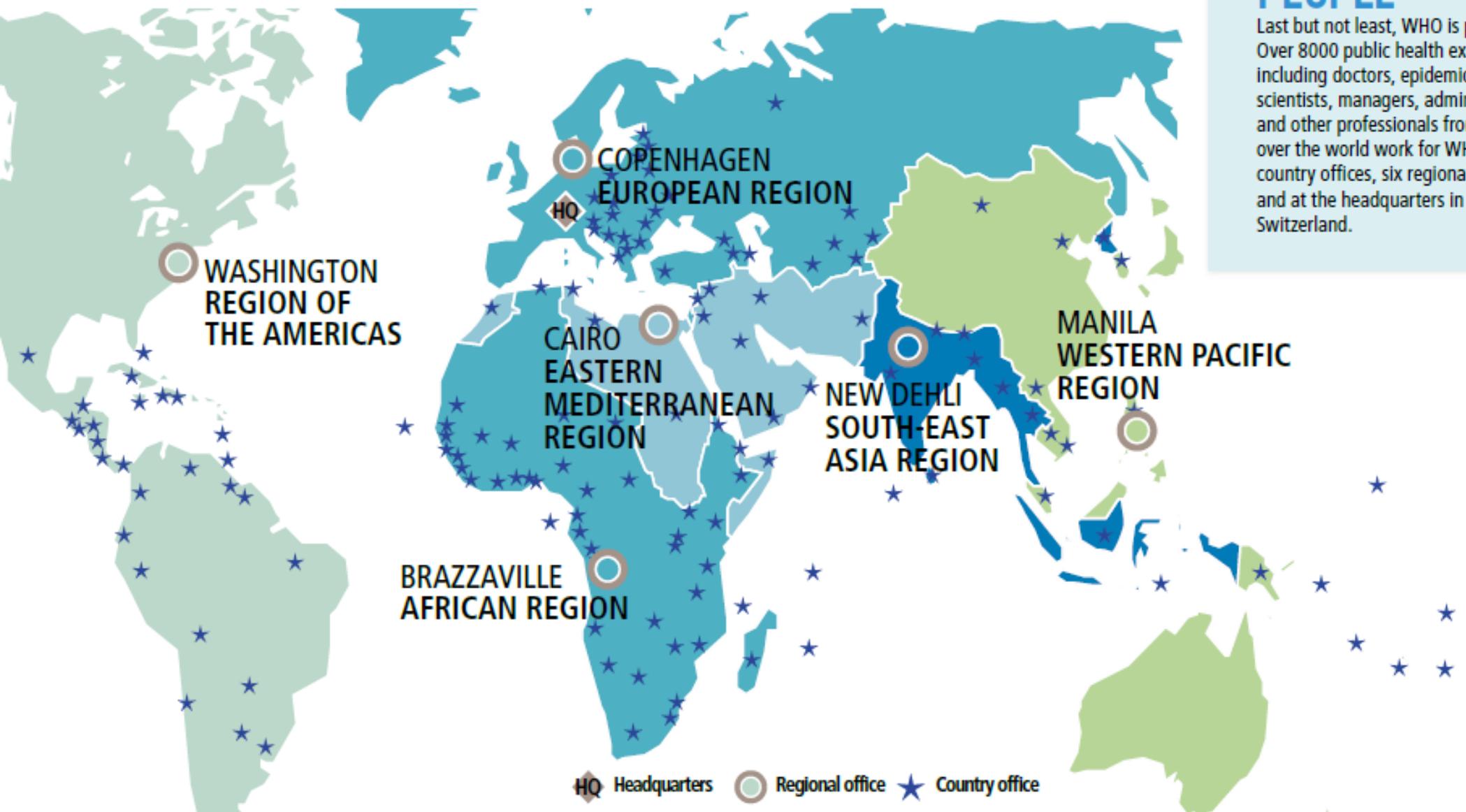
Framework Convention on Tobacco Control (2003)



The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first treaty negotiated under the auspices of the World Health Organization. It was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005. It has since become one of the most widely embraced treaties in UN history and, as of today, has already 175 Parties.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The Convention represents a milestone for the promotion of public health and provides new legal dimensions for international health cooperation.

WHO International structure



PEOPLE

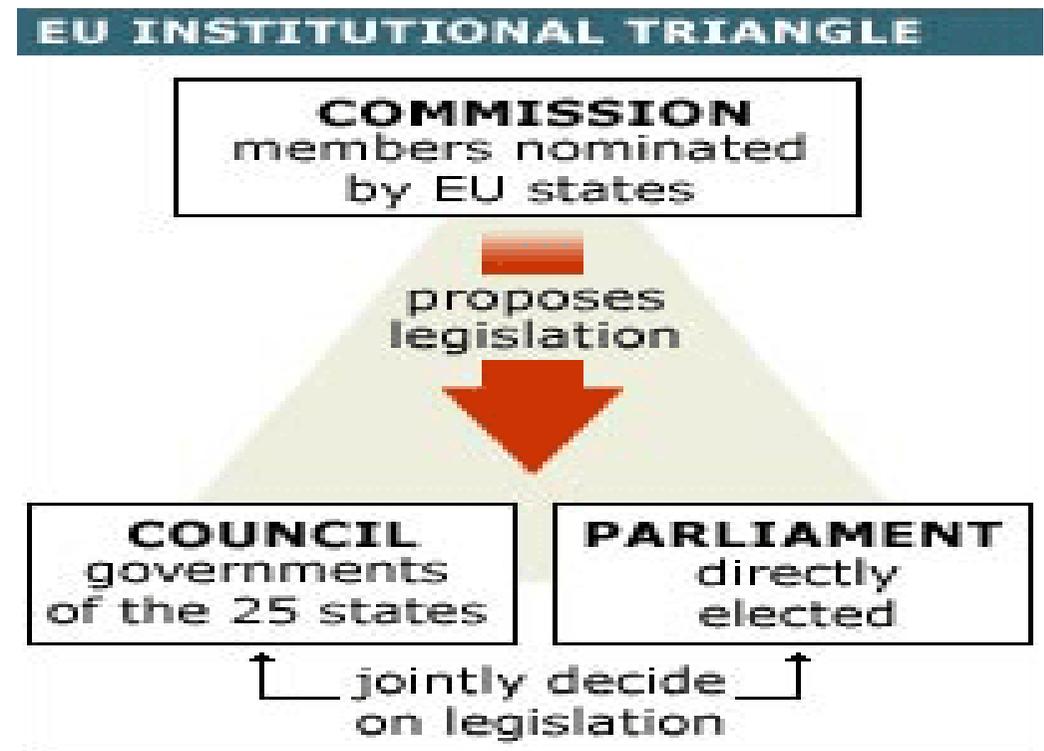
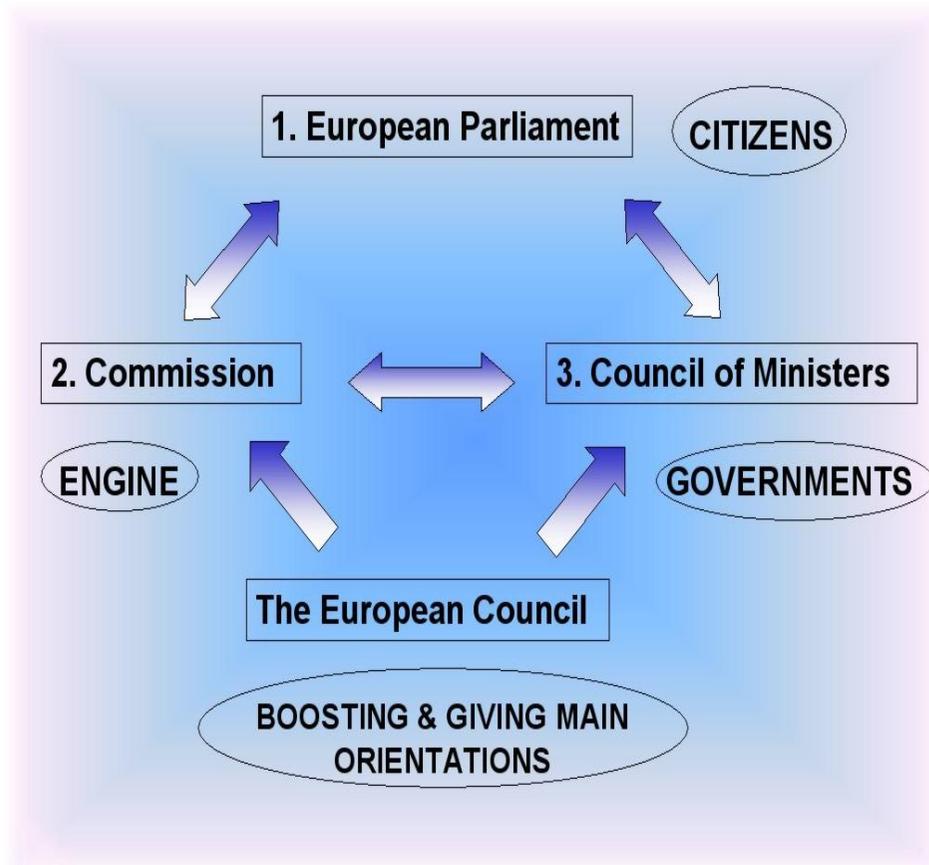
Last but not least, WHO is people. Over 8000 public health experts including doctors, epidemiologists, scientists, managers, administrators and other professionals from all over the world work for WHO in 147 country offices, six regional offices and at the headquarters in Geneva, Switzerland.

WHO and the EU: Why?

- **Shared constituency** — countries
- **Common mandate** — better health status and bigger health gains to EU citizens
- **Common values** — Universal access and health for all



The EU Institutional Triangle



WHO / EU Relations

- EU as global development actor:
 - Cooperation with DGs
 - European Development Fund (EDF): 2008- 2013 € 22.682 billion allocated
 - 50% of ODA provided by EU
- Strong support to health
 - EP goal: 20% of aid to Health & Education
- Active dialogue between EU and WHO
- Share the same values & principals
 - Multilateralism, Solidarity, Equity, Health as Human Right
- Congruence in vision and goals
- Cooperation at country level



EU triple nature on health matters

- A donor agency with a global outreach and impact;
- A policy-setting and regulatory institution, at the supra-national level, in selected areas
- A technical institution – through its own internal expertise, its various affiliated agencies and its capacity to mobilize expertise.

WHO is an important partner to the EU on each of these functions.



WHO and the EU: main partners

- **European Commission**

- DG SANCO – most immediate counterpart
- Other DGs – Transport, Environment, DEVCO, Research, Climate and others
- EC delegations in countries

- **Specialized agencies of the EU:** with an independent status or EC-affiliated agencies

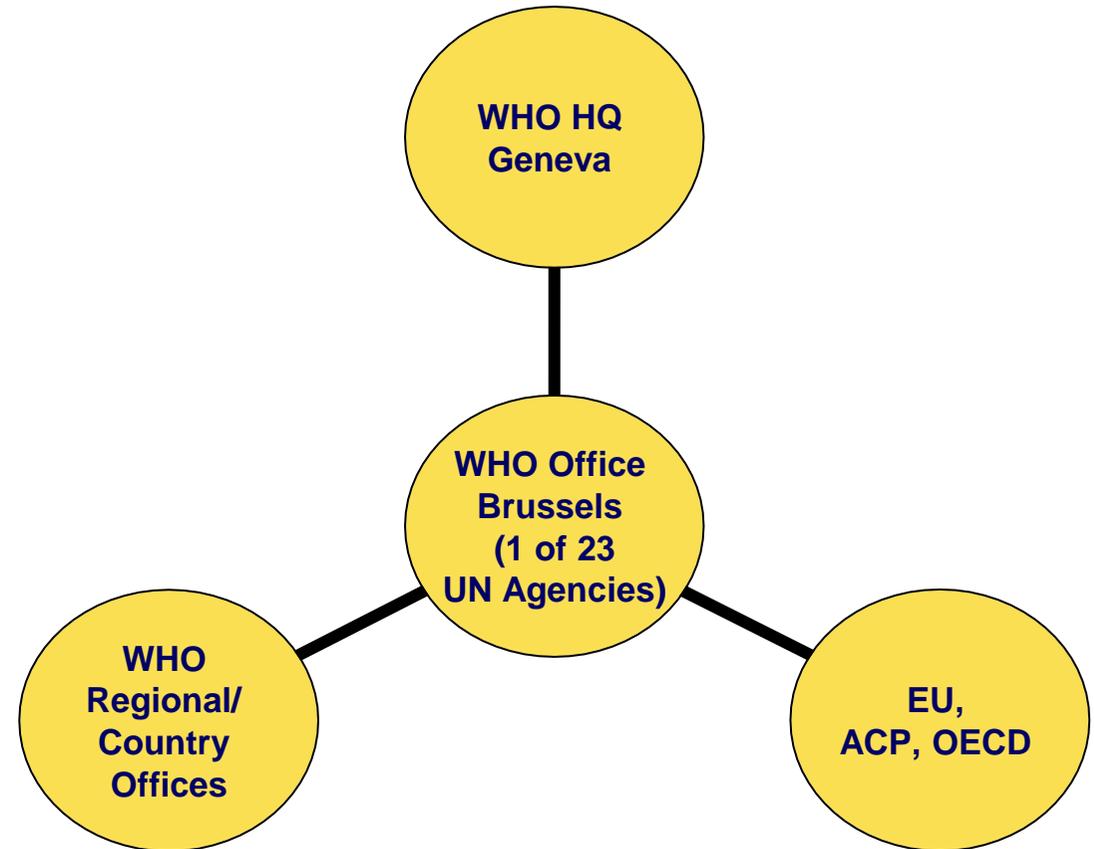
- **European Parliament**

- Committee on Environment, Public Health and Food Safety (ENVI)
- Other Committees: Employment and Social Affairs, Women's Rights and Gender Equality, Internal Market and Consumer Protection and others
- Groups of MEPs with interest in a selected technical and public health areas



WHO in Brussels

- WHO expertise and assistance
 - Shape policies
 - Coordinate and support
 - Provide information
- Political, technical & financial collaboration to maintain and develop framework conditions
- Support and shape EC policy with impact on health
- Global perspective
 - Support and advice EU as global actor
- “ONE UN“





European Commission Public Health

 Search

Policies



- Steering EU Public Health**
- [Health strategy](#)
 - [Health programme](#)
 - [Legislation](#)
 - [EU in the world](#)
 - [Health in all policies](#)
 - [Health and structural funds](#)



- Fostering good health**
- [Nutrition and physical activity](#)
 - [Alcohol](#)
 - [Tobacco](#)
 - [Illicit drugs](#)
 - [Mental health](#)
 - [Sexually transmitted diseases](#)



- Ensuring health security**
- [Preparedness and response](#)
 - [Blood, tissues and organs](#)
 - [Climate change](#)



- Taking Action against Diseases**
- [Communicable diseases](#)
 - [Vaccination](#)
 - [Major and chronic diseases](#)
 - [Rare diseases](#)



- Indicators and data**
- [Health indicators](#)
 - [Health reports](#)
 - [Data collection](#)



- Risk assessment**
- [Scientific committees](#)
 - [Dialogue and collaboration](#)
 - [Electromagnetic fields](#)
 - [Nanotechnology](#)



- Pharmaceuticals**
- [Medicinal products for human use](#)
 - [Medicinal products for veterinary use](#)
 - [International activities](#)



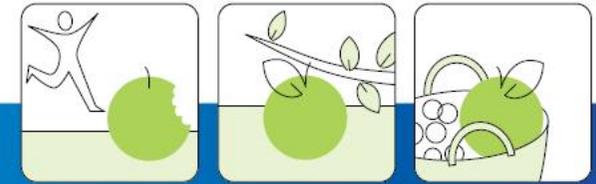
- Medical devices**
- [Innovating technologies](#)



- Health in Society**
- [Social determinants and health inequalities](#)
 - [Ageing](#)
 - [Population groups](#)
 - [Interest groups](#)
 - [Healthy environments](#)
 - [Screening and genetics](#)



- Improving healthcare**
- [Cross-border care](#)
 - [Health workforce](#)
 - [Patient safety](#)
 - [Antimicrobial resistance](#)
 - [Healthcare](#)
 - [Health technology assessment](#)
 - [eHealth](#)



Health Programme 2008-2013

Together for Health

The Second Programme of Community Action in the Field of Health 2008-2013 comes into force from 1 January 2008. This follows the first Programme of Community action in the field of public health (2003-2008) which financed over 300 projects and other actions.



The objectives are:

- To improve citizens' health security;
- To promote health, including the reduction of health inequalities;
- To generate and disseminate health information and knowledge.

Some key long term health related developments 2014-2020

- Horizon 2020 - €80 billion for research o
 - bring together all research programmes including FP7
 - Priorities include health, demographic change and wellbeing (€8 billion)
- Health for Growth Programme €446 million
 - Fund uptake of innovative solutions to improve healthcare,
 - Address common problems
- Cohesion Funds - €68 billion including European Social Funds represent 25%
- EC new development policy – priority focus on sustainable and inclusive growth including increased support for the social sectors such as health
- EU renewed vision for Neighbourhood countries and increased support for (2014-2020) including opportunity for sector cooperation



EC-WHO Framework of Cooperation

- **Basis for cooperation-** Exchange of Letters in 2000, EC WHO Strategic Partnership Agreement in the field of development (2004) and the EC-WHO/Europe Moscow Declaration adopted in 2010.
- **Form of cooperation-** Policy dialogue, Technical cooperation and Financial support
- **Format of cooperation-** High Level Meetings, Senior Officials Meetings (10th SOM agreed on 6 roadmaps for WHO/Europe including strengthening in country work, as well as 5 outcome documents for cooperation at the global level) and regular meetings



Horizon 2020 (2014-2020)

Horizon 2020 is the financial instrument implementing the Innovation Union, a Europe 2020 flagship initiative aimed at securing Europe's global competitiveness. € 80 billion budget. Main aims:

- Strengthen the EU's position in science with a dedicated budget of € 24 598 million.
- Strengthen industrial leadership in innovation € 17 938 million (key technologies, greater access to capital and support for SMEs).
- Address major concerns shared by all Europeans such as climate change, developing sustainable transport and mobility, making renewable energy more affordable, **ensuring food safety and security**, or coping with the challenge of an **ageing** population (€ 31 748 million of which about **8.500 million for biomedical research**)



Health for growth (2014-2020): main features

- Greater support to Member States to help them achieve innovative and sustainable health systems. As such, it will promote the uptake of innovation for health systems' reform, for example, through Health Technology Assessment (HTA) and eHealth solutions.
- Optimal sharing of information on the effectiveness of health technologies, such as medicines, medical devices, interventions and preventive measures to support decision-making on health at national level.
- Establishment of a European Reference Networks as foreseen in the EU Directive on Patients' Rights in Cross-border Healthcare, to empower patients and professionals to identify, access, and disseminate best practices for improving the quality and safety of care.
- A simplified procedure for example through electronic applications and smaller number of projects and actions. Dissemination of results will be improved so that Member States and the health community can make better use of them.



Health for growth (2014-2020): Main Objectives

- To contribute to the creation of innovative and sustainable health systems (48%).
 - Address shortages of human and financial resources
 - Facilitate uptake of innovation in healthcare through HTA and eHealth,
 - Provide expertise on healthcare reforms
 - Support to the European Innovation Partnership on Active and Healthy Ageing.

Action under the programme will also contribute to forecasting demand for health professionals and help Member States secure a solid health workforce.

- To increase access to better and safer healthcare for all EU citizens (22%).
 - increasing access to medical expertise and information for specific conditions;
 - developing solutions and guidelines to improve the quality of healthcare and patient safety through actions supporting patients' rights in cross-border healthcare,
 - rare diseases,
 - prudent use of antibiotics
 - and high standards of quality and safety for organs and substances of human origin used in medicine.



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Health for growth (2014-2020): Main Objectives

- To promote good health and prevent diseases by addressing the key risk factors of most diseases, namely smoking, alcohol abuse and obesity (21%).
 - This will involve fostering the identification and dissemination of best practices for cost-effective prevention measures;
 - specific action aimed at preventing chronic diseases including cancer.
- To protect people from cross-border health threats (9%).
 - developing common approaches for better preparedness coordination in health emergencies, for example, improving risk assessment capacity and joint procurement of medical countermeasures.



Development and cooperation - EuropeAid

For the period 2007-2013, the EU's action in the field of health in developing countries is financed through two types of instruments:

1. Geographical instruments

They are implemented at national and regional level. Some of them are the European Development Fund (in the ACP countries - €22 682 M), the Development Co-operation Instrument (in Latin America, Asia and South Africa – €16 900 M), and the European Neighbourhood & Partnership Instrument (in the neighbouring regions- € 11 200 M). The geographical instruments constitute the major share of EU's support for health in developing countries.

2. The thematic strategy paper "Investing in people"

This programme focuses on the critical lack of personnel in many developing countries' healthcare systems. It also pays particular attention to the leading poverty-related diseases: HIV/AIDS, malaria and tuberculosis. 55% of the budget of "Investing in People" goes to the pillar Good health for all, which focuses on improving access to health related public goods. In addition, "Investing in people" also supports activities designed to encourage implementation of the Cairo agenda on sexual and reproductive health rights, agreed at the International Conference on Population and Development.

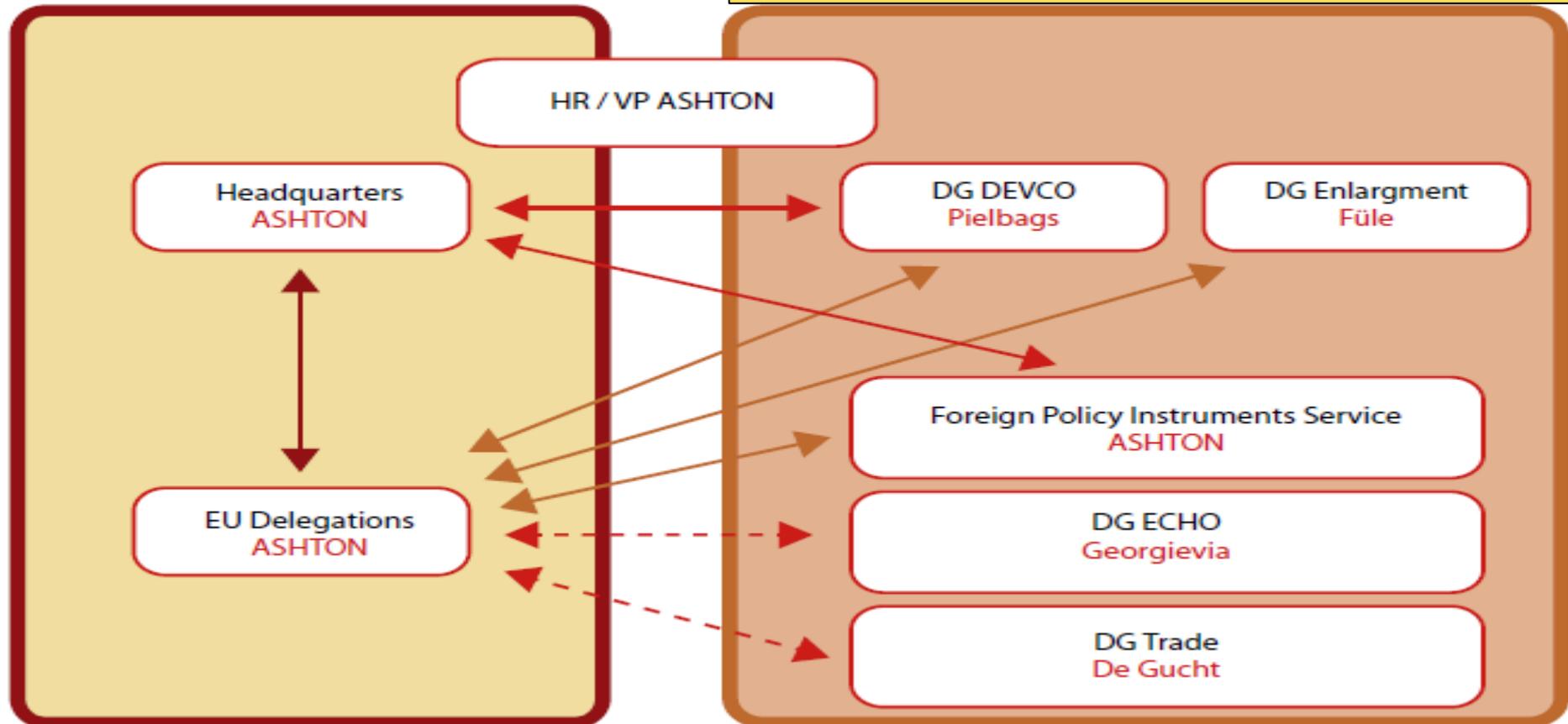


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EU Policy and Programming Process

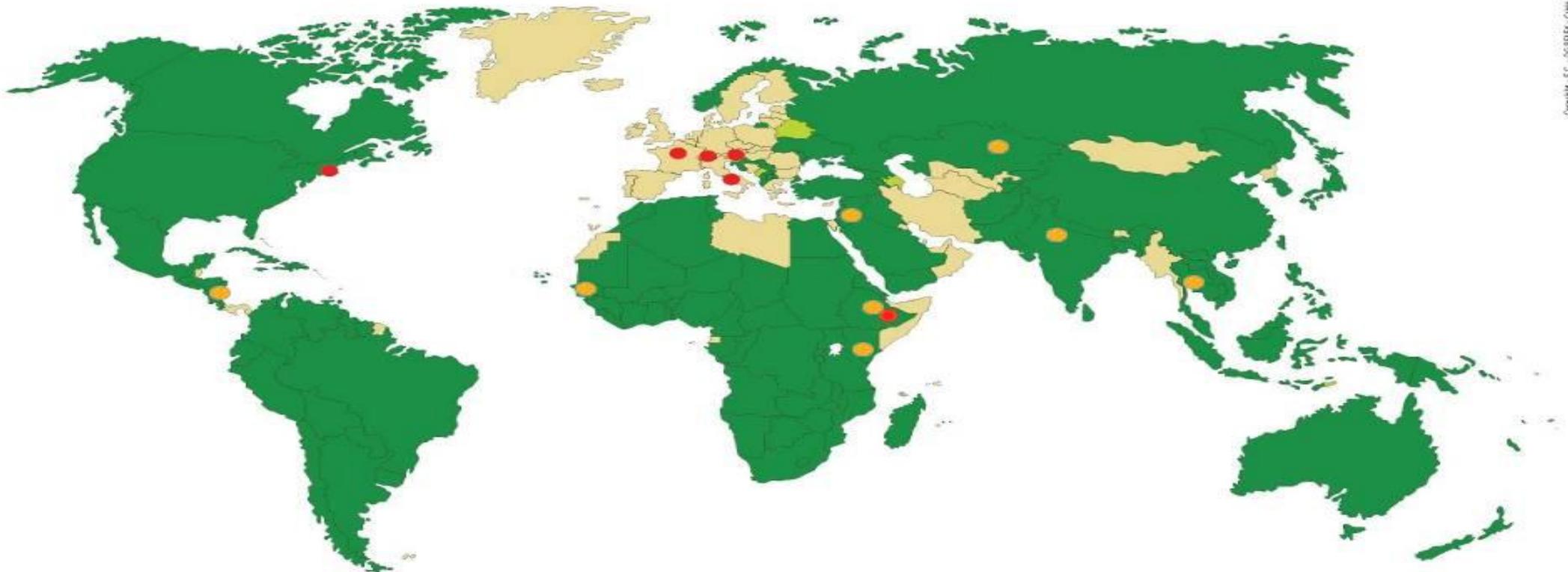
EEAS: Strategic Programming

Commission: Policy development and implementation



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European Union Delegations



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<https://webgate.ec.europa.eu/tariqa/tariqa2/>

Circa 5000 Staff in 136 locations

● Délégation auprès d'organisations internationales
● Présence de RCRPO's

■ Délégation auprès de pays-liers
■ Délégation en cours d'ouverture



World Health Organization

EU External Action Policy-Makers

- **European External Action Service (EEAS)** – assists the EU High Representative (Catherine Ashton) with respect to the EU's Common Foreign and Security Policy
 - includes EU Delegations in third countries
- **European Commission:**
 - DEVCO: responsible for development and co-operation issues
 - DG ENLARG
 - ECHO: responsible for humanitarian affairs
 - FPI (Foreign Policy Instruments Service) : financial implementation of some external action financial instruments
 - DG Trade
 - DG SANCO (limited)
- **European Parliament:** in particular, the Foreign Affairs Committee (AFET), Development Committee



Investing in people: 4 main pillars

- Good health for all, with a focus on the human resources crisis in health-care systems, poverty-related diseases, neglected or emerging diseases and the promotion of sexual and reproductive health and rights (56%);
- Education, knowledge and skills, promotion of universal access to quality primary education and access to vocational and skills training (14.5%);
- Gender equality, promotion of women's rights and gender equality (7.5%);
- Other aspects of human and social development, such as: employment and social cohesion (to improve working conditions at international level), children and youth (against the exploitation of children and in favour of improving job prospects for the young) and culture (22%).

Total budget 2011-13 € 502 M



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Investing in people: Eligibility

- Non-State Actors (NSAs), including non-governmental organisations, social partner organisations, such as professional associations, universities and research institutes, etc.;
- local authorities and consortia thereof or associations representing them;
- international (intergovernmental) organisations



***Grazie
per l'attenzione***



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