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# Second European Programme of Work, 2026–2030 – "United Action for Better Health"

The Second European Programme of Work, 2026–2030 – "United Action for Better Health" (EPW2) is submitted for adoption by the WHO Regional Committee for Europe at its 75th session, following the recommendation of the Thirty-second Standing Committee of the Regional Committee for Europe.

EPW2 was developed through an iterative and participatory process. It included five public hearings, country and subregional consultations, a foresight exercise, regular meetings with Member State focal points and two rounds of feedback on written drafts from Member States.

EPW2 builds on the first European Programme of Work, 2020–2025 – "United Action for Better Health" (EPW) and on global and regional commitments, including WHO's Fourteenth General Programme of Work, 2025–2028 and the Sustainable Development Goals. It is ambitious in scope, specific in its commitments and strategic in responding to tighter resources.

EPW2 is composed of three parts:

- The health compass: a shared vision and collective agenda for health in the WHO European Region.
- WHO/Europe's programme of work: a focused set of priorities and actions that the WHO Regional Office for Europe (WHO/Europe) will deliver with and for Member States between 2026 and 2030.
- Organizational shifts in WHO/Europe: adaptation of structures and ways of working to strengthen performance, ensure accountability, and uphold the highest standards of technical and scientific excellence amidst resource constraints.

EPW2 provides the framework for united action by Member States, partners and WHO/Europe to advance health in the Region over the period 2026–2030.

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## ABBREVIATIONS

| | |
|---|---|
| AI | artificial intelligence |
| AMR | antimicrobial resistance |
| BCI | behavioural and cultural insights |
| ECDC | European Centre for Disease Prevention and Control |
| EPW | European Programme of Work, 2020–2025 – “United Action for Better Health” |
| EPW2 | Second European Programme of Work, 2026–2030 – “United Action for Better Health” |
| GPW 14 | Fourteenth General Programme of Work, 2025–2028 |
| HAI | health care-associated infections |
| IHR | International Health Regulations (2005) |
| NCD | noncommunicable disease |
| NSA | non-State actor |
| PHC | primary health care |
| SCRC | Standing Committee of the Regional Committee for Europe |
| SDGs | Sustainable Development Goals |
| TB | tuberculosis |
| UHC | universal health coverage |
| UNECE | United Nations Economic Commission for Europe |
| WHO CC | WHO collaborating centre |
| WHO/Europe | WHO Regional Office for Europe |

# THE SECOND EUROPEAN PROGRAMME OF WORK, 2026–2030 – "UNITED ACTION FOR BETTER HEALTH": NAVIGATING AN UNCERTAIN FUTURE

1. The WHO European Region is at a crossroads. The convergence of climate change, demographic shifts, increasing security threats and economic uncertainty is reshaping the landscape of public health. Health systems face growing pressure to respond to rising demands from an ageing population while grappling with health workforce shortages and declining public trust. The COVID-19 pandemic exposed critical vulnerabilities, and progress towards the Sustainable Development Goals (SDGs) remains uneven.

2. Yet within these challenges lies a great opportunity: to position health and well-being at the heart of public policy, contributing to economic growth, social development and sustainability. Health can be an anchor for thriving communities, where individuals and families have the confidence, autonomy and support to make informed decisions about their well-being. Rapid technological advances offer new ways to catalyse transformative change. As the Region navigates this increasingly complex landscape, our actions must be guided by a shared, multisectoral commitment to advance population health so that all people, regardless of their circumstances, can lead healthy and fulfilling lives.

3. This is the purpose of the Second European Programme of Work, 2026–2030 – "United Action for Better Health" (EPW2): it is a health compass – a shared agenda for health and well-being in Europe that can inspire countries and partners in their approach to health – and it is the programme for the WHO Regional Office for Europe (WHO/Europe), a prioritized list of actions that WHO/Europe stands ready to deliver in support of its 53 Member States, focusing precious scarce resources where WHO is needed most. Co-created with Member States and partners, it balances long-term transformation with immediate priorities for the next five years. In the context of resource constraints, re-organization, and re-prioritization by Member States, EPW2 translates the Fourteenth General Programme of Work, 2025–2028 (GPW 14) into concrete actions for the Region, while reinforcing WHO/Europe's key role as a convener and broker at regional and subregional levels in addressing collective priority public health challenges, reducing health inequalities between and within countries, promoting health literacy and participatory governance, and deploying resources and country support tailored to each country's context and needs.

4. This programme of work is not a uniform blueprint. WHO/Europe will support its implementation at Member States' request, in consultation with national authorities and, where appropriate, regional economic integration organizations and other relevant partners, to support and complement – not duplicate – existing actions and instruments, while fully respecting Member State competences. The priorities and approaches outlined in EPW2 will be tailored to the country context and embedded in policy processes, will be grounded in WHO normative guidance and the best available scientific evidence, and will remain consistent with international obligations. The proposed WHO actions in EPW2 represent a menu of options and opportunities that Member States may choose to draw on in alignment with their priorities. Given the diversity within the Region, a higher priority at regional level may not hold the same weight in every country. This tailored approach in WHO/Europe's country work applies across EPW2 and will be operationalized through standard procedures that adapt the agenda to local needs via subregional roadmaps, country cooperation strategies or other relevant partnership agreements.

5. The co-creation of EPW2 followed a structured approach to ensure broad engagement, alignment with regional priorities and consideration of resource constraints. During the inception phase, the principles, process and timeline for the development of EPW2 were established; Member State engagement was initiated; and an evaluation of the first European Programme of Work, 2020–2025 – "United Action for Better Health" (EPW) was performed (Box 1). In the inquiry phase, diverse perspectives were gathered on emerging megatrends through open hearings and network consultations, engaging over 5 000 participants from governments, partners, academia and non-State actors (NSAs), representing organizations with more than 10 million health professionals and volunteers. The resulting narrative is captured in a background paper to accompany EPW2, "Health forward: a future we build together". This phase concluded with a strategic foresight exercise to explore how WHO/Europe's current work can best prepare the Region for possible future scenarios (Box 2). In the alignment phase, Member States identified

priority action areas and the types of WHO support that would have the greatest impact in the period 2026–2030. The validation phase ensured feasibility by aligning priorities with resources and implementation capacity. In the finalization phase, feedback was consolidated into the final version of EPW2 for submission to the WHO Regional Committee for Europe at its 75th session (RC75).

**Box 1. Independent evaluation of the first EPW and key lessons to inform EPW2**

An evaluation of the first EPW was performed by an independent team of experts and involved 33 Member States, six development partners and six NSAs, along with WHO colleagues from headquarters, country offices and the six regional offices. Overall, EPW was seen as relevant and effective – raising the profile of health in the Region, aligning WHO/Europe's priorities with Member States' needs, and catalysing meaningful change within WHO/Europe and its collaboration with Member States. Findings (as of 1 April 2025) highlight several areas for consideration in the development of EPW2.

1. **Clarification of the role of EPW.** The evaluation reaffirmed the alignment of EPW with key organizational frameworks, including the general programme of work and the SDGs, and its role in shaping country cooperation strategies. However, it called for greater clarity on the position and interplay of EPW within the hierarchy of WHO strategic tools, resolutions and commitments, plus a clearer definition of EPW's target audience.
2. **Broader engagement.** While the process for formulating the first EPW was well defined, broader and more inclusive consultation was encouraged for the development of EPW2.
3. **Accountability.** The absence of an explicit theory of change and associated accountability framework for the first EPW was seen as limiting the systematic tracking of its implementation and outcomes.
4. **Focus and prioritization.** The first EPW successfully addressed core public health issues relevant to Member States, raising the profile of previously under-recognized areas, including mental health and the application of behavioural and cultural insights. Going forward, it was suggested that attention should also be directed to other key areas, including multisectoral collaboration for health. The evaluation also underscored the continued importance of prioritization.
5. **Implementation.** Implementation across the first EPW portfolio varied, partly due to health emergencies and associated capacity constraints. The evaluation highlighted the need for more practical guidance on the implementation of proposed evidence-based actions to support Member States in reviewing their health policies based on EPW.

**Box 2. Strategic foresight for a future-ready EPW2**

Strategic foresight has helped shape EPW2, ensuring that its priorities for the next five years respond to long-term perspectives. A foresight exercise was conducted that challenged assumptions, expanded horizons and revealed trends and risks that could shape health systems in the coming decades.

Over 50 participants – including government representatives, public health leaders, youth advocates, civil society actors, academics and technical experts – contributed to the discussions, alongside WHO staff and foresight specialists from the Copenhagen Institute for Futures Studies.

The group explored four distinct potential 2050 scenarios:

- Continuation: where business-as-usual trends persist with uneven progress.
- Decline: marked by crisis, fragmentation and widening inequalities.
- Constraint: a values-driven but slower path, prioritizing ethics and sustainability.
- Transformation: where technology and innovation revolutionize health systems.

Provocative storylines were designed to test thinking and stretch imaginations. A second workshop used backcasting (envisaging future scenarios and working backwards) to identify the steps needed to achieve (or avoid) each potential future.

Lastly, a "wind tunnelling" exercise was conducted to stress-test EPW2 priorities across the four scenarios, identifying robust elements, risks and "no-regrets" actions. This process ensured that EPW2 would be not only visionary but also adaptable and resilient enough to guide health systems through uncertain times.

## The case for change[1, 2, 3]

6. Progress on health and well-being is slowing across the Region, revealing widening gaps between ambition and impact. Noncommunicable diseases (NCDs) and their main associated risk factors are cutting lives short and limiting economic growth, with one in seven people dying from one of four major NCDs (cardiovascular diseases, cancers, diabetes and chronic respiratory diseases) before the age of 70. At least 110 million people in the Region live with some form of mental health condition, with growing concerns for overall mental well-being, especially among adolescents and older people.

7. Universal health coverage (UHC) is falling short; in some countries, over 20% of families face catastrophic health spending due to significant out-of-pocket payments when seeking care, and 13% of people report unmet health care needs. Health systems remain underprepared for future emergencies, with the median International Health Regulations (2005) (IHR) readiness score standing at just 73% in 2023 – similar to that observed just before the COVID-19 pandemic.

8. Violence against women and girls remains widespread, affecting nearly 25% of ever-partnered girls and young women before the age of 20, a figure that has remained unchanged for decades.

9. Socioeconomic differences continue to shape health outcomes across the Region. One in four children are at risk of poverty or social exclusion, increasing the long-term risks of obesity, violence, mental health conditions and chronic disease. The lowest-income workers carry twice the burden of limiting illness, and older people face rising health and care needs without adequate support, particularly in low-income groups, due to gaps in long-term care and pension systems. Such differences in socioeconomic factors are translating directly into poorer health outcomes, with consequences for opportunity, social cohesion and long-term stability across the Region.

[1] Avoidable mortality, risk factors and policies for tackling noncommunicable diseases – leveraging data for impact: monitoring commitments in the WHO European Region ahead of the Fourth United Nations High-Level Meeting. Copenhagen: WHO Regional Office for Europe; 2025 (accessed 7 October 2025).
[2] European health report 2024: keeping health high on the agenda. Copenhagen: WHO Regional Office for Europe; 2025 (accessed 7 October 2025).
[3] Healthy, prosperous lives for all: the European Health Equity Status Report. Copenhagen: WHO Regional Office for Europe; 2019 (accessed 7 October 2025).

10. The theory of change underpinning EPW2 focuses on closing the gap towards achieving the SDGs and the need to future-proof health systems in response to the megatrends that are reshaping societies (Fig. 1). EPW2 is structured accordingly:

- The health compass provides the reasoning for why EPW2 is needed, setting out a collective, co-created vision of health and well-being as a foundation for development, security and stability. The health compass is therefore a public good, designed to inspire governments and partners to engage in taking this vision forward: governments will lead, with relevant actions tailored to national priorities, and WHO/Europe and partners will support progress at country level as requested and foster regional alignment on common challenges.
- WHO/Europe's programme of work sets out what WHO/Europe is prepared to contribute to this collective agenda, reflecting WHO/Europe's comparative advantages and added value.
- Future-proofing WHO/Europe describes how WHO/Europe will evolve as an organization to implement EPW2 effectively, delivering on the EPW2 priorities with relevance, efficiency and impact.

**Fig. 1. Theory of change for EPW2**


11. The EPW2 theory of change mirrors that of GPW 14, while providing more detail on how WHO/Europe's actions will enable the implementation of both. Each element corresponds to critical steps in the results chain and is paired with indicators and a reporting mechanism for optimal transparency and accountability.

## HEALTH COMPASS: A COLLECTIVE ACTION AGENDA FOR HEALTH

### Shared values

12. Security, solidarity, sustainability and trust matter more than ever. These values are the foundations for the health compass and are the key to facing disruption without losing direction. These values remind us that the measure of a society is not how it performs in times of calm but how it protects in times of crisis. No one should fall through the cracks when systems are under strain. Safeguarding future generations means investing in long-term solutions, not short-term fixes. Trust is essential to social cohesion and must be earned through transparency. These values underpin our vision, our actions and our strategies.

### Vision

13. People and communities across the Region will live healthier, longer lives, and health will be safeguarded as a universal commitment – never politicized, always prioritized.

### Transformational shifts to respond to megatrends

14. The health of populations in the Region is being reshaped by powerful and interconnected megatrends – from geopolitical instability and climate change to demographic shifts, rising rates of chronic conditions, and rapid technological transformation. These trends are redefining the risks we face, the needs of our communities, and the capacities that health systems need to stay relevant and effective. This section sets out the transformational shifts required to navigate this complex context and seize the opportunities for better health and well-being.

## Health security and emergency preparedness: building a safe and secure Region

15. The number of acute health emergencies reported annually to WHO/Europe has doubled over the past decade. The Region faces its share of emerging global threats, along with conflict, natural disasters, communicable diseases and the ever-present risk of the next pandemic. Health emergencies are now recognized for their potential to threaten the stability and safety of countries at large because they can easily trigger a chain reaction of socioeconomic and political disruptions.

### Vision

16. Health security will be recognized as fundamental to national stability and safety, and Member States will work together to protect all people, particularly those in vulnerable and marginalized situations, from multiple hazards at all times.[4]

### Transformational shifts

#### *Recognizing the centrality of health security for national stability and safety*

17. National plans for health security can benefit from alignment with overall national planning and financing. These plans will aim to involve relevant sectors; address long-standing and emerging hazards alike; and support stronger national and cross-border preparedness, coordination and protection for people in vulnerable and marginalized situations.

#### *Putting communities at the core*

18. Communities are on the front line in any emergency, both as victims and as first responders. By drawing on behavioural insights to ensure more effective, person-centred and culturally informed partnerships, community engagement will add value to coordinated responses.

#### *Building resilient health systems against health security risks and vulnerabilities*

19. Health systems will respond rapidly to emergencies while continuing to deliver essential services. Enabling this dual-track response entails reinforcing infrastructures, establishing plans and procedures, and securing surge capacities. Regional solidarity and shared mechanisms will be activated where needed.

[4] Can include children and adolescents; women and girls; persons with disabilities; migrants, refugees and asylum seekers; and older persons. See: A global health strategy for 2025–2028: advancing equity and resilience in a turbulent world: Fourteenth General Programme of Work. (p.3). Geneva: World Health Organization; 2025 (accessed 26 October 2025).

### *Preventing the re-emergence of old threats and preparing for new ones*

20. A One Health, multiple-hazards approach will prioritize identifying and assessing risks and responding to new threats, as well as further developing, maintaining and scaling up essential public health functions such as proven communicable disease control strategies, especially tackling inadequate immunization coverage, health care-associated infections (HAI), and emerging antimicrobial resistance (AMR), including for drug-resistant tuberculosis (TB).

## Powering up the drivers of health: turning the tide on NCDs and mental health

21. NCDs cause 80% of avoidable deaths and 85% of disability in the Region, and millions of people suffer from untreated mental health and oral health conditions, chronic pain, and other disorders that limit their participation in society and impose high costs on economies. Reducing illness and premature mortality from NCDs offers a powerful opportunity to strengthen the Region's human capital, industrial performance and global competitiveness. Achieving this requires action on the social, economic and environmental determinants of NCDs, together with the broader economic and market forces that shape people's ability to live healthy lives.

### Vision

22. Fewer people will suffer from NCDs and mental health conditions, as prevention will be prioritized, environments will support healthy living and communities will shape solutions.

### Transformational shifts

#### *Investing in integrated multisectoral approaches and engagement*

23. Comprehensive, gender- and age-sensitive, data-informed strategies to promote healthy living and to prevent NCDs, violence and injuries will be backed by political commitment, sustainable funding and enduring mechanisms for cross-sectoral collaboration and social participation in decision-making. The aim is to reach SDG target 3.4 by 2030, by reducing premature mortality from NCDs by one third through prevention and treatment and by promoting mental health and well-being.

#### *Reducing preventable and treatable mortality and morbidity*

24. Evidence-based, cost-effective interventions at population and individual levels, informed by the WHO best buys and quick buys as appropriate, will significantly reduce avoidable deaths and improve quality of life, with actions adapted to national contexts and circumstances. Digital technologies will enhance impact by supporting prevention, self-management, early intervention and continuity of care.

#### *Addressing risk factors*

25. The impacts of commercial and economic influences on key risk factors related to NCDs and mental health conditions, particularly those affecting children and young people, will be effectively addressed through increased health literacy, health-protecting regulations and the empowerment of public health professionals.

#### *Mainstreaming mental health through integrated, community-based approaches*

26. Population-based approaches will address the upstream determinants of mental health through intersectoral action. The growing momentum for deinstitutionalization will accelerate the shift towards integrated, community-based care. This shift will help counter stigma, promote social connection, address loneliness and social exclusion, reduce reliance on inpatient services and better respond to the needs of young people and others experiencing vulnerability. Achieving deinstitutionalization will require sustained capacity-building across the health, social and community workforces, allowing space for people with lived experiences to help shape this transformation.

## Ageing is living: working for a lifetime of health and well-being

27. The Region has the oldest population in the world, with one in three people projected to be aged over 60 by 2050. While longer lives reflect public health success, many people are living more years in poor health, placing growing pressure on health systems, social protection and care, and workforce sustainability. In many countries, socioeconomic inequalities shape ageing, with disadvantages accumulating over a lifetime and leading to poorer health in older age. Although the pace of demographic change varies between countries, all Member States in the Region are seeing an increase in the number of older people, with direct impacts for health and care services and indirect implications for health system resilience and sustainability.

### Vision

28. Society will see ageing as an opportunity; older people will be valued, engaged and supported to live with health, dignity and purpose.

### Transformational shifts

#### *Adding life to years: preventing disease, building functional ability and promoting well-being for everyone through all stages of life*

29. Integrating prevention-oriented healthy ageing into all health strategies and programmes – starting from maternal and child health through adolescence and extending to mental health and long-term care – will challenge ageist stereotypes; promote well-being; maximize opportunities to prevent disease; strengthen functional ability, including fragility and fall prevention; and build sustainable and equitable care systems.

#### *Healthy places, healthy lives: shaping environments for ageing in good health*

30. Intersectoral collaboration for age-friendly housing, accessible transport, inclusive public spaces and opportunities for intergenerational engagement will allow people to age with dignity and autonomy in their own communities. Digital inclusion enables older adults to access services, stay connected and participate fully in social and civic life.

#### *Reinforcing the care ecosystem for dignity and independence*

31. Strengthening the role of primary health care (PHC) in coordinating integrated, proactive home- and community-based care will foster early intervention, rehabilitation and person-centred services, based on long-term care frameworks. Better support for informal caregivers through training and financial compensation will reinforce the care ecosystem.

## The climate crisis is a health crisis: shaping a resilient future

32. In Europe, the fastest-warming region on the globe, heatwaves killed over 100 000 people in 2022–2023 alone. These numbers, which illustrate the health challenges already underway, are set to rise, alongside equally alarming figures related to extreme weather events, changing epidemiology of vector-borne diseases, mental health impacts, and more. The health impacts of climate change are among the most visible to the public, making health a powerful catalyst for shifting public opinion towards decisive climate action.

### Vision

33. People will be protected from climate-related health risks as health systems adapt, respond and lead by reducing their own environmental impact; broader mitigation efforts will serve to protect and improve living environments.

### Transformational shifts

#### *Adapting to climate change and increasing the resilience of communities*

34. Health services will become resilient in the face of increasing climate-induced emergencies, and reducing health risks depends on institutionalizing climate-informed risk assessments, health plans and budgets, backed by community engagement and behavioural and cultural insights (BCI).

#### *Building climate-resilient, low-carbon health systems*

35. Health systems can set an example with regard to reducing the carbon footprint of relevant infrastructure, services and supply chains. Investment in climate-smart health facilities, energy-efficient technologies and sustainable procurement will increase long-term cost-efficiency and strengthen system resilience.

#### *Fostering climate action for better health across sectors*

36. The co-benefits of mitigation efforts for the environment and human health – cleaner air, healthier diets and liveable cities, among others – will create a natural alliance between advocates of climate action and of health promotion, which will strengthen both agendas.

## Leveraging data and technology: harnessing potential for everyone, everywhere

37. Eighty-three per cent of countries in the Region report having a national digital health strategy, but access to digital innovation remains uneven. Technologies that could close access gaps, improve health system productivity, reduce fragmentation and empower self-management are still out of reach for many who need them. Moreover, low public trust in digital tools, lack of interoperability, and uncertainty around how data are used slow the adoption, deployment and integration of digital solutions.

### Vision

38. Data and digital technologies, including artificial intelligence (AI), will empower humans to deliver better care and stronger health systems for all, driven by public purpose, trust and inclusivity.

### Transformational shifts

#### *Empowering individuals: advancing equity, literacy and trust in digital care*

39. Sound governance frameworks, enriched by BCI and age-sensitive approaches, will help bridge the digital divide, incentivizing private stakeholders to serve the public good and embedding digital health literacy into professional training and patient education. Secure data systems and enhanced, equitable access are essential to ensuring that digital innovations reach those in need and improve care.

#### *Enhancing efficiency, equity and digital innovation*

40. Actionable roadmaps, technology assessment, monitoring and evaluation, community collaborations, responsible data sharing, and data literacy among decision-makers will enable the development, validation and deployment of technologies, including AI, that benefit those in greatest need and cause no harm.

#### *Unlocking the potential of AI for health*

41. AI will improve diagnosis; personalize prevention, treatment and care; streamline health services; and strengthen public health. Clear, adaptive and comprehensive regulation will match the level of risk, protect rights and privacy, and ensure accountability and the ethical use of technology. Strong digital health

foundations, high-quality data and transparent systems guided by scientific evidence and inclusive oversight will earn trust and maximize impact, while minimizing environmental impact.

### *Deploying biotechnology, genomics and precision medicine responsibly to address health disparities*

42. As biotechnologies transform diagnostic and treatment opportunities, equitable access across socioeconomic, demographic and disease groups will be enhanced through purposeful strategies, monitoring frameworks to track the introduction and impacts of those strategies, and responsible data sharing and fiscal decisions, as appropriate.

## Strengthening health systems for the future

43. People expect timely, high-quality, reliable and affordable care delivered by well-qualified health and care providers, but many face fragmented services, long waiting times and rising out-of-pocket costs, all of which are eroding trust in health systems and policies. At the heart of this challenge lies a Region-wide health workforce shortage, compounded by growing concerns over financial sustainability and capacity to invest. Without decisive action, these pressures will deepen, making it harder for countries to respond to the changes driving demand – from ageing among the population and health workforce to climate-related health impacts and the surge capacity needed in emergencies.

### Vision

44. No one will become poor due to ill health, as health systems will provide affordable, trusted and high-quality care for all – when and where needed.

### Transformational shifts

#### *Driving the paradigm shifts required for high-quality, responsive models of care*

45. Meeting people's needs and expectations for the health system will require several paradigm shifts: prioritizing prevention and community-based services (Box 3); leveraging digital-first approaches, where these are safe and effective (including in remote and underserved areas); integrating multidisciplinary teams for complex cases; redefining roles across services, including for hospitals; and empowering patients to manage their own health.

**Box 3. Spotlight on PHC: Powering change across health systems**

**Vision**

PHC will be the engine that powers the rest of the health system, making it smarter and faster and bringing it closer to people's lives. PHC will use technology to overcome barriers of access and fragmentation, shift care out of hospitals and bring services into homes, schools and communities. Led by trusted teams, PHC will be the first point of contact and people's trusted partner for physical, mental and social well-being throughout the life course, with a deliberate focus on those in situations of vulnerability or marginalization.

**Transformational shifts**

- **Empowered self-management and close-to-community care.** People will manage their health and well-being throughout the life course, employing user-friendly technologies and decision tools. In addition to local health centres, PHC services will be delivered in homes, schools and local settings through mobile teams and telehealth solutions.

- **Enhanced prevention.** PHC will assume a greater role in managing population health – using data and BCI to anticipate needs, manage demand, reach subpopulations experiencing vulnerability and strengthen public health intelligence, emergency preparedness and response.
- **Differentiated pathways will tailor care to individual needs.** Digital-first options will be offered where appropriate, multidisciplinary team-based support will be provided for complex conditions, and navigation across providers will be improved through stronger links between community services and the wider health system.
- **Community engagement and co-creation.** Local health action will bring together municipalities, public health agencies, PHC teams and community organizations to set shared priorities, co-create solutions and reach subpopulations experiencing vulnerability.

### *Powering the future health workforce*

46. A fit-for-purpose, future-ready workforce will be built by prioritizing training, retention and well-being, while leveraging AI and digital tools to support clinical practice, ease workloads, facilitate task sharing and strengthen workforce planning based on labour market analysis at national and subnational levels.

### *Sustainably financing affordable access to health care*

47. Moving towards UHC will require coordinated efforts to rebalance health spending towards cost-effective public health and primary care, to enhance equitable coverage policies (including for medicines), to optimize revenue sources and to align incentives with innovation and quality in service delivery.

### *Ensuring access to affordable, safe and effective medicines and health technologies*

48. The pharmaceutical value chain will be strengthened across the board, encompassing regulatory systems, pricing policies, public procurement policies, production and supply chains, and the evaluation and adoption of cost-effective technologies, as appropriate.

### *Governing health systems for trust, accountability and impact*

49. Transparent policy-making and social participation will restore trust and make systems more responsive to all people's needs and expectations, including health needs rooted in social causes, such as violence against women and girls (Box 4).

**Box 4. Spotlight on violence against women and girls: a public health crisis**

Violence against women and girls remains one of the most widespread yet under-recognized threats to health and well-being in the Region. One in four women experience physical and/or sexual violence from a partner in their lifetime, and women and children are among the first victims in conflicts and humanitarian disasters. The physical and psychological tolls of such violence are devastating and include higher rates of injury, chronic pain, anxiety, depression and poor reproductive health outcomes. Women with intersecting inequalities are disproportionately burdened and carry higher risks of experiencing sexual violence and violence by an intimate partner. For many survivors, the health system is the first and only point of contact for support.

**Vision**

All women and girls ~~in all their diversity,~~ will live free from violence, and health systems will play a central role in prevention, protection and healing.[5] Violence will be recognized as a public health emergency and met with coordinated action across sectors. Health workers will be trained, trusted and supported to respond with care and dignity. Survivors will be heard and empowered to access survivor-centred, rights-based care and referrals. Child and adolescent abuse will be addressed through the RESPECT framework.[6]

**Transformational shifts**

- **Long-term, evidence-based public health strategies.** Investing in evidence-based prevention and strong regulatory frameworks will support institutionalized action against violence across the health sector. Intersectional analyses of violence and other social determinants will leverage sustainable investment in rights-based models of violence prevention and response.
- **Survivor-centred services at all levels.** Standardized protocols, referral pathways and capacity-building initiatives will be integrated from primary to specialized care, so that health systems meet survivors where they are.
- **Mental health support.** First-line psychological support and validation (LIVES),[7] mental health assessments, and referrals will be embedded into PHC and emergency services, boosting the capacity of health workers to address the mental health impacts of violence and raising awareness so that communities can better support survivors.
- **Zero tolerance of violence against health workers.** Health facilities will protect health workers from violence and support them when it occurs.

## WHO/EUROPE'S PROGRAMME OF WORK: WHAT THE ORGANIZATION WILL DO

50. WHO/Europe's actions presented in this section, organized under five priorities and through two special initiatives, are designed to support Member States in realizing the shared agenda, outlined in the health compass, that responds to their needs and is in line with their own national strategies for health and development. The actions have been stratified according to the priorities identified by Member States (Box 5) and are in line with WHO/Europe's comparative advantage (Box 6) and the Organization's regional commitments (Annex 1) and global commitments under GPW 14 (Annexes 2 and 3).

[5] SDG target 5.2. Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation.

[6] Child and Adolescent Abuse Prevented, RESPECT: Preventing Violence against Women Strategy Summary. New York: UN Women and Social Development Direct; 2020 (accessed 7 October 2025).

[7] First-line support for women and girls experiencing violence involves five tasks, following the acronym LIVES: Listen, Inquire about needs and concerns, Validate, Enhance safety, and Support. See: Health care for women subjected to intimate partner violence or sexual violence: a clinical handbook. Geneva: World Health Organization; 2014 (accessed 7 October 2025).

**Box 5. Prioritizing WHO actions**

Building on guidance provided by Member States on what they deem to be priorities for WHO/Europe,[8] the Organization's actions in each area are clearly marked according to the three categories below.

**Critical.** Proposed activities of WHO/Europe that Member States have identified – based on WHO's mandate and competences – as very important and highly impactful. These activities are to be implemented through assured funds, so that all Member States that wish to draw on this support can do so.[9, 10]

**Resource-contingent.** Important and impactful activities, for which WHO has a distinct advantage, to be implemented and offered to Member States subject to level of available resources.

**Supportive.** Equally important and impactful activities, in which other organizations and/or partners can assume leadership and in which WHO/Europe plays merely a supportive role.

Priorities reflecting cross-cutting, cross-programmatic PHC actions are marked as "cross-programmatic-PHC".

**Box 6. The unique contribution of WHO/Europe**

The implementation of the first EPW has reaffirmed WHO/Europe's added value in supporting Member States. As the only intergovernmental health authority with a mandate to develop global health norms and standards, WHO/Europe serves as a trusted source of evidence-based guidance as well as context-specific policy advice and tailored technical support.

Working in partnership, WHO/Europe is the primary contact for national authorities in translating global standards, policies and initiatives, developed by WHO headquarters, into tailored actions that deliver tangible health benefits for populations. This support is provided through WHO/Europe's main office in Copenhagen, Denmark, geographically dispersed offices, and the WHO country offices in the Region, which lead regional adaptation and coordination, working directly with national authorities to tailor and implement solutions. These efforts are further reinforced by the contributions of over 250 WHO collaborating centres, along with the expertise of national institutions and international partners.

Member States consistently identify five key roles played by WHO/Europe, to which it brings unique value.

- **International knowledge hub for international health.** WHO/Europe, through its main office in Copenhagen and its country offices, directly provides advice and access to the most relevant evidence, policies and best practices based on regional and global experiences to support public health decisions in Member States, both in acute situations and in the pursuit of long-term goals.

[8] This guidance included the outcomes of the global prioritization exercise for the preparation of the Programme budget 2026–2027 (see Annex 4).
[9] "Critical WHO actions" set out the totality of WHO/Europe's offer to Member States, recognizing that given the diversity in the Region, individual actions will be of varying relevance to countries across the Region.
[10] By 19 May 2025, 60% of the Programme budget 2026–2027 had been secured.

- **Impartial coordinator for everyone's health.** Country led and consensus driven, WHO/Europe brings countries and partners from across the Region together to align strategies and deliver collective solutions to shared health challenges, bridging political, social and geographical divides.
- **Reference for tracking and fighting cross-border health threats.** WHO/Europe supports surveillance, planning, capacity-building and knowledge exchange on public health threats and coordinates action on regional health emergencies in collaboration with other relevant organizations.
- **Driver of health system transformation.** WHO/Europe works with national authorities to develop and support the implementation of tailored, evidence-informed policies that strengthen health systems, improve resource management and deliver impactful health results.
- **Voice for health equity.** WHO/Europe helps Member States understand who is left behind and how to create conditions that reduce health inequities, ensuring the needs of people in vulnerable and marginalized situations are met for the benefit of societies and economies.

## Priority 1. Maximizing health security[11]

51. The Region's ongoing permacrisis demands urgent and coordinated action. In 2024, the Regional Committee adopted the regional strategy and action plan Preparedness 2.0,[12] which emphasizes high-level political support and multiple-hazards and One Health approaches. It calls for collaboration across WHO regions, governments and society to prepare for and respond to the interconnected health risks that threaten our societies' stability, economy and social fabric. Ensuring prevention, surveillance and continuity of care in emergencies and preventing the resurgence of near-eliminated diseases, such as polio or measles, particularly by addressing AMR and drug-resistant TB, is key. Building on existing frameworks and complementing and coordinating with relevant subregional actors, WHO/Europe will support Member States in strengthening health security, health system resilience and emergency preparedness.

### 1. Anticipate and prepare for health emergencies[13]

52. Strengthening emergency preparedness through high-level political commitment, sustainable financing, core capacities, and collaboration across sectors, society and borders is the foundation of health security.

#### *Prioritized WHO/Europe actions*

(a) [critical] Support Member States in assessing, upgrading and reporting on IHR core capacities as essential public health functions in line with the 2024 amendments to IHR and implementation of the Pandemic Agreement when it comes into force. This includes developing, testing and implementing multiple-hazard national health security action plans, pandemic influenza preparedness plans and other hazard-specific contingency plans, based on IHR core capacity monitoring and evaluation results.

[11] GPW strategic objectives 5 and 6.

[12] Strategy and action plan on health emergency preparedness, response and resilience in the WHO European Region 2024–2029. Copenhagen: WHO Regional Office for Europe; 2024 (accessed 7 October 2025).

[13] GPW outcomes 5.1 and 5.2.

(b) [critical] Guide Member States in identifying public health risks and vulnerabilities to multiple hazards; enhancing the safety and functionality of health facilities; strengthening surveillance; developing comprehensive national countermeasure systems (from research and development to production and stockpiling); planning procurement, stockpiling and supply chain management of essential supplies for emergencies; and leveraging international and interregional solidarity and cooperation in these endeavours.

(c) [critical] Support governments in building policies, systems and cultures that enable social participation and community partnerships to improve trust, acceptance and the reach of public health services during emergencies. This includes identifying at-risk groups through community mapping and strengthening risk communication, engagement, behavioural insights and the response to misinformation and disinformation.

(d) [resource-contingent] Provide guidance on enhanced coordination across government sectors and levels and communities during emergencies, based on strong legal and accountability frameworks, governance, funding, emergency operations centres, mobile laboratories, simulation exercises, digital tools and collaborative networks.

(e) [resource-contingent] Support the development of multiple-hazards PHC emergency preparedness plans and capacities, with built-in tools to reach people in vulnerable and marginalized settings during emergencies. [cross-programmatic-PHC]

(f) [supportive] Enable training institutions, including the WHO Academy in Lyon, France, and WHO collaborating centres (WHO CCs), to deliver training on workforce competencies in emergency management and related IHR core capacities.

(g) [supportive] Work with public health institutes and their conveners (including the WHO Global Hub for Pandemic and Epidemic Intelligence in Berlin, Germany, and the Pan-European Network for Disease Control) to build trust and facilitate cross-border cooperation.

## 2. Detect and respond to health emergencies[14]

53. Effective health security requires systems that can promptly detect, assess and respond to high-threat and novel pathogens in complex risk environments. It involves strengthening regional, cross-border and multisectoral collaboration to enhance surveillance systems, shared technologies, early warning systems and deployment of quality care.

### *Prioritized WHO/Europe actions*

(a) [critical] Coordinate and enhance collaborative event- and indicator-based surveillance between countries, strengthen early warning systems and monitor signals continuously, together with subregional partners such as the European Centre for Disease Prevention and Control (ECDC) and others, in support of the early identification of in-country and cross-border health threats. This includes facilitating the timely and unrestricted international sharing of information, surveillance data, risk assessments and pathogen sequencing data in accordance with IHR, while taking into account existing systems and practices.

(b) [critical] Support Member States experiencing acute emergencies with impact analysis and public health assessments, in-country response planning and coordination of international humanitarian support, including in conflict zones, to address physical and mental health consequences, ensuring treatment continuity through a dual-track response aligned with the IHR and the mandate of the United Nations.

(c) [critical] Strengthen Region-wide laboratory networks for preparedness, rapid detection and response to (re-)emerging cross-border threats and high-threat pathogens by improving management and regional collaboration, guiding the development of national laboratory strategies and plans, improving the quality of services, enhancing safe and reliable pathogen and data-sharing mechanisms, and investing in task forces and other instruments such as mobile laboratories.

[14] GPW outcomes 6.1 and 6.2.

(d) [resource-contingent] Provide targeted technical support to Member States to improve clinical governance for infection prevention and control in health care settings, and provide training and simulations for safe, scalable care.

(e) [resource-contingent] Continue to optimize and coordinate the certification and deployment of emergency medical teams to improve the speed and quality of health service delivery in emergencies.

## 3. Control infectious disease threats[15]

54. To safeguard health systems' ability to control communicable diseases and treat infections, WHO/Europe will support Member States in strengthening immunization programmes; addressing HAI, AMR and multidrug-resistant TB; eradicating polio; and eliminating measles, rubella, HIV and hepatitis.

### *Prioritized WHO/Europe actions*

(a) [critical] Support national immunization programmes by providing guidance, norms and technical support with regard to policy-making, planning, demand generation and new vaccine introduction, and by monitoring vaccine safety and immunization programme performance and outbreak preparedness and response to vaccine-preventable diseases such as poliomyelitis, measles and pertussis.

(b) [critical] Strengthen leadership, visibility and an integrated approach to AMR by embedding AMR across health system functions and infectious disease control programmes to guide and coordinate the implementation of the Roadmap on Antimicrobial Resistance for the WHO European Region 2023–2030 and AMR-related initiatives spearheaded by major partners and WHO CCs. This entails integrating AMR and HAI actions into public health services, PHC and hospital care, while also linking with other programmatic areas such as BCI.

(c) [critical] Support AMR surveillance and benchmark progress on national action plan implementation through the AMR Accountability Index, in line with the Roadmap on Antimicrobial Resistance for the WHO European Region 2023–2030.[16]

(d) [critical] Support control of priority communicable diseases and AMR, including by continued support to the Central Asian and European Surveillance of Antimicrobial Resistance network (CAESAR), by strengthening PHC capacities, by implementing a dedicated initiative on ending TB in Central Asia, and by disseminating digital surveillance and monitoring tools, along with norms and guidance on the elimination of mother-to-child transmission of HIV, hepatitis prevention and treatment. [cross-programmatic-PHC]

(e) [critical] Support collaborative surveillance of communicable diseases and AMR. WHO/Europe will serve as the primary agency for verifying disease elimination, controlling targets and global reporting (polio, measles, rubella, hepatitis B, prevention of mother-to-child transmission), while also sustaining and strengthening joint WHO–ECDC surveillance and reporting.

(f) [critical] Ensure continued leadership in the United Nations Quadripartite approach to One Health, supporting coordination and enhancing capacities at country level.

(g) [resource-contingent] Provide tailored support to Member States to identify and address gaps and inequities in immunization coverage, remove barriers to vaccination, build trust, and implement a life-course approach tailored to different risk groups, including older people.

(h) [resource-contingent] Respond to Member States' requests for immunization and infectious disease programme reviews, and support strategic plans and political mobilization, cross-country learning, capacity-building, and innovations such as long-acting formulations and new vaccines, including for TB.

[15] GPW outcomes 4.1 and 4.2; outputs 4.1.3, 4.1.4 and 4.2.2.

[16] Roadmap on antimicrobial resistance for the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (accessed 7 October 2025).

(i) [supportive] Support WHO CCs and NSAs in leading strategic data generation, case-based surveillance strengthening, capacity-building and addressing of service access gaps, and advance the evidence base on phage therapy as a tool against AMR.

## Priority 2. Tackling NCDs and shaping the drivers of health across sectors

55. Every year, NCDs cause 1.8 million avoidable deaths in the Region. About 60% of these could be prevented by acting on modifiable risk factors, and 40% could be avoided with quality treatment.[17] The burden of disease in the Region is increasingly characterized by complex patterns of multimorbidity, including the growing impacts of mental health conditions and climate change that require integrated, person-centred approaches. Shaping the drivers of health in the Region demands a continued shift towards multisectoral approaches to address key social, economic and environmental determinants and the influence of commercial and digital factors. Creating healthier environments and more resilient societies also requires community-based, person-centred approaches that increase access, acceptability and impact, particularly for populations experiencing vulnerability.

### 1. Empowering countries for NCD action[18]

56. While investments in NCD mortality reduction yield an extraordinary health and economic return, prevention remains chronically underfunded and some treatment services reach only a fraction of those in need. WHO/Europe will support Member States in repositioning NCDs in the health, political and economic agenda, based on evidence, high-quality data and advocacy as a three-level, one-WHO effort.

#### *Prioritized WHO/Europe actions*

(a) [critical] Develop an integrated regional action plan to unite efforts and raise NCDs and mental health on the political agenda to achieve Member State commitments towards reducing preventable and treatable mortality.

(b) [critical] Support Member States in developing and investing in comprehensive, gender-sensitive and age-responsive NCD strategies, drawing on WHO's evidence-based NCD best buys, NCD quick buys (interventions that deliver measurable public health impact in five years or less) and other recommended interventions as appropriate, and facilitate the exchange of knowledge and experience in implementation.

(c) [critical] Support Member States in strengthening population-based NCD surveillance systems and increasing capacity for enhanced data collection and analysis, using advanced tools and predictive modelling to forecast demand, track progress and trends, inform policies and disaggregate data to identify at-risk populations and outcome gaps based on reliable indicators and in line with existing systems. Enhance collaboration with Member States on research.

(d) [resource-contingent] Promote the creation of country platforms and institutionalized mechanisms for multisectoral collaboration across health, social services, urban planning, transportation, environment, finance, labour, education and other sectors to create health-promoting environments and policies.

(e) [supportive] Support subregional entities in their initiatives to lower the cardiovascular and/or cancer disease burden.

(f) [supportive] Leverage strategic alliances with civil society and young people to counter disinformation, shape health-promoting narratives and raise awareness of how commercial factors can influence individual choices.

[17] Avoidable mortality, risk factors and policies for tackling noncommunicable diseases – leveraging data for impact. WHO Regional Office for Europe.

[18] GPW outcome 2.2; outputs 2.2.2 and 4.1.1.

## 2. Reducing preventable mortality from NCDs[19]

57. Preventable mortality from NCDs is closely associated with modifiable risk factors (such as tobacco, alcohol, physical inactivity, unhealthy diets and air pollution) and highly amenable to the implementation and enforcement of effective policies that address social, economic and environmental determinants as well as the impact of economic and commercial factors.

### *Prioritized WHO/Europe actions*

(a) [critical] Support Member States in reducing exposure to NCD risk factors by strengthening health promotion, education and literacy and by accelerating the implementation of WHO best buys and NCD quick buys, as appropriate, through technical support, policy dialogues and actions based on evidence, including evidence derived from BCI. This includes supporting Member States in meeting their commitments under the WHO Framework Convention on Tobacco Control and in advancing other international commitments on the prevention and control of NCDs and the promotion of mental health and wellbeing.

(b) [critical] Support Member States in developing, implementing, monitoring and sharing experiences and validated best practices on comprehensive strategies to tackle key risk factors and address the social, economic and environmental determinants of health, including through measures that promote transparency, accountability and the effective management of conflicts of interest in policy processes among all actors.

(c) [critical] Support Member States by using evidence, technical support and policy dialogues to implement, evaluate and demonstrate the health, health equity and economic benefits of appropriate fiscal policies and of regulating the availability, marketing and advertising of harmful products.

(d) [supportive] Engage with other entities of the United Nations system (Food and Agriculture Organization of the United Nations (FAO), United Nations Children's Fund (UNICEF) and United Nations Development Programme (UNDP)) in advancing efforts to address key risk factors; the social, economic and environmental determinants of health; and commercial and digital factors.

(e) [supportive] Work with United Nations organizations (particularly the United Nations Office on Drugs and Crime (UNODC)) in documenting and addressing substance use disorders.[20]

## 3. Reducing treatable mortality and morbidity from NCDs[21]

58. Treatable mortality from NCDs can be reduced through access to timely and effective health care interventions, including secondary prevention and treatment. Cardiovascular diseases, cancers, chronic respiratory diseases and diabetes are the leading causes that could be mitigated through early detection and effective treatment and monitoring, while early detection of rare diseases will reduce inequities and improve the quality of life for millions of people.

### *Prioritized WHO/Europe actions*

(a) [resource-contingent] Provide guidance on the design and implementation of national strategies to improve evidence-based early detection programmes, timely diagnosis, and equitable access to the management and palliative care of NCDs[22] through integrated, multidisciplinary care across the entire continuum, with a critical role for PHC as care navigator and for patient self-management. [cross-programmatic-PHC]

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[19] GPW outcomes 2.1, 2.2 and 2.3; outputs 2.1.1, 2.2.1, 2.2.2 and 2.3.1.

[20] In line with agreed division of labour between UNODC and WHO focusing on supporting Member States in the European Region on medical aspects of drug dependence treatment and care. See also: UNODC/WHO: Programme on Drug Dependence Treatment and Care. Geneva: World Health Organization (accessed 26 October 2025).

[21] GPW outcome 4.1; output 4.1.1.

[22] In particular, cardiovascular diseases, cancers, chronic respiratory diseases and diabetes, while also addressing oral health, pain management and diseases affecting other organs such as the liver, kidneys, skin and musculoskeletal system, along with rare and other chronic diseases.

(b) [supportive] Work with headquarters, professional societies and partners to develop implementation tools, provide country-specific technical support and facilitate the exchange of best practices for lowering cardiovascular, metabolic and cancer disease burden.

(c) [supportive] Collaborate with NSAs, academic partners, and patient and professional organizations to promote the engagement of people with lived experience and self-management of NCDs, in order to foster inclusion and support patient and community engagement in decision-making, innovation, care management and evaluation. This includes advancing policies and practices to support health literacy and expand therapeutic patient education.

(d) [supportive] Work with innovation institutions, professional associations and other partners to foster and accelerate the uptake of digital and other innovations for improving users' access to services and advancing the monitoring and management of NCDs.

(e) [supportive] Amplify the advocacy by NSAs for increased attention, investment and research into rare diseases, and support relevant initiatives.

## 4. Promoting health in regions, cities and communities[23]

59. Empowering people to lead healthy lives hinges on shaping social, economic and ecological environments that promote health and well-being. WHO/Europe will focus on supporting Member States in gaining insights and using settings-based approaches that generate a high health impact.

### *Prioritized WHO/Europe actions*

(a) [critical] Expand the guidance offered to Member States, broaden their capacities and nurture a community of practice on BCI in line with the European Regional Action Framework for Behavioural and Cultural Insights for Health, 2022–2027 (EUR/RC72/6 Rev.1; adopted in resolution EUR/RC72/R1).[24]

(b) [resource-contingent] Maintain the WHO European Healthy Cities Network and create a healthy cities data hub to support evidence-driven decision-making. Maintain the Regions for Health Network and strengthen policy dialogue and knowledge sharing among Network members for EPW2 implementation, with a focus on health promotion and prevention.

(c) [resource-contingent] Support the integration of migrant and refugee health into national health policies to improve access to services by providing tools and guidelines, monitoring progress and exchanging best practices in implementing the Action Plan for Refugee and Migrant Health in the WHO European Region 2023–2030 (EUR/RC73/9; adopted in decision EUR/RC73(8)).[25]

(d) [resource-contingent] Respond to requests for targeted technical support in the development and implementation of specific settings-based, population and/or behavioural approaches to advancing community health and well-being.

(e) [supportive] Work with WHO CCs, academic partners and training entities (including the WHO Academy) to create opportunities for capacity-building, sharing of evidence and good practices, and mutual support.

## 5. Building healthy and safe environments[26]

60. Environmental risks cause over 1.4 million deaths annually in the Region, many of which are from NCDs. WHO/Europe will focus on developing and promoting impactful norms and regulations; developing tools and building capacities to support the assessment, prevention and management of environmental risks to public health; and responding to environment-related emergencies.

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[23] GPW joint outcome 2.3; outputs 2.1.2 and 2.3.1.

[24] European regional action framework for behavioural and cultural insights for health, 2022–2027. Copenhagen: WHO Regional Office for Europe; 2022 (accessed 7 October 2025).

[25] Action plan for refugee and migrant health in the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (accessed 7 October 2025).

[26] GPW outcome 2.2; output 2.2.1.

***Prioritized WHO/Europe actions***

(a) [critical] Sustain the political momentum of the Seventh Ministerial Conference on Environment and Health by supporting the European Environment and Health Task Force and subregional partnerships, and make the necessary preparations for and support negotiations during the Eighth Ministerial Conference on Environment and Health, to be held in 2030.

(b) [critical] Maintain WHO/Europe's position at the forefront of developing and adopting global WHO guidelines on air and water quality and heat-health management, addressing sanitation, wastewater, air and environmental noise pollution as appropriate.

(c) [resource-contingent] Develop and share tools, resources and expertise with Member States to prevent harm from chemicals, water and air pollution, waste, and contaminated soil, while fostering healthy, resilient and sustainable urban and rural settings and mobility.

(d) [resource-contingent] Provide technical support to Member States and strengthen their capacities for assessing, preventing and managing environment and health hazards and for developing, implementing and monitoring national policies to address environment and health risk factors.

(e) [resource-contingent] Facilitate knowledge exchange around environment and health, encompassing governance, intersectoral cooperation, upskilling of the health care workforce, and approaches to assessing, monitoring and managing environmental health risks.

(f) [resource-contingent] Support Member States in the implementation of global and regional multilateral environmental agreements by providing secretariat functions to the United Nations Economic Commission for Europe (UNECE)–WHO/Europe Protocol on Water and Health and the UNECE–WHO/Europe Transport, Health and Environment Pan-European Programme; by chairing the Health Task Force under the Convention on Long-Range Transboundary Air Pollution; by promoting active participation by the health sector in the Global Framework on Chemicals; and by collaborating with the newly established Intergovernmental Science-Policy Panel on Chemicals, Waste and Pollution.

(g) [supportive] Provide health-related support to United Nations entities such as the United Nations Environment Programme (UNEP), UNECE, the United Nations Framework Convention on Climate Change (UNFCCC) Secretariat and Quadripartite partners to adequately articulate health sector contributions and inclusion in intersectoral environmental initiatives in their country work; WHO/Europe will support academic institutions in setting priorities for research and innovation.[27]

## Priority 3. Living and ageing in good physical and mental health

61. Supporting Member States in embracing healthy ageing is central to WHO/Europe's life-course approach. More people are living longer than ever before, which constitutes both a public health achievement and a societal privilege that reflects decades of progress in health, social protection and living conditions. As populations in the Region age at different rates, Member States face increasing demand for care that is preventive, coordinated and responsive to the diverse realities of ageing – including gender~~-related differences~~ inequality and the need to address loneliness and social exclusion. WHO/Europe will support Member States in mainstreaming healthy ageing in policies and strategies, from early life to long-term care, with cross-sectoral governance and the use of clear metrics to measure progress. Drawing on the United Nations Decade of Healthy Ageing (2021–2030), WHO will mobilize the health sector and work with partners to promote lifelong prevention, advance policies that enable older adults to live with dignity and independence, and combat ageism and the stigmatization of older persons.

[27] In line with the division of labour between WHO headquarters and regional offices, WHO/Europe will focus on supporting Member States in the European Region and collaborating with the regional desks of the mentioned entities.

## 1. Supporting lifelong health for ageing well[28]

62. Promoting health and well-being and preventing disease at all ages, in all settings, and for all people – addressing physical, mental and psychosocial needs through strong leadership and governance – is key for healthier populations.

### *Prioritized WHO/Europe actions*

(a) [critical] Monitor and report trends in health needs, behaviours and the social and structural factors that shape healthy living from the earliest years of life, drawing on tools such as the periodic European health reports, the Health Behaviour in School-age Children Study and the WHO European Health Equity Status Report initiative (HESRi) and its companion tools, as well as other sources of high-quality regional and subregional statistics, to promote evidence-informed health policies.

(b) [critical] Advance efforts on child and adolescent health, informed by A healthy start for a healthy life: a strategy for child and adolescent health and well-being in the WHO European Region 2026–2030 (document EUR/RC75/20), by convening national authorities and partners to review progress, share best practices and tackle key challenges, prioritizing strategic investment for health and economic benefits, equitable access to high-quality care, regulation of harmful commercial influences, multisectoral collaboration and closing of data gaps to strengthen accountability.

(c) [critical] Prioritize advocacy for sexual and reproductive health as a core component of UHC, grounded in the latest evidence. WHO/Europe will serve as an entry point for Member States, ensuring that requests receive timely and coordinated support across the Organization and in collaboration with partners.

(d) [resource-contingent] Provide direct support to countries to identify and address gaps in sexual and reproductive health services and reproductive rights, ensuring integration within PHC and across the care continuum and life course – as well as linking with maternal and newborn health, child and adolescent health, healthy ageing and mental health.

(e) [resource-contingent] Advance a European strategy on health and well-being in mid-life, focusing on gender-sensitive and age-responsive policies to address rising rates of NCDs and mental health conditions, and tackle the health impacts of work-related stress, caregiving burdens and widening social inequities.

(f) [resource-contingent] Develop and disseminate accessible guides, toolkits and technical reports for health care providers to improve care quality for maternal, neonatal, child and adolescent health.

## 2. Strengthening health and care systems for older persons[29]

63. As Europe's population is ageing rapidly, health and care systems must adapt to meet the growing and changing needs of older adults. This requires a decisive shift towards integrated, community-based, and person-centred models that promote autonomy, ensure continuity of care, and address health, social and long-term care in a coordinated manner.

### *Prioritized WHO/Europe actions*

(a) [critical] Develop "Ageing is living: a strategy for promoting a lifetime of health and well-being in the WHO European Region 2026–2030" to support longer, healthier lives and tackle ageism by prioritizing action on prevention at all ages and care transformation, thereby enabling dignified ageing in supportive environments.

[28] GPW outcome 4.2; output 4.2.1.
[29] GPW outcome 4.2; output 4.2.1.

(b) [critical] Provide technical guidance and assistance to support countries in the design and implementation of health, care and social services that meet the varied needs of older persons across the care continuum. These needs include prevention, early intervention, acute care, long-term care, rehabilitation and palliative care through quality primary, community and hospital services that support the co-production of care. This is achieved through improved coordination between formal long-term care services, informal family or community carers, and health professionals. [cross-programmatic-PHC]

(c) [resource-contingent] Provide technical support to Member States in developing national ageing strategies that align with regional and global frameworks.

(d) [supportive] Support regional partners and institutions in developing regional metrics and monitoring progress towards the goals of the United Nations Decade of Healthy Ageing (2021–2030).

## 3. Promoting mental well-being throughout life[30]

64. WHO/Europe will support countries in integrating mental health into health and social systems, moving beyond siloed approaches to ensure that mental health is promoted from early childhood, throughout life, and in different sectors and care settings, including educational institutions and the workplace. WHO will work with Member States to design and develop community-based, person-centred mental health services – including digital and youth-friendly models – while strengthening safeguards for quality, dignity and human rights.

### *Prioritized WHO/Europe actions*

(a) [critical] Deliver a mental health leadership training programme to build the capacity to champion mental health in all policies and foster systemic change across Member States for improved mental health outcomes with an emphasis on people experiencing vulnerability and gender-~~sensitive~~ related vulnerabilities throughout the life course, including childhood, adolescence and older age. The programme will emphasize inclusive leadership by recognizing the expertise of individuals with lived experience.

(b) [critical] Provide support to Member States to strengthen mental health strategies, policies and practices, leveraging as appropriate the networks and products developed under the Pan-European Mental Health Coalition; addressing established and emerging determinants, including the impact of digital factors like social media; and fostering evidence-based interventions and innovative solutions, including on dementia, social connections and loneliness, protection of cognitive health for older adults, and suicide prevention.

(c) [resource-contingent] Advance the recommendations of the forthcoming roadmap for digital mental health in the Region, as appropriate, to strengthen mental health literacy, enhance accessibility, promote collaboration and guide the integration of digital tools into mental health care systems.

(d) [resource-contingent] Advance the implementation of the WHO/Europe MOSAIC toolkit to end stigma and discrimination in mental health[31] through training and capacity-building activities, including in PHC.

(e) [resource-contingent] Enhance mental health and psychosocial support capacities during emergencies by integrating mental health in emergency preparedness, response and recovery plans across the Region.

(f) [supportive] Continue to build evidence on mental health policy and practice with academic partners, medical associations, other professional and patient organizations, and WHO CCs.

[30] GPW outcome 4.1; output 4.1.2.

[31] MOSAIC toolkit to end stigma and discrimination in mental health. Copenhagen: WHO Regional Office for Europe; 2024 (accessed 7 October 2025).

## Priority 4. Driving climate-health action

65. Climate change already directly affects the health of millions in the Region, foreshadowing intensified impacts in the decades to come. WHO/Europe will support Member States in adapting their health systems to the challenges posed by climate change, decarbonizing their operations and making them resilient to climate change and environmentally sustainable. It will also position health more broadly as a force driving integrated policy-making, involving all sectors, to adapt to and mitigate changes to the planet's ecosystem.

### 1. Climate change adaptation[32]

66. The global 1.5°C warming threshold was breached for the first full 12 months in 2024, making adaptation and strengthened community and health system resilience more essential than ever to protect public health from escalating climate change risks. Climate considerations must be integrated across all health programmes and supported by interministerial collaboration to ensure effective and equitable protection against climate-related challenges.

#### *Prioritized WHO/Europe actions*

(a) [critical] Raise the political profile of, awareness of and support for stronger action to address the health impacts of climate change, ~~based on~~ taking into account the call to action by the Pan-European Commission on Climate and Health, convened at the initiative of the WHO Regional Director for Europe.

(b) [critical] Promote the development of national health adaptation planning to prevent and address the health consequences of climate change, including the uptake of heat-health action plans within a multiple-hazards approach, the development of climate-resilient water and sanitation safety plans, the establishment of climate-sensitive early warning and monitoring systems, the prevention of the spread of climate-sensitive vectors, and the use of nature-based solutions.

(c) [resource-contingent] Support health systems in adapting to climate-induced challenges by providing guidance and sharing best practices on national health adaptation planning, including for addressing the mental health impact of climate change and in line with One Health approaches, with a specific focus on the needs of persons experiencing vulnerability throughout the life course, and prioritizing PHC response capacities and tools. [cross-programmatic-PHC]

(d) [resource-contingent] Strengthen the capacity and climate literacy of the health workforce, particularly in PHC, through health worker training curricula supported by the WHO Academy. [cross-programmatic-PHC]

(e) [resource-contingent] Support Member States in performing vulnerability and adaptation assessments for climate change and health.

(f) [supportive] Facilitate cross-country exchange of knowledge and best practices through platforms, including the European Environment and Health Process Partnership for Health Sector Climate Action, the Transatlantic Dialogues and the Working Group on Health in Climate Change, to inform evidence-based solutions and health policies, as well as financing options, that support building resilience and equity both in communities and in the health sector.

(g) [supportive] Work with WHO CCs to support analysis of climate change-related data.

[32] GPW joint outcome 1.1; output 1.1.1.

## 2. Climate change mitigation[33]

67. In the Region, the health sector is responsible for nearly 5% of all greenhouse gas emissions, the root cause of climate-related risks. Mitigation across all sectors offers multiple health and societal benefits and goes hand-in-hand with adapting to the effects of climate change. Such adaptation efforts should also be sensitive to subregional contexts, recognizing their particular vulnerabilities.

### *Prioritized WHO/Europe actions*

(a) [critical] Continue supporting Member States in reaping the co-benefits of reducing air pollution for climate change mitigation and health by advancing the development and use of methods and tools to assess the health risks of air pollution and the health and economic effects of reducing greenhouse gas emissions, and continue supporting Member States that integrate health into their nationally determined contributions in line with the Paris Agreement.

(b) [resource-contingent] Support Member States in reducing the carbon footprint of health systems and procurement practices by sharing knowledge, methods and experiences; promoting environmentally sustainable health infrastructure, including nature-based solutions; and supporting the development of action plans and workforce training.

(c) [resource-contingent] Support Member States in accessing climate finance for health through capacity-building in business case development, financial planning and technical support on proposal development.

(d) [supportive] Support health and environmental authorities in line with their mandate, as well as ~~including~~ the United Nations Human Settlements Programme (UN-Habitat), municipalities, NSAs and youth organizations in promoting local action for health through climate-friendly urban planning and transport, and facilitate knowledge exchange and intersectoral collaboration to enhance physical and mental health while reducing greenhouse gas emissions.[34]

# Priority 5. Shaping the health systems of the future

68. Every country in the Region faces growing demand for health services, constrained resources and the challenge of serving ageing populations with rising levels of multimorbidity. The digital shift is rewriting the rules of health service delivery, challenging outdated models and creating new ways to reach people faster, earlier and more fairly. WHO/Europe brings a unique advantage in driving evidence-informed health system strengthening to shape and support country-specific health system reforms that respond to and anticipate megatrends.

## 1. Paradigm shifts in service delivery[35]

69. With an ageing population and approximately 50 million people living with multiple chronic conditions in the Region, WHO/Europe aims to shift service delivery towards community-based integrated models of care, with a strong focus on prevention.

### *Prioritized WHO/Europe actions*

(a) [critical] Provide tailored country support to reorient service delivery models towards integrated, high-quality, multidisciplinary care for all health needs, emphasizing fit-for-purpose infrastructure and the full continuum of care, from prevention and health promotion to rehabilitation, long-term care and palliative care. This includes enabling self-care, recognizing people as frontline actors in managing health, and improving navigation across the care system. [cross-programmatic-PHC]

[33] GPW outcome 1.2; output 1.2.1.

[34] Focusing on collaboration with UN-Habitat at regional level to support Member States in addressing the health dimension of cities and human settlements.

[35] GPW outcome 3.1; outputs 3.1.1, 3.1.2 and 3.1.3.

(b) [resource-contingent] Strengthen country capacity to develop and adopt quality standards, strategies and action plans for improved quality of care and patient safety, including infection prevention and control.

(c) [resource-contingent] Provide support to Member States to design and implement hospital reforms and to rethink the role of hospitals and specialized care – promoting efficiency, sustainability and patient-centredness – by shifting services to the most appropriate level, often primary or community-based care; engaging hospital leadership and the health workforce from the outset; and emphasizing new financing models, the integration of digital and other innovations, and the alignment of incentives with outcomes rather than service volume.

(d) [supportive] Leverage partnerships with civil society organizations, the public and underserved groups to strengthen and expand community-based health-related interventions, including by empowering families and communities as co-providers of care.

## 2. Health and care workforce[36]

70. With growing demand for care, new technologies reshaping service delivery, and a projected shortage of 800 000 health workers by 2030, WHO/Europe is committed to supporting Member States in building a skilled, motivated and well-distributed health and care workforce for the future.

### *Prioritized WHO/Europe actions*

(a) [critical] Convene Member States and partners to promote continued attention to the health and care workforce, and share lessons and solutions (particularly digital ones), with a focus on optimizing health worker capacities and performance, improving retention of health and care workers, addressing workforce migration, modernizing medical education, and improving health workforce forecasting, planning and governance.

(b) [critical] Generate evidence on health workforce dynamics, including retention, attraction, mental health and well-being, migration flows, and the gender pay gap, and on measures to optimize performance, building on existing sources of data. This includes identifying the competencies needed for future health systems and embedding them into workforce strategies. Progress should be monitored in line with the five pillars of the Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030 (EUR/RC73/8; adopted in resolution EUR/RC73/R1).[37]

(c) [resource-contingent] Work with Member States who request support in conducting health labour market analyses, developing and implementing health workforce strategies, and planning to meet the future needs of diverse population groups, by providing capacity-building, tools that integrate a health equity lens, and standard approaches to data collection and analysis.

(d) [supportive] Leverage partnerships with educational institutions and medical associations to rethink medical education and incorporate digital competencies.

## 3. Sustainable financing and affordable access[38]

71. The proportion of families that face catastrophic out-of-pocket health spending in the Region ranges from under 2% in only five countries to over 10% in 14 countries. Health financing policy must carefully assess how to address cost pressures, including the impact of population ageing on health system revenue and spending, without compromising equitable access and financial protection.

[36] GPW outcome 3.2; outputs 3.2.1 and 3.2.2.

[37] Framework for action on the health and care workforce in the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2023 (accessed 7 October 2025).

[38] GPW outcome 4.3; output 4.3.1.

### *Prioritized WHO/Europe actions*

(a) [critical] Provide evidence-informed guidance on smart and sustainable health financing to support Member States and monitor financial protection and UHC policy through the UHC watch online platform, regional reports and policy briefs on affordable access to health care in Europe.

(b) [critical] Provide leadership and technical guidance on projections of ageing-related health expenditure patterns and financial protection to monitor the effect of population ageing on affordable access to health services and long-term care.

(c) [critical] Empower health leaders and policy-makers by enhancing their knowledge and skills through capacity-building in health financing for UHC (WHO training courses).

(d) [resource-contingent] Promote improvements in efficiency, equity and resource allocation by developing technical guidance on strategic purchasing, private-sector engagement, and digital solutions and financing for both PHC and mental health. [cross-programmatic-PHC]

## 4. Access to medicines[39]

72. With outpatient medicines driving out-of-pocket spending, and rising costs and shortages threatening equitable access, WHO/Europe is supporting Member States in strengthening regulatory frameworks, improving affordability and harnessing innovation – from genomics to personalized medicine to digital health – to ensure safe, effective and financially sustainable access to medicines for all.

### *Prioritized WHO/Europe actions*

(a) [critical] Continue to act as a neutral convenor, host and facilitator of the WHO/Europe Access to Novel Medicines Platform to foster collaboration for enhancing equitable access to novel medicines. This includes promoting strategic alignment and data collection and analysis to assess patient access to effective, novel, high-priced medicines.

(b) [critical] Provide tailored support to Member States in complementarity with existing support mechanisms by enhancing regulatory agency capabilities; ensuring medicine safety; conducting maturity assessments, pharmacovigilance, benchmarking, inspection and prequalification; and integrating health technology assessment to support evidence-based decision-making.

(c) [resource-contingent] Develop a roadmap for WHO/Europe to integrate genomic data and precision medicine into health systems to optimize treatment efficacy, minimize adverse effects, and transform health care from generic treatments to tailored interventions, improving patient outcomes in an equitable manner. Align with other regional genomic medicine initiatives and platforms.

(d) [resource-contingent] Provide tailored country support to enhance supply security, pricing and reimbursement mechanisms to ensure continuous access to essential medicines, prevent shortages, manage costs effectively, maintain the financial sustainability of health systems and promote equitable access to life-saving treatments, including efforts to strengthen regional production of medical products in the Region.

(e) [resource-contingent] Engage with key academic partners on high-quality research to identify policy options for innovative financing of medical products and optimization of the prices of new medicines.

## 5. Leveraging data and technology in the age of AI[40]

73. With digital transformation accelerating across all sectors, WHO/Europe will work with Member States to harness the power of data and emerging technologies – including AI – to strengthen public health intelligence, improve service delivery and empower people of all age groups and communities in shaping their own health, without increasing the monitoring burden for countries.

[39] GPW outcome 3.2; output 3.2.3.
[40] GPW outcome 3.3; outputs 3.3.1 and 7.2.3.

***Prioritized WHO/Europe actions***

(a) [critical] Carry out country-specific health information system assessments with contextualized recommendations to expand coverage and accelerate reporting of core indicators to WHO, enabling timely comparisons and benchmarking of progress towards shared commitments.

(b) [critical] Monitor progress in implementing Leveraging Digital Transformation for Better Health in Europe: Regional Digital Health Action Plan for the WHO European Region 2023–2030 (EUR/RC72/5; adopted in resolution EUR/RC72/R2).[41]

(c) [resource-contingent] Develop a regional roadmap on AI deployment covering ethics, security, regulatory frameworks and economic sustainability in collaboration with relevant intergovernmental and governmental bodies, as appropriate.

(d) [resource-contingent] Support Member States in designing and delivering digital health literacy strategies, including for mental health, and guidance on core competencies for key groups, including health professionals, children and older adults, to build people's knowledge, skills and confidence to engage with their health data and new technologies, make informed decisions and trust digital health systems.

(e) [resource-contingent] Expand regional coordination, guidance and country-level support as needed to strengthen digital health and AI capacities, with a focus on ensuring high-quality, context-specific data to narrow the digital divide – especially among older adults and other underserved groups – in line with relevant existing legislative frameworks and in coordination with existing subregional initiatives.

(f) [resource-contingent] Foster collaboration and networking among Member States, intergovernmental and governmental bodies, nongovernmental organizations, WHO CCs, the private sector and academia to share evidence and well-functioning digital delivery models of health and mental health services, as well as financing approaches, and to enhance coordination and efficiency when implementing digital health solutions.

(g) [resource-contingent] Develop case studies and organize exchanges to strengthen PHC through digital-first approaches with a focus on telehealth and AI-based solutions. [cross-programmatic-PHC]

(h) [supportive] Work with WHO CCs and partners to strengthen capacities in health data and surveillance in the Region, as appropriate.

## Special initiative 1. Strengthening the health system response to violence against women and girls[42, 43]

74. In line with global commitments,[44, 45, 46] WHO/Europe will strive to ensure that the health sector is equipped to respond to intimate partner violence, sexual violence and child abuse, as well as other forms of violence across the life course. Given that one in four women experience physical and/or sexual violence from a partner in their lifetime, WHO/Europe will support countries in providing survivors with the support and care they need, while strengthening collaboration with other relevant sectors.

[41] Leveraging digital transformation for better health in Europe: Regional digital health action plan for the WHO European Region 2023–2030. Copenhagen: WHO Regional Office for Europe; 2024 (accessed 7 October 2025).
[42] GPW outcomes 3.1 and 4.2; outputs 3.1.1 and 4.2.1.
[43] Relevant strategies in the European Region: Strategy on women's health and well-being in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (accessed 7 October 2025) and Strategy on the health and well-being of men in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2018 (accessed 7 October 2025).
[44] Declaration on the Elimination of Violence Against Women. New York: United Nations General Assembly; 1993 (accessed 7 October 2025).
[45] Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence, in particular against women and girls, and against children. Geneva: World Health Organization; 2016 (accessed 7 October 2025).
[46] Supporting WHA resolution 69.5 and SDG 5.2.

### Prioritized WHO/Europe actions

(a) [critical] Regularly convene Member States, partners and experts to review progress on the forthcoming WHO/Europe call to action on the Regional Director's Special Initiative on Violence against Women and Girls, to be presented at RC75, and on the WHO Global Plan of Action to Strengthen the Role of the Health System Within a National Multisectoral Response to Address Interpersonal Violence, in Particular Against Women and Girls, and Against Children (resolution WHA69.5 in 2016; report by the Director-General in 2021 (A74/21)),[47] mobilizing investments in the health system response across the Region.

(b) [critical] Strengthen the capacities of health care workers and policy-makers through communities of practice and the dissemination of evidence and good practices, WHO guidelines, protocols and clinical management and documentation tools.

(c) [critical] Guide Member States in strengthening the role of the health sector in multisectoral policies to prevent and respond to violence against all women and girls ~~in all their diversity~~ across the Region.

(d) [resource-contingent] Respond to targeted country needs for technical support to implement protocols and guidance, build capacities and scale up good practices in the Region and beyond.

(e) [supportive] Work with UN Women, the United Nations Population Fund and other partner institutions and relevant bodies to address, measure and report on health service provision as a key determinant in eliminating violence against women and children.

## Special initiative 2. PHC for the future: a cross-cutting platform for health transformation

75. Fit-for-purpose PHC is the only sustainable path for health systems to meet the challenges outlined in the health compass while remaining fiscally responsible. As demands on health systems grow, investments in PHC digitalization and workforce offer an opportunity to strengthen prevention, bring care closer to communities, and empower individuals to shape their health outcomes through co-creation, trusted relationships and care continuity. Strengthening PHC also builds health system resilience: the ability to withstand shocks, adapt to changing conditions and maintain essential services during crises. This section outlines the core actions needed to advance PHC across the Region, complementing cross-cutting efforts embedded throughout the thematic chapters.

### *Prioritized WHO/Europe actions*

(a) [critical] Lead a united effort to strengthen leadership for PHC-oriented health systems by supporting national health policies and strategies that promote joint action for strengthened institutional capacity for public health and stronger PHC, by advancing the Global Coalition of Countries on PHC as appropriate, by developing an investment case for the PHC approach, and by convening high-level events including to mark the 50th anniversary of the Declaration of Alma-Ata and the 10th anniversary of the Astana Declaration in 2028.

(b) [critical] Develop guidance and tools and facilitate exchanges through the WHO PHC Demonstration Platforms to provide tailored country support for the strengthening of PHC models, enhanced local public health action, and integration with specialist and hospital services. Focus areas include strengthening the role of communities and patients in health promotion, prevention and self-care, population health management (including risk stratification), general practice, family medicine and nursing, digital-first solutions, multidisciplinary team-based approaches, quality improvement mechanisms, healthy ageing, and improved navigation across the care continuum and provider ecosystem.

[47] Global plan of action to strengthen the role of the health system within a national multisectoral response to address interpersonal violence. World Health Organization.

(c) [critical] Invest in cross-country comparative data and policy-relevant dashboards on PHC models and performance to strengthen evidence-informed policy development and benchmarking, leveraging subregional statistics.

(d) [resource-contingent] Strengthen PHC leadership and policy capacities through face-to-face learning events and in-depth technical mini-conferences, building on the Strengthening Primary Health Care Leadership: Global Capacity-Building Course. Sustain the growing pan-European community of practice by continuing the *Let's Talk Primary Health Care* series, while working in close synergy with other experience-exchange and community-of-practice initiatives at regional and subregional levels.

(e) [supportive] Leverage partnerships with patient and professional organizations to co-create solutions and drive PHC transformation at the community level, ensuring that local health priorities are reflected in service delivery and empowering individuals and communities to take ownership of their health.

## WHO foundational actions: powering up public health for impact

76. Delivering on the collective health agenda requires strong public health foundations. WHO/Europe will work with Member States to strengthen the enabling conditions for success – fostering collaboration, leadership, trust, participation and innovation as core drivers of change. These foundational actions cut across all priorities, ensuring that systems are equipped not just to respond but to evolve.

### 1. Fostering political commitment through leadership and strategic partnerships for health and well-being[48]

77. WHO/Europe will aim to amplify leadership based on partnership and build a pan-European network of actors who champion health, well-being and equity across sectors and borders. This means even more emphasis on supporting national counterparts, youth leaders, older people, civil society and technical institutions to shape public policy, foster trust and drive implementation. This renewed commitment will strengthen WHO/Europe's role as a convener, catalyst and connector.

#### *Prioritized WHO/Europe actions*

(a) [critical] Strengthen targeted collaboration with regional organizations to accelerate delivery on shared health priorities, respecting relative competencies and aiming for complementarity based on open consultation.

(b) [critical] Promote customized subregional cooperation by bringing together countries with common interests – such as the Western Balkans, Central Asia, and the Small Countries Initiative – to collaboratively deliver on shared priorities, in alignment with regional or supranational organizations, and foster mutual growth and reform efforts and outcomes. Support reforms and integration efforts to foster the strengthening of health systems and public health priorities for better health and well-being outcomes.

(c) [critical] Fully implement WHO's mandate as the directing and coordinating authority on international health work within the United Nations system by convening entities of the United Nations system on health issues, forging "One UN" approaches to address the health implications of societal change, and shaping health-centred partnerships and strategies both at country and regional levels.

(d) [critical] Leverage the knowledge and capacities of WHO CCs, as well as academic and professional associations, to ensure they become instrumental in implementing EPW2 through their role in generating evidence, co-developing tools and delivering direct technical support.

[48] GPW outcome 7.1; output 7.1.1.

(e) [resource-contingent] Scale up the Pan-European Leadership Academy to cultivate a new generation of public health leaders and foster mutual learning among senior decision-makers.

(f) [resource-contingent] Equip health and foreign affairs counterparts – as well as WHO representatives – with skills in global health diplomacy, enabling them to lead with influence in international forums.

## 2. Advancing intersectoral action for health and well-being[49]

78. Strong social connections, decent work and housing conditions, protected climate and environment, and equitable opportunities for healthy living, learning and working are the foundation of a healthier society. A whole-of-government approach is therefore essential to deliver on the priorities and special initiatives of EPW2.

### *Prioritized WHO/Europe actions*

(a) [critical] Support countries to develop or revise national health strategies and policies aligned with the EPW2 health compass and tailored to national contexts by leveraging intersectoral approaches that include joint needs assessments, tailored health equity status reports, identification of co-benefits, shared planning and budgeting, intersectoral policy labs, and appropriate governance mechanisms, including social participation.

(b) [resource-contingent] In line with World Health Assembly resolution WHA77.13, Economics of Health for All,[50] support Member States that adopt an economy of well-being approach by generating stronger public health and investment cases, building coalitions and developing practical tools, training and technical support that embed well-being and health equity into public policies, cross-sectoral investments and strategic engagement with other sectors.

(c) [supportive] Work with WHO CCs and partners to measure, document and disseminate good practices and outcomes from intersectoral action, capturing health gains, co-benefits and reductions in health inequities.

## 3. Institutionalizing social participation and youth engagement[51]

79. Embedding social participation in health decision-making is critical to improving policy relevance, strengthening accountability and rebuilding trust in institutions. Social participation is a collective responsibility across all priorities and special initiatives in EPW2.

### *Prioritized WHO/Europe actions*

(a) [critical] Deepen and expand networks with youth, nongovernmental organizations and NSAs to elevate social participation and embed them more systematically across WHO's programme activities.

(b) [resource-contingent] Support interested Member States in building a culture of social participation and strengthening mechanisms for embedding it in governance structures – such as citizen panels, health councils or participatory planning processes – to promote inclusive design, implementation, and evaluation of health strategies and services.

(c) [resource-contingent] Provide tools, guidance and capacity-building for health authorities and civil society to engage effectively, with a particular focus on reaching marginalized groups and enabling young people, women and people with lived experience, to shape health policies and systems.

(d) [resource-contingent] Track implementation of World Health Assembly resolution WHA77.2, Social Participation for Universal Health Coverage, Health and Well-being,[52] and document and share good

[49] GPW outcome 7.1; output 7.1.1.

[50] Economics of Health for All. Geneva: World Health Organization; 2024 (accessed 7 October 2025).

[51] GPW outcome 7.1; output 7.1.1.

[52] Social participation for universal health coverage, health and well-being. Geneva: World Health Organization; 2024 (accessed 7 October 2025).

practices on participatory governance and community engagement, including the use of digital tools, social accountability mechanisms, and other methods to monitor the impact of participation on health equity, trust and health service performance.

## 4. Rebuilding trust in science, institutions and WHO[53]

80. Declining trust in science, health authorities and WHO – exacerbated by misinformation and disinformation – is undermining effective public health and health system action across the Region. WHO/Europe will support Member States in building the core capacities needed to protect and rebuild trust as a foundation for public health policy, health system strengthening and emergency response.

### *Prioritized WHO/Europe actions*

(a) [critical] Develop systems and tools to strengthen countries' capacity to detect, understand and respond to misinformation and disinformation, using BCI to shape effective communication and engagement strategies and troubleshoot weaknesses in public trust and information ecosystems. Increase science literacy to help individuals navigate information products.

(b) [resource-contingent] Strengthen the evidence for what builds and erodes trust, creating tools to enhance knowledge, skills and actionable plans within health systems.

(c) [resource-contingent] Partner with social media platforms to shape ethical algorithm standards, support early detection and response to misinformation, and leverage predictive analytics to monitor trust dynamics and guide timely, tailored public engagement.

(d) [supportive] Collaborate with experts, PHC and community health staff, partner organizations and influencers to help countries navigate distrust, vaccine hesitancy and science denialism and build the health literacy of citizens and decision-makers.

## 5. Leveraging innovation for public health impact[54]

81. Cost-effective, scalable innovations in technology, practice and policy can accelerate health system development, boosting economic competitiveness while improving population health. Bridging the implementation gap between disruptive breakthroughs, changes in practice and revised models of care, on the one hand, and their real-world application, on the other, requires a robust innovation ecosystem that connects stakeholders, develops policy frameworks and builds capacities for health innovation.

### *Prioritized WHO/Europe actions*

(a) [critical] Develop ethical frameworks and integrated and cross-sectoral model policies for health innovation, ensuring transparent decision-making, ethical oversight and sustainable financing for transformative technological and non-technological innovation.

(b) [resource-contingent] Establish a WHO regional public health innovation coordination hub, connecting governments, public health agencies, research centres, innovation institutions and cross-sectoral partners through annual innovation summits and collaborative working groups, enabling the identification, co-creation and scaling of solutions that address the Region's most pressing health challenges and foster a culture of solidarity and shared purpose.

(c) [resource-contingent] Develop a foresight function for horizon scanning and annual futures reports to empower Member States to systematically anticipate emerging health trends and disruptive technologies and inform the research agenda, ensuring that innovation strategies remain forward-looking, resilient and responsive to evolving public health needs.

[53] GPW outcome 7.1; output 7.1.2.

[54] GPW outcome 7.2; output 7.2.2.

(d) [resource-contingent] Support interested ministries of health in setting up dedicated, cross-functional teams at national level to identify, pilot and scale innovations; in strengthening workforce capacities and opportunities for innovation; and in ensuring that innovations align with both local priorities and regional coordination efforts.

(e) [resource-contingent] Support the development and use of innovation impact assessment toolkits to equip countries with standardized, fit-for-purpose methods to evaluate the effectiveness, risks and equity outcomes of emerging health technologies, promoting evidence-based adoption and scaling of innovations that deliver measurable improvements in health indicators and system performance.

# FUTURE-PROOFING WHO/EUROPE TO IMPLEMENT EPW2

82. Delivering on the ambitions of EPW2 in an era of unprecedented financial challenges, while difficult, also provides an opportunity to re-imagine WHO/Europe.

83. WHO/Europe will be trusted, focused, responsive and accountable for the resources entrusted to it, delivering the highest standard of services to its Member States quickly and grounded in evidence. WHO/Europe will be the partner of choice in navigating complexity, advancing equity and driving measurable impact for healthier lives across all communities.

84. This section outlines how WHO/Europe will future-proof itself to meet these imperatives and implement EPW2.

## Sustainably financed for EPW2 implementation[55]

85. In the current context of significant funding constraints, WHO/Europe is committed to ensuring that EPW2 can be implemented within the limited financial resources likely available during its period of implementation.

86. The estimated budget for implementing EPW2 represents a subset of the GPW 14 associated budgets, commencing with Programme budget 2026–2027, adopted at the Seventy-eighth World Health Assembly. Proposed and estimated budgets for 2028–2030 are a flat extrapolation of those figures (Box 7).

**Box 7. EPW2 budget (US$, millions)**

| | 2026/2027 | 2028/2029/2030 | Total |
|---|---|---|---|
| Priority 1: Health security | 79.6 | 119.4 | **199.0** |
| Priority 2: NCDs and drivers of health | 33.1 | 49.6 | **82.7** |
| Priority 3: Living and ageing in good physical and mental health | 23.5 | 35.2 | **58.7** |
| Priority 4: Climate-health action | 7.3 | 10.9 | **18.2** |
| Priority 5: Health systems of the future | 58.2 | 87.3 | **145.6** |
| Special initiatives | 9.7 | 14.6 | **24.3** |
| Foundational actions | 55.9 | 83.8 | **139.7** |
| Future-proofing WHO/Europe | 41.7 | 62.5 | **104.2** |
| **Total** | **308.9** | **463.4** | **772.3** |

[55] GPW outcome 7.1.3.

87. Recognizing the uncertainties about future funding levels, WHO/Europe is taking a strategic approach to ensuring financial sustainability, combining a rigorous approach to optimizing value for money, resource mobilization and prioritization of activities based on Member States' needs.

### *Prioritized WHO/Europe actions*

(a) Prioritize activities identified as critical (aligned with the "essential" element of the ongoing re-prioritization exercise for Programme budget 2026–2027), and assign resources to initiate implementation of resource-contingent activities incrementally only if more resources become available (aligned with the "important" element of the ongoing re-prioritization exercise for Programme budget 2026–2027).

(b) Maximize the efficiency of WHO/Europe expenditure in all operations, including by increasing virtual engagement to curb travel expenses, reviewing staffing against programmes and functions, leveraging WHO CCs to fill capacity gaps, streamlining administrative processes, harnessing digital and AI solutions, and continually seeking efficiency-enhancing measures.

(c) Maintain and diversify collaboration with all contributors in the Region, existing and new; mobilize sustainable funding (flexible and predictable) to fully implement EPW2; and further enhance the quality of reporting, giving due visibility to WHO donors and ensuring ongoing dialogue.

88. Comprehensive updates on EPW2 implementation, the evolving financial situation, available funding and potential pockets of poverty will be provided through regional governing body meetings, annually through the Programme Budget Results Report and the WHO/Europe Accountability Report, and quarterly through updates on the restructuring to all 53 Member States throughout the initial period.

## Monitoring and accountability for agility[56]

89. As an agile organization, WHO/Europe will generate data for a transparent account of progress and bottlenecks in EPW2 implementation, as a basis for dialogue with Member States on course corrections as needed.

90. EPW2 monitoring aligns with GPW 14 to avoid a double-reporting burden, and its measurement indicators represent a subset of the global framework considered at the Seventy-eighth World Health Assembly. Mid- and end-point evaluations and country perspective in what is and is not working in EPW implementation will generate insights to enable course correction, inform decision-making and reinforce accountability. They will complement monitoring by fostering adaptive learning, strengthening the use of lessons learned, and documenting innovation to drive continuous improvement in the relevance, effectiveness and strategic value of WHO's work across the Region.

91. Fig. 2 presents details on the measurement indicators and reporting mechanisms for EPW2. As a regionalized work programme of GPW 14, EPW2's measurement indicators represent a subset of the global framework agreed at the Seventy-eighth World Health Assembly. Reporting will be done through a combination of the triennial European Health report and the yearly updated core health indicators in the WHO European Health Information Gateway (with focus on the EPW2 vision and health outcomes and the health compass), yearly reporting to governing bodies (with focus on EPW2 outputs and WHO/Europe prioritized actions), and annual accountability reports to Member States (with focus on organizational attributes and key performance indicators and on future-proofing WHO/Europe).

[56] GPW outcome 7.1; output 7.1.3.

**Fig. 2. Measurement and reporting for EPW2, as aligned with GPW 14 and the results chain for the theory of change**


## Technical and operational excellence[57]

92. WHO/Europe is committed to excellence in all aspects of its work, as the backbone of its relevance, effectiveness and trustworthiness. Technical excellence shapes the Organization's normative work and policy guidance, while operational excellence applies best-in-class business services and innovation at all stages, from planning to delivery.

### *Prioritized WHO/Europe actions*

(a) Accelerate AI-driven improvements, equipping WHO offices in the Region with custom platforms that are cost-effective and capable of accurately extracting, summarizing and analysing knowledge bases in both technical and administrative areas of work. A considerable volume of tasks will be automated through AI so that WHO staff can focus on higher-value contributions and enhance collaborative and decision-making processes. This will enable WHO/Europe to generate a disproportionately large impact based on flat hierarchies, breaking down intraorganizational siloes and promoting versatile collaborative relationships on priority initiatives.

(b) Foster a culture of continuous learning and innovation to ensure staff stay at the cutting edge of public health science, political economy analysis, health diplomacy and management through continued professional development. Provide structured training, encourage experimentation, support publication in peer-reviewed journals and create internal channels to surface local innovations and scale those that work – from digital health pilots to new models of technical cooperation.

(c) Appoint a scientific adviser to work with the Chief Scientist at WHO headquarters in implementing recommendations contained in the report, The role of evidence in the work of the WHO Regional Office for Europe, by the London School of Hygiene and Tropical Medicine,[58] including establishing an independent scientific board that will advise the Regional Director on scientific matters, identify critical gaps in knowledge, and help develop a sound, robust and ethical evidence review process.

(d) Contribute to setting a Pan-European health research agenda that is impactful and future-oriented, while positioning WHO/Europe clearly within the European research ecosystem and strengthening its ties with the 800 medical universities and 50 medical professional organizations in the Region, as well as drawing on its engagements with the European network of WHO CCs.

[57] GPW outcome 7.2 and 8.1; outputs 7.2.1, 8.1.5 and 8.1.6.
[58] Forthcoming.

## Participatory governance and country orientation[59]

93. WHO/Europe is steadfast in its commitment to maximizing country impact. Participatory governance and country orientation in all its work is the cornerstone of trust, transparency and accountability between WHO/Europe and the Member States it serves. WHO's unity is paramount, based on full vertical alignment between the three levels of the Organization, strong horizontal collaboration between its regions, and fluid cooperation with partners within and beyond the United Nations system.

94. At its 72nd session, the Regional Committee adopted Delivering United Action for Better Health – a Strategy for Collaboration Between the WHO Regional Office for Europe and Member States in the WHO European Region, and at its 73rd session, it adopted an important set of recommendations arising from a five-yearly governance review. Both constituted important milestones in strengthening participatory governance and country orientation. The Standing Committee of the Regional Committee for Europe (SCRC) will continue to provide close oversight during EPW2 implementation, playing an instrumental role in ensuring that WHO/Europe is fully owned by its Member States. These recommendations and the ongoing implementation of the strategy, under the guidance of the SCRC, continue to be relevant and important enablers for delivery of EPW2.

### *Prioritized WHO/Europe actions*

(a) Support participatory governance by continuing the EPW2 work programme, together with the SCRC, including enhancing the inclusivity, efficiency, effectiveness and multilingualism of regional governing bodies meetings and ensuring robustness, transparency and predictability in the annual nominations and elections process.

(b) Support Member States on global governing body matters, including by providing specific support to Executive Board members from the Region, while strengthening the links between global governing bodies and the SCRC to ensure effective alignment between the global and regional levels. Continue developing the annual WHO/Europe Accountability Report to give a clear picture of how WHO/Europe is managed, organized, resourced and led.

(c) Tailor collaboration to each Member State, matching resource deployment with each country's unique health challenges, opportunities and expectations and articulating actions through up-to-date country cooperation strategies, while also exploring new methods of engagement that draw on national expertise, strengthen networks and subregional bodies, and leverage Member State and stakeholder capacities, with WHO/Europe maintaining its coordinating role.

(d) Scale up innovations in country presence and support to determine optimal modalities of country cooperation based on mutual agreement with Member States, including by minimizing gaps in WHO Representative succession, empowering country offices where the need is greatest, establishing multicountry WHO representatives as appropriate, further increasing the number of WHO counterparts for Member States without country offices, and swiftly deploying time- and task-focused rapid country response teams.

## Workplace of choice[60]

95. WHO/Europe strives to be a top employer of choice by recruiting and developing the best talent, with consideration of cultural~~, gender~~ and geographic diversity, and gender equality.[61] It fosters a respectful and supportive environment that enables its workforce to excel and deliver exceptional service to Member States in line with WHO's policies and international public- and private-sector best practices.

[59] GPW outcomes 7.1 and 8.1; outputs 7.1.1 and 8.1.2.
[60] GPW outcome 8.1; output 8.1.1.
[61] See: WHO Gender Parity Policy, 2023–2026. Geneva: World Health Organization; 2023 (accessed 26 October 2025).

## Prioritized WHO/Europe actions

(a) Attract and retain a best-in-class workforce, including from underrepresented countries, leading by example within WHO in advancing gender equality and reflecting the rich diversity and excellence of the Region through innovative outreach channels.

(b) Ensure transparent communication in staff meetings and town halls, and continue frequent routine dialogues with the staff association on organizational and strategic matters.

(c) Shift from transactional to strategic human resource management, while strengthening learning and merit-based career development, empowering the workforce to provide leadership for health rooted in strong emotional intelligence, and maintaining technical excellence and impact at country level.

(d) Promote a workplace where all personnel feel respected, safe and supported through the Respectful Workplace Action Plan and the coordinated approach of the Respectful Workplace Advisory Committee.

(e) Institutionalize workplace assessments and performance management, fostering a culture of openness to discuss concerns related to stress, performance and misconduct, and encouraging managers to engage with their teams to identify and address potential issues.

(f) Embed key risk indicators to proactively identify and mitigate risks related to abusive behaviours and sexual misconduct perpetrated by WHO personnel or partners. This includes in WHO workplaces, events and all WHO programmes and operations that involve direct interaction with local populations; ensuring the protection of these communities is a critical aspect of WHO/Europe's risk management strategy.

# Annex 1. Mapping of relevant regional strategies and action plans to the Second European Programme of Work, 2026–2030 – "United Action for Better Health" (EPW2) and GPW 14

| Title/decision or resolution number | EPW2 | GPW 14 strategic objectives and joint outcomes | Monitoring mechanisms/indicators |
|---|---|---|---|
| **Action plans and strategies beyond 2025** | | | |
| European Immunization Agenda 2030 / EUR/RC71/R4 | Priority 1 | Joint outcome 4.2 | Biennially; indicators listed in the EIA2030 monitoring and evaluation framework |
| Roadmap on Antimicrobial Resistance for the WHO European Region 2023–2030 / EUR/RC73(4) | Priority 1 | Joint outcome 4.1 | Midterm report (2027); final report (2030); indicators: SDG 3.b.1, SDG 3.d.2, GPW 13 Target 4b |
| Action Plan for Refugee and Migrant Health in the WHO European Region 2023–2030 / EUR/RC73(8) | Priority 2 | Joint outcome 3.1 | Biennially; six indicators in the plan's monitoring and evaluation framework |
| Declaration of the Seventh Ministerial Conference on Environment and Health / EUR/RC73(7) | Priority 2<br>Priority 4 | Joint outcome 1.1<br>Joint outcome 1.2 | Biennially |
| Tuberculosis Action Plan for the WHO European Region 2023–2030 / EUR/RC72(2) | Priority 1 | Joint outcome 4.1<br>Joint outcome 4.2 | Interim report (2026); final report (2031); 30 indicators, incl. 12 core for RC |
| Regional Action Plans for Ending AIDS and the Epidemics of Viral Hepatitis and Sexually Transmitted Infections 2022–2030 / EUR/RC72/R4 | Priority 1 | Joint outcome 2.2 | Interim progress review (2026); Global Health Sector Strategy indicators |
| Roadmap to Accelerate the Elimination of Cervical Cancer as a Public Health Problem in the WHO European Region 2022–2030 / EUR/RC72/R7 | Priority 1<br>Priority 2 | Joint outcome 4.2 | Interim report (2026); indicators to be defined through a regional consultative process aligned with the global monitoring framework |
| Leveraging Digital Transformation for Better Health in Europe: Regional Digital Health Action Plan for the WHO European Region 2023–2030 / EUR/RC72/R2 | Priority 5 | Joint outcome 3.3 | Biennially; indicators to be defined in a monitoring framework |
| WHO European Framework for Action to Achieve the Highest Attainable Standard of Health for Persons with Disabilities 2022–2030 / EUR/RC72/R3 | Priority 3<br>Priority 5 | Strategic objective 1<br>Joint outcome 3.1<br>Joint outcome 6.2 | Midterm report (2026); final report (2030); indicators drawn from EPW monitoring and evaluation framework, SDGs, WHO equity reports, UNCRPD, etc. |

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|---|---|---|---|
| European Regional Action Framework for Behavioural and Cultural Insights for Equitable Health, 2022–2027 / EUR/RC72/R1 | WHO foundational actions | Joint outcome 2.3 | Biennially; progress model in Annex 1 of the Regional Framework |
| Framework for Action on the Health and Care Workforce in the WHO European Region 2023–2030 / EUR/RC73/R1 | Priority 5 | Joint outcome 3.2 | Midterm report (2027); final report (2030); indicators listed in Annex/Table A1 of the Framework |
| Decision on Health Emergency Preparedness, Response and Resilience in the WHO European Region 2024–2029 / EUR/RC74(5) | Priority 1 | Joint outcome 5.1, 5.2<br>Joint outcome 6.1, 6.2 | Midterm report (2027); final report (2029); IHR (2005) monitoring tools and States Parties Annual Report (Article 54) |
| Seventy-fourth Regional Committee for Europe: Copenhagen, 29–31 October 2024: decision: Framework for resilient and sustainable health systems in the WHO European Region 2025–2030 / EUR/RC74(4) | Priority 5<br>Priority 2<br>SI1 PHC | Joint outcomes 3.1, 3.2, 3.3<br>Joint outcomes 4.1, 4.2, 4.3<br>Joint outcomes 5.1, 5.2 | Midterm report (2028); final report (2030); Global Health System Performance Assessment Framework and dashboard of key indicators (Tallinn 2023) |
| Seventy-fourth Regional Committee for Europe: Copenhagen, 29–31 October 2024: decision: Emergency Medical Teams regional action plan 2024–2030 / EUR/RC74(6) | Priority 1 | Joint outcomes 6.1, 6.2 | Midterm report (2027); final report (2030); indicators listed in Table 14 of the action plan (EUR/RC74/15) |
| Delivering United Action for Better Health – a Strategy for Collaboration Between the WHO Regional Office for Europe and Member States in the WHO European Region / EUR/RC72/R8 | WHO of the future | Corporate outcomes 1, 2 | Reporting in 2023 & 2025; EPW measurement framework |

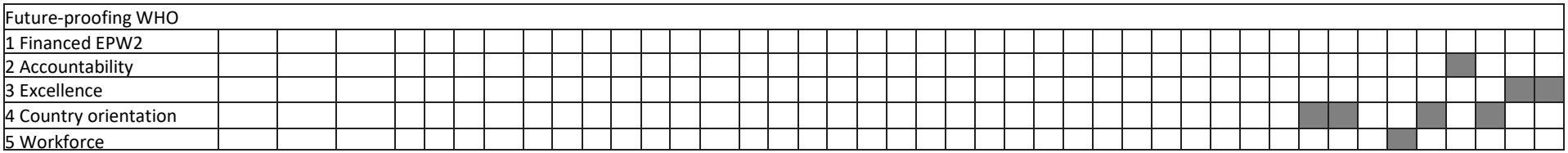
# Annex 2. Mapping of select global strategies, resolutions and decisions to the Second European Programme of Work, 2026–2030 – "United Action for Better Health" (EPW2) and GPW 14

| Title/decision or resolution number | EPW2 | GPW 14 strategic objectives and joint outcomes |
|---|---|---|
| **Action plans and strategies beyond 2025** | | |
| Antimicrobial Resistance: WHO Strategic and Operational Priorities / WHA77.6 + A77/5 | Priority 1 | Joint outcome 4.1 |
| Social Participation for Universal Health Coverage, Health and Well-being / WHA77.2 | Foundational actions | Corporate outcomes 1 and 3 |
| Strengthening Health Emergency Preparedness for Disasters Resulting from Natural Hazards / WHA77.8 | Priority 1 | Joint outcome 5.2 |
| Global Action Plan and Monitoring Framework on Infection Prevention and Control (2024–2030) / WHA77(9) | Priority 1 | Joint outcome 5.2<br>Joint outcome 6.1 |
| Global Strategy for Women's, Children's and Adolescents' Health (2016–2030) / WHA69.2 | Priority 3<br>SI1: VAWG | Joint outcome 4.2 |
| WHO Global Action Plan on Promoting the Health of Refugees and Migrants, 2019–2030 / WHA72(14), ext. WHA76.14 | Priority 2 | Joint outcome 3.1 |
| Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 / FCTC/ COP10(15) | Priority 2 | Joint outcome 2.1<br>Joint outcome 2.2 |
| Global Strategy on Human Resources for Health: Workforce 2030 / WHA69.19 | Priority 5 | Joint outcome 3.2 |
| WHO Global Strategy for Food Safety 2022–2030 / WHA75(22) | Priority 2 | Joint outcome 5.2 |
| Global Strategy to Accelerate the Elimination of Cervical Cancer as a Public Health Problem and Its Associated Goals and Targets for the Period 2020–2030 / WHA73.2 | Priority 2 | Joint outcome 4.2 |
| Global Strategy on Oral Health / WHA75/2022/REC/1 Annex 10 | Priority 2 | Joint outcome 4.2 |
| Action Plan (2022–2030) to Effectively Implement the Global Strategy to Reduce the Harmful Use of Alcohol as a Public Health Priority / WHA75/2022/REC/1 Annex 13 | Priority 2 | Joint outcome 2.1<br>Joint outcome 2.2 |
| Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2030 and Implementation Road Map 2023–2030 / WHA66.10; ext. WHA72(11) / WHA75/2022/REC/1 Annex 8 | Priority 2 | Joint outcome 2.2<br>Joint outcome 4.1 |
| The Global Health Sector Strategies on HIV, Viral Hepatitis and Sexually Transmitted Infections 2022–2030 / WHA69.22, upd. WHA75.20 | Priority 1 | Joint outcome 4.1<br>Joint outcome 4.2 |
| Global Patient Safety Action Plan 2021–2030 / WHA74(13) | Priority 5 | Joint outcome 4.2 |
| Comprehensive Mental Health Action Plan 2013–2020 (ext. to 2030) / WHA66.8, ext. WHA72, upd. WHA74 | Priority 3 | Joint outcome 4.2 |

| | | |
|---|---|---|
| Global Strategy for Tuberculosis Research and Innovation / WHA73.3 | Priority 1 | Joint outcome 4.1<br>Joint outcome 4.2 |
| United Nations Decade of Healthy Ageing (2021–2030) / WHA73(12) | Priority 3 | Joint outcome 2.1<br>Joint outcome 4.1<br>Joint outcome 4.2 |
| WHO's Global Influenza Strategy 2019–2030 / acknowledged by WHA73(14) | Priority 1 | Joint outcome 5.2 |
| Immunization Agenda 2030 / WHA73(9) | Priority 1 | Joint outcome 4.2 |
| Working for Health 2022–2030 Action Plan / WHA75 | Priority 5 | Joint outcome 3.2 |
| Regulating the digital marketing of breast milk substitutes / WHA78.18 / EB156(30) | Priority 3 | Joint outcome 4.2 |

# Annex 3. Crosswalk of WHO actions under the Second European Programme of Work, 2026–2030 – "United Action for Better Health" (EPW2) and GPW 14 joint and corporate outcomes

| GPW 14 strategic objective / joint outcome / output / EPW2 Priority areas / Special initiatives | 1. Climate change | | 2. Determinants & causes of ill health | | | | | 3. PHC and UHC | | | | | | | 4. Service coverage and financial protection | | | | | | | 5. Risks from all hazards | | | | | 6. Health emergencies | | | | Corporate outcomes | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 1.1 | 1.2 | 2.1 | | 2.2 | | 2.3 | 3.1 | | | 3.2 | | | 3.3 | 4.1 | | | | 4.2 | | 4.3 | 5.1 | | 5.2 | | | 6.1 | | 6.2 | | 7.1 | | | 7.2 | | | 8.1 | | | | | |
| | 1.1.1 | 1.2.1 | 2.1.1 | 2.1.2 | 2.2.1 | 2.2.2 | 2.3.1 | 3.1.1 | 3.1.2 | 3.1.3 | 3.2.1 | 3.2.2 | 3.2.3 | 3.3.1 | 4.1.1 | 4.1.2 | 4.1.3 | 4.1.4 | 4.2.1 | 4.2.2 | 4.3.1 | 5.1.1 | 5.1.2 | 5.2.1 | 5.2.2 | 5.2.3 | 6.1.1 | 6.1.2 | 6.2.1 | 6.2.2 | 7.1.1 | 7.1.2 | 7.1.3 | 7.2.1 | 7.2.2 | 7.2.3 | 8.1.1 | 8.1.2 | 8.1.3 | 8.1.4 | 8.1.5 | 8.1.6 |
| Priority 1. Health security | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1.1 Anticipate & prepare | | | | | | | | | | | | | | | | | | | | | | ■ | ■ | ■ | ■ | ■ | | | | | | | | | | | | | | | | |
| 1.2 Detect and respond | | | | | | | | | | | | | | | | | | | | | | | | | | | ■ | ■ | ■ | ■ | | | | | | | | | | | | |
| 1.3 Infectious diseases | | | | | | | | | | | | | | | | | ■ | ■ | | ■ | | | | | | | | | | | | | | | | | | | | | |
| Priority 2. NCDs and drivers of health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.1 Empower | | | | | | ■ | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.2 Prevent | | | ■ | | ■ | ■ | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.3 Treat | | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.4 Healthy setting | | | | ■ | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2.5 Environment | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority 3. Living and ageing in good physical and mental health | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3.1 Life course | | | | | | | ■ | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| 3.2 Care ecosystem | | | | | | | ■ | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | |
| 3.3 Mental health | | | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority 4. Climate-health action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.1 Adaptation | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 4.2 Mitigation | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Priority 5. Health systems of the future | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.1 Service delivery | | | | | | | | ■ | ■ | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.2 Workforce | | | | | | | | | | | ■ | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.3 Financing and access | | | | | | | | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | |
| 5.4 Medicines | | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5.5 Data and technology | | | | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | ■ | | | | | |
| SI1: VAWG | | | | | ■ | | | ■ | | | | | | | | | | | ■ | | | | | | | | | | | | | | | | | ■ | | | | | |
| SI2: PHC | | | | | | | | ■ | ■ | ■ | | | | | | | ■ | | | | | | | | | | | | | | | | | | | | | | | | |
| Foundational actions | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 Political commitment | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ■ | | ■ | ■ | | | | | | | |
| 2 Intersectoral action | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 3 Social participation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ■ | | | | | | ■ | | | | |
| 4 Trust | | | | | | | | | | | | | | | | | | | ■ | | | | | | | | | | | | ■ | | | | | | | | | |
| 5 Innovation | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ■ | | | | | | |


Future-proofing WHO
1 Financed EPW2
2 Accountability
3 Excellence
4 Country orientation
5 Workforce

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