Contents

List of illustrations ............................................................................................................................ iv

Figures ................................................................................................................................................ iv

Boxes ................................................................................................................................................ iv

Abbreviations ..................................................................................................................................... v

Our team ............................................................................................................................................... vi

Introduction ....................................................................................................................................... 1

The mission and work of the Venice Office ...................................................................................... 2

Addressing the health and socioeconomic fallout of the years 2020–2021 .................................. 3

  Placing gender and health equity at the forefront of pandemic response and recovery .............. 4

  Positioning health at the centre of social and economic recovery ................................................ 6

  Supporting learning, innovation, adaptation and best practices for improved health and well-being through a ministerial initiative and subnational health policy network ........................................ 8

  Shifting economic thinking to invest in better health and well-being ....................................... 10

  Venice Office work to implement the European Programme of Work flagship initiatives ......... 12

Partnerships and alliances .................................................................................................................. 13

Moving forward .................................................................................................................................. 14

References .......................................................................................................................................... 15
List of illustrations

Figures

Fig. 1. Venice Office work at a glance, 2020–2021 ......................................................................................................... 2
Fig. 2. Waves of socioeconomic impact from COVID-19 ............................................................................................. 3
Fig. 3. Venice Office partnerships and alliances ........................................................................................................... 13

Boxes

Box 1. Strengthening public health and health system responses to Violence Against Women and Children (VAW) ................................................................................................................................. 4
Box 2. Spotlight on support to Ukraine’s Ministry of Health with gender assessment .................................................. 5
Box 3. Technical guidance on gender mainstreaming and data collection ........................................................................ 5
Box 4. Partnership with the European Institute for Gender Equality (EIGE) and the introduction of a health chapter into the Gender Inequality Index ................................................................................................. 6
Box 5. Responding to and mitigating the socioeconomic impact on health to build a better future ................. 6
Box 6. Reaching those left furthest behind, living with poor health and poor lives, and making them visible to policy-makers .................................................................................................................. 7
Box 7. Assessing the health equity impact of COVID-19 and working for healthy, prosperous lives for all in Italy, Slovenia, and the United Kingdom and Wales ................................................................................... 7
Box 8. Convening social, health and economic policy-makers around evidence to improve the mental health and social inclusion of young people ......................................................................................... 8
Box 9. Lessons learned and building forward for better health and societies in small countries ............................ 9
Box 10. Supporting regional and local authorities working at the front line of the crisis ........................................... 10
Box 11. Forging new partnerships in the RHN .............................................................................................................. 10
Box 12. Producing evidence and innovation in economic tools to demonstrate the health sector’s role in fiscal growth and resilience in North Macedonia, Slovenia, and the United Kingdom and Wales .......... 11
Box 13. Launch of the WHO Regional Office for Europe’s NEEG ............................................................................ 11
Box 14. Strategic dialogues on investing for health ...................................................................................................... 12
**Abbreviations**

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<thead>
<tr>
<th>Abbreviation</th>
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<tbody>
<tr>
<td>EIGE</td>
<td>European Institute for Gender Equality</td>
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<td>ESCAP</td>
<td>Economic and Social Commission for Asian and the Pacific</td>
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<td>EU</td>
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<td>NEEG</td>
<td>New Economics Expert Group</td>
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<td>Nobody Left Outside Initiative</td>
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<td>PAHO</td>
<td>Pan American Health Organization</td>
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<td>RHN</td>
<td>Regions for Health Network</td>
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<td>SCI</td>
<td>Small Countries Initiative</td>
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<td>SItI</td>
<td>Italian Society of Hygiene, Preventive Medicine and Public Health</td>
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<tr>
<td>UNECE</td>
<td>United Nations Economic Commission for Europe</td>
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<tr>
<td>UNU-IGH</td>
<td>United Nations University International Institute for Global Health</td>
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<tr>
<td>VAW</td>
<td>Violence Against Women and Children</td>
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<td>WFPHA</td>
<td>World Federation of Public Health Associations</td>
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Introduction

Over the past two years, the WHO European Region has been faced with an accelerated public health transition induced by the COVID-19 pandemic and an enlarging context of political and financial volatility. These challenges have impacted our health, our society and the economy, bringing into the spotlight – and deepening – pre-existing social and health inequities.

Among the many harsh lessons these difficult times have taught are that:

- healthy people and robust health policies and systems are central to development and also fundamental to economic resilience, fiscal stability and national security. Health is therefore of utmost concern not only to ministers of health, but also ministers of finance, foreign affairs, and heads of state and government;
- small countries in the Region face significant difficulties in accessing medicines and vaccines, as well as in retaining the health workforce, highlighting the need for intensified cooperation in these areas;
- social, commercial and economic determinants of health and equity are key to improved health outcomes and healthy life expectancies, and to achieving resilient public health and health care systems, as well as healthy societies and economies;
- equity and solidarity are the bedrock of the world’s response to global challenges, requiring new ways of working and partnerships to protect and promote health, along with people’s livelihoods and well-being; and
- gender equality and human rights-based approaches are both goals and accelerators of health outcomes that need to be integrated into efforts to achieve and sustain healthy societies.
The mission and work of the Venice Office

Against this backdrop of challenges and learning for Europe, the mission of the WHO European Office for Investment for Health and Development (the Venice Office) emerges as more relevant than ever: to promote investment for health as a priority for social cohesion and economic growth, with the goal of leaving no one behind and reducing gender and health inequalities in society.

To achieve this, the Office supports countries and regional and local health authorities in the WHO’s European Region in two key ways: first, through technical assistance and normative guidance on gender equality, equity and social determinants of health; and, second, as a convenor, bringing together public, private and societal actors from across sectors in the generation of evidence, know-how and tools for policy-making to better respond to challenges around public health, health systems and health equity.

During the years 2020–2021, this translated into support for 38 countries and subnational regions, involving five instances of normative guidance; 12 evidence and data publications; 14 partnerships and alliances; policy support for seven countries, including at least five of the 11 small countries, and the establishment of two health policy networks. The Office also carried out 74 knowledge and capacity-building events; 65 webinars; four podcasts, and launched new advocacy products such as the Equity & Health Newsletter, the weekly Regional Health Network (RHN)/Small Countries Initiative (SCI) news and quarterly newsletter (Fig. 1).

Fig. 1. Venice Office work at a glance, 2020–2021
Addressing the health and socioeconomic fallout of the years 2020–2021

The health and socioeconomic damages of the COVID-19 pandemic were not felt equally across populations and no government was prepared for either the speed and magnitude of the direct impacts or the socioeconomic fallout. The crisis has had a disproportionate impact on the most disadvantaged and overlooked groups in society; particularly elderly people, the chronically ill, and those living under conditions of socioeconomic insecurity, including young people, women and children. The total burden of ill health and mortality resulting from the direct and indirect effects of the pandemic can be observed in the subsequent waves of socioeconomic impact (Fig. 2), involving interactions among negative social, health and economic factors that have resulted in new vulnerabilities emerging for individuals and families, along with poor recovery for societies.

To address the health and socioeconomic fallout of the years 2020–2021, the Venice Office intensified efforts within its mandate to:

- coordinate country work in gender, equity and human rights’ mainstreaming, and social determinants of health, including focusing on the health and well-being of vulnerable groups;
- assist countries to address the impact of gender-based discrimination and other forms of inequality that exacerbate vulnerability, through policy and technical support based on the recommendations of WHO strategies and Member State commitments to leaving no one behind;
- support governments and public health authorities to increase investment in multisectoral policies and improved governance mechanisms, laws and fiscal measures that prevent and mitigate the widening of health inequities and enable governments to implement equity-responsive and health-improving economic recovery and resilience plans; and
bolster Secretariat support to the 11 members of the SCI and the 38 members of the RHN.

In doing so, the Office carried out work to (i) place gender and health equity at the forefront of pandemic response and recovery; (ii) position health at the centre of social and economic recovery; (iii) support learning, innovation, adaptation, and best practices for improved health and well-being through health policy networks; and (iv) bring forward new evidence and know-how on economic models focused on delivering well-being, high trust and resilient societies.

Placing gender and health equity at the forefront of pandemic response and recovery

The COVID-19 pandemic has had – and continues to have – a differential impact on the health of women and men, through both direct and indirect mechanisms. Statistics suggest that men experienced higher mortality from COVID-19 and related effects, while the risk of infection and the consequence of prolonged containment and mitigation efforts were worse for women. These differences emphasize the need to consider gender in efforts to address both the immediate and long-term health impacts of the pandemic and in preparing for future emergencies.

Over the years 2020–2021, the Venice Office responded to key issues related to gender, human rights, and health inequities through various activities, including: knowledge sharing, with the creation of two webinars (and participation in numerous others organized by various technical divisions); the organization of four knowledge-exchange and capacity-building exercises; direct policy support for three countries; the production of three evidence-based reports; and the continued nurturing of two regional partnerships and alliances. Examples of these activities are highlighted in Boxes 1–4.

Box 1. Strengthening public health and health system responses to Violence Against Women and Children (VAW)

VAW is a public health concern and a human rights violation. To raise awareness and combat the shadow pandemic of VAW, the Venice Office provided extensive social media coverage for the campaign – led by the United Nations – entitled “16 Days of Activism against Gender-based Violence” in 2020 and 2021. In 2020, the Office also co-organized webinars with the United Nations’ Issue-Based Coalition to support country teams in this area of work (see also Box 14).

In addition, the Venice Office led the development of the report Responding to violence against women and children during COVID-19: impact on service provision, strategies and actions in the WHO European Region (2021) [1], which provided governments and other policy stakeholders with evidence-based information on actions to prevent and respond to gender-based violence in the COVID-19 context.

The Office also published an article mapping health system responses to VAW in BMJ Open in 2021, entitled Emerging responses implemented to prevent and respond to violence against women and children in WHO European member states during the COVID-19 pandemic: a scoping review of online media reports [2].
Box 2. Spotlight on support to Ukraine’s Ministry of Health with gender assessment

In September 2021, the Venice Office, with funding from the Government of Canada, conducted a mission in Kyiv to convene various stakeholders on the issue of strengthening gender, equity and rights approaches to deliver stronger and more resilient primary health care and health system responses to the pandemic. The visit produced concrete recommendations on building the capacity of WHO Country Office staff and on including health in the Ukrainian Gender Equality Strategy. The Venice Office also held a capacity-building event in December 2021 with counterparts from the Ministry of Health. Preparations for a gender audit were interrupted by the war.

More information, including on how the funding from the Canadian Government is used, is available here at the WHO website [3].

Box 3. Technical guidance on gender mainstreaming and data collection

On 25 November 2021, the Venice Office and the Data and Digital Health Unit hosted an online event “Better Data for Better Health webinar #4: Integrating gender data in health information systems: challenges, opportunities and good practices” and presented the publication Integrating gender data in health information systems: challenges, opportunities and good practices (2021) [4].

The publication served as a guidance document to WHO Member States and explored:

- the COVID-19 pandemic and the urgent need to equip health systems to respond with data disaggregated by sex, age and other characteristics;
- the gender divide in unpaid care work and its implications on women’s well-being and capacity to engage in paid work during the COVID-19 pandemic; and
- complex issues for data gathering, such as COVID-19 lockdowns, which contributed to the increased prevalence of VAW.
Box 4. Partnership with the European Institute for Gender Equality (EIGE) and the introduction of a health chapter into the Gender Inequality Index

- The Venice Office supported the introduction of a new thematic chapter on health into the Gender Equality Index 2021: Health [5]. The Index is one of the most important policy-making tools to measure progress in the European Union (EU).

- The results of the Index were presented on 28 October 2021 at the Gender Equality Index Conference held by the EIGE. The health chapter included data on mental health, health behaviours and access to health services, as well as an intersectional analysis of sexual and reproductive health and the COVID-19 pandemic.

Positioning health at the centre of social and economic recovery

Not only did the COVID-19 pandemic shine a light on pre-existing social and economic inequities in society; it magnified them. Governments were ill-prepared for the exigencies created by the crisis and many living with poor health, in poor families and with insecure lives were the worst affected. This created new and long-lasting inequities in mental and physical health between social groups and geographical regions, which cannot be resolved by the health sector alone. Instead, multisectoral action is required to deliver on the co-benefits of better health, human capital, fiscal stability, inclusive growth and social cohesion.

The Venice Office worked during 2020–2021 and beyond to reduce inequalities in health and well-being through efforts to position health at the centre of social and economic recovery. This entailed policy support for four countries; three instances of providing pan-European normative guidance, along with additional guidance for one Member State and for the Region’s small countries. The Office produced eight evidence-based reports; ran two webinars and three knowledge-exchange and capacity-building exercises; and contributed to the formation of seven partnerships and alliances. Examples of these activities are highlighted in Boxes 5–8.

Box 5. Responding to and mitigating the socioeconomic impact on health to build a better future

The Venice Office published a report in 2020 entitled Health inequity and the effects of COVID-19: assessing, responding to and mitigating the socioeconomic impact on health to build a better future [6].

The report examined unequal socioeconomic impacts arising from the health effects of COVID 19 and their inequities and the consequences of containment measures, as well as the bidirectional effects between unequal socioeconomic impacts of COVID 19 and non COVID 19 related health inequities.

The report also served as normative guidance, outlining mitigation measures to be taken by Member States in order to move towards equitable and sustainable recovery.

In addition to extensive European and global dissemination through a webinar, measures put forth in the report were taken up by various countries and translated into tailored normative guidance for North Macedonia.
Box 6. Reaching those left furthest behind, living with poor health and poor lives, and making them visible to policy-makers

The COVID-19 pandemic exacerbated existing challenges faced by marginalized communities, including homeless people, the LGTBI community, people who use drugs, prisoners, sex workers and undocumented migrants. These challenges were summarized in a briefing paper entitled COVID-19 in marginalised groups: challenges, actions and voices [7], prepared for the Venice Office in August 2020 by the Nobody Left Outside (NLO) Initiative – a stakeholder network under the Health Policy Platform of the European Commission.

To draw attention to these issues and enable discussion around new ways forward for Europe, the Venice Office participated in NLO Week 2020 [8] from 12 to 16 October 2020. The week-long campaign by the NLO Initiative featured various activities and events, including:

• a series of podcasts with prominent stakeholders from different sectors and organizations; and
• a webinar entitled “COVID-19 in marginalised groups – challenges, actions and voices”, in collaboration with the European Health Forum Gastein, which reached policy-makers across Europe.

More information on the NLO Initiative [9] is available at the NLO website.

Box 7. Assessing the health equity impact of COVID-19 and working for healthy, prosperous lives for all in Italy, Slovenia, and the United Kingdom and Wales

The Venice Office used innovative methods to support countries in identifying who was left behind during the COVID-19 pandemic and recommended policy options for closing those gaps, in order to ensure better, healthier lives for all. This included horizon-scanning and Health Equity Status Reports (HESRs) for Italy, Slovenia, and the United Kingdom and Wales.

Spotlight on direct technical support for Italy

In 2020, the Office provided direct technical assistance to and collaboration with Italy to produce the national methodology for monitoring and evaluating health inequities. The Italian adoption of the HESR initiative (HESRi) made for an ideal test bed for the applicability and utility of the methodology for use at multiple levels of governance, including the regional level. This can facilitate national policy-making and regional programming, as well as helping to identify where WHO Regional Office for Europe support is needed by regions to further develop their capacity to promote health equity.

Box 8. Convening social, health and economic policy-makers around evidence to improve the mental health and social inclusion of young people

In 2021, the Venice Office – in partnership with the Pan-European Mental Health Coalition [13] and the Regional Director’s Special Initiative on Youth Engagement – identified the mental health and social inclusion of people aged 18–29 years as a high priority for united action and investment in the wake of the negative health and socioeconomic impacts of COVID-19.

To promote the mental health and well-being of young people and advance the solutions space, the Venice Office undertook a rapid review of the evidence on the mental health and social inclusion of people aged 18–29 years, drawing from input provided by more than 15 partner agencies, including the International Labour Organization (ILO), the United Nations Children’s Fund (UNICEF), and the European Trade Union Institute. This work is being used to support youth dialogues on mental health and social inclusion, as well as a paper on the solutions space to unlock investments and policies that enable healthier, fairer societies for the next generation. The work also contributed to the WHO European Region’s first #Youth4Health Forum in Tirana, Albania [14].

Supporting learning, innovation, adaptation and best practices for improved health and well-being through a ministerial initiative and subnational health policy network

Small countries – with a population of 2 million people or less – faced particular challenges during the COVID-19 pandemic; among them, pre-existing problems related to dependency on larger neighbouring countries for trade, access to medicine and vaccines, along with the shortage of and increased strain on health workers. The pandemic also delayed further social and economic development through the suspension of tourism and restrictions on movement, as well as putting a significant burden on domestic resources. In addition, new challenges emerged relating to the availability of and access to specific medicines and vaccines needed to fight COVID-19, misinformation, the maintenance of public health measures, the detection of variants, and the aggravation of noncommunicable diseases and mental health problems – the magnitude of which is still unfolding.

To support small countries in jointly addressing these shared challenges, the Venice Office – in its capacity as Secretariat to the SCI – coordinated policy dialogue with ministers of health and their representatives from Andorra, Cyprus, Estonia, Iceland, Latvia, Luxembourg, Malta, Monaco, Montenegro, San Marino and Slovenia. This and related efforts are detailed in Box 9.
Box 9. Lessons learned and building forward for better health and societies in small countries

Ministerial forum

The Venice Office organized the Seventh high-level meeting of small countries [15] online in June 2021, and participated in various discussions at the 71st session of the WHO Regional Committee for Europe [16] in September 2021, at which the ministers of health of the European Region’s small countries discussed issues specific to COVID-19, including lessons learned and building forward.

Roadmap towards better health in small countries

Ministerial discussion initiated the development of a Roadmap towards better health in small countries in the WHO European Region, 2022–2025 [17], which puts forth accelerated solutions for small countries on ways to address overburdened health systems and health professionals through improved human resources for health, communication and advocacy, and bilateral exchange on vaccinations.

The Roadmap also led the development of policy briefs, including Nurse workforce sustainability in small countries: monitoring, mobility, managing retention (2022) [18]. Its objectives are to examine the interrelated issues of monitoring the mobility of nurses and managing nurse retention, which have emerged as issues from discussions of the WHO Europe Small Countries Initiative Human Resources for Health Working Group.

Not only small countries, but also regional and local health authorities were placed under enormous strain as they worked at the front lines of the crisis to provide services and implement mitigation measures to protect and save lives. In its capacity as Secretariat to the RHN, the Venice Office helped regions to navigate these exigencies by supporting learning, innovation, adaptation and exchange of best practices. The RHN is made up of more than 30 regions and acts as a bridge between national goals and local delivery, collecting and distributing data at the regional level.

During the years 2020–2021, the SCI and the RHN served as major conduits for Venice Office support, culminating in the development of one key normative guidance document and one evidence-based report for small countries. The Office was also involved in producing 61 webinars that formed part of 66 knowledge-exchange and capacity-building exercises; and five new partnerships and alliances were created. Examples of these activities are highlighted in Box 10 and Box 11. The Seventh high-level meeting of the SCI was held online in June 2021 focusing on small countries’ experiences during COVID-19 [15] (see Box 9).
Box 10. Supporting regional and local authorities working at the front line of the crisis

RHN supported 28 countries and 40 regional health authorities to respond to the COVID-19 pandemic through the organization of more than 40 COVIDnars [19], as well as organizing an annual online meeting. The topics discussed included the “how” of public health and social measures (a key pillar of the WHO European COVID-19 incident management support and response) [20], long-term COVID-19 treatment, vaccination, aspects relating to equity, and the social and mental health of vulnerable populations. At least 24 COVIDnars focused specifically on the Italian context, aiming to share clinical experience among the Italian regions’ medical professional bodies and discuss a variety of topics.

In 2020–2021, the RHN’s COVIDnars reached at least:

- 1700 health professionals and members of the health workforce
- 160 health unit directors
- 100 participants in psychological webinars
- 400 medical association contacts.

Box 11. Forging new partnerships in the RHN

The Venice Office helped the RHN to forge new partnerships, such as with the European Committee of Regions – a political assembly composed of 329 members and 329 alternates from all EU countries (grouped by political party and headed by the Committee President) who have been elected at the local or regional levels (e.g. as mayors or regional presidents).

The process was supported by awareness-raising activities, including presentations at the two World Leadership Dialogue sessions of the 16th World Congress on Public Health [21] (held online on 12–17 October 2020) and the 10th Global Conference on Health Promotion [22] (held online on 13–15 December 2021), where RHN members discussed well-being policies and pleaded for stronger subnational involvement in health promotion policies.

More information on the RHN is available at the Regions for Health Network (RHN) website [23].

Shifting economic thinking to invest in better health and well-being

The health sector has traditionally been seen as a drain on public budgets and a cost to the economy (rather than an asset). As a result, health’s role in fiscal growth and resilience has been chronically underestimated. An unprecedented understanding is emerging since the COVID-19 pandemic that healthy people, places and systems are critical to the stability, resilience and sustainability of our societies and economies. For
this reason, there is now a drive for better governance, to achieve growth and development, with a strong emphasis on putting people and their well-being at the centre of all policy-making decision processes.

In the years 2020–2021, the Venice Office translated this understanding into practice by bringing together expertise from different sectors into new cross-sectoral partnerships. This will help accelerate innovative thinking and develop new methods that support countries to leverage co-benefits of policies and investments for better health, human capital, fiscal stability, inclusive growth and social cohesion. The Office organized three meetings of the WHO Regional Office for Europe’s New Economics Expert Group (NEEG) and analysed the impact of the health sector on the economies of three nations across the Region. Examples of these activities are highlighted in Box 12 and Box 13.

**Box 12. Producing evidence and innovation in economic tools to demonstrate the health sector’s role in fiscal growth and resilience in North Macedonia, Slovenia, and the United Kingdom and Wales**

The health sector is underestimated, as an economic sector, for its role in fiscal stability and as an engine of inclusive growth, with good health contributing to bolstering fiscal stability and the economy. Country assessments in North Macedonia, Slovenia, and the United Kingdom and Wales were carried out to quantify the health sector’s economy footprint. Findings were used to ensure the health sector is better valued and systematically considered in economic policies and planning at both regional and national levels.

A key finding from the health sector economic analysis on North Macedonia:

“[A]dditional spending into the healthcare sector has above-average stimulus effects on the national economy.”

More details on the findings of this analysis for North Macedonia can be found [here](#) [24].

**Box 13. Launch of the WHO Regional Office for Europe’s New Economics Expert Group (NEEG)**

In 2021, the Venice Office launched the NEEG – a new alliance with economic experts and institutions, producing cutting-edge evidence and methods to support governments to prioritize and scale-up investment in better health and well-being policies.

The group works to facilitate the implementation of the WHO Resolution on accelerating progress towards healthy, prosperous lives for all [25] through the Economy of Well-Being Initiative.

The NEEG helps to enable countries and partners to put people and their well-being at the centre of fiscal and economic policy and decision-making by quantifying the benefits and costs of public goods, such as food, fuel, housing, safety, decent livelihoods and publicly funded primary care – all of which are central to promoting equitable societies.

More information can be found [here](#) at the WHO website [26].
Venice Office work to implement the European Programme of Work flagship initiatives

Across Europe, young people aged 18–28 years are at particularly high risk of developing poor mental health due to higher employment and income insecurity. This, in turn, contributes to greater risk of poverty, homelessness, exposure to and involvement in crime and violence, and premature death. These risks are especially elevated for those already living in the bottom income quintile, who are also among those most heavily impacted by the short- and long-term consequences of the COVID-19 pandemic. This builds on the already high levels of mental ill health among young people and on the striking gender differences in depression and suicide. Given that young people are not typically users of health services, the health sector alone cannot identify these problems and intervene to improve the mental health and well-being of these population groups. Instead, multisectoral action is needed to tackle these emerging and deepening vulnerabilities.

To address challenges related to mental health, social inclusion, and the experiences of young people in Europe, the Venice Office conducted a rapid evidence review on VAW during the pandemic in 2021, which incorporated dialogue on country experiences, drawing on examples of unwanted scenarios, lessons learned and finding common ground. The Office also organized a dialogue on stakeholder insights into solutions, as well as supporting country implementation in the form of mainstreaming aligned targets and actions, and joint review of progress. New pan-European and multi-country alliances have been forged, as well as new ties with key non-health sector actors, including the ILO, the European Trade Union Institute, UNICEF, and the NLO Initiative. Examples of these are highlighted in Box 14.

Box 14. Strategic dialogues on investing for health

In order to raise awareness and foster multisectoral action to improve mental health and social inclusion, especially for young, vulnerable people, the Venice Office organized a webinar on the mental health impact of VAW, as a companion activity to its larger scale efforts to strengthen public health and health system responses to the shadow pandemic (see also Box 1). The webinar reached countries across the European Region and culminated in the publication of an article mapping health system responses to VAW in *BMJ Open* in 2021 [2].

Supporting small countries with vaccination roll-outs

The development and administration of COVID-19 vaccines has been an essential element in controlling the COVID-19 pandemic. However, countries worldwide have faced challenges in planning and implementing vaccination strategies. Through a series of policy dialogues and research, the Venice Office supported 11 countries to assess their vaccination roll-outs and lessons learned. This work is documented in a peer-reviewed publication by the journal *Frontiers in Public Health*, available here [27].
Partnerships and alliances

In the period 2020–2021, the Venice Office strengthened existing partnerships – including the SCI and the RHN – through its various roles as the WHO Regional Office for Europe Secretariat. New partnerships were also built, including alliances with various scientific partners, United Nations and EU agencies, WHO collaborating centres, non-state actors, and champion countries. An overview of these partnerships and alliances is provided in Fig. 3.

The normative and policy work of the Venice Office also featured in global platforms and initiatives, such as the 16th World Congress on Public Health [21], jointly organized in Rome in 2020 by the World Federation of Public Health Associations (WFPHA), the Italian Society of Hygiene, Preventive Medicine and Public Health (SItI) and the European Public Health Association (EUPHA), as well as the 10th Global Conference on Health Promotion [22] in 2021 (see Box 11). The Office also regularly informed discussions on the health and well-being economy, including those of the WHO Global Webinar Series on Equity, COVID-19 and the Social Determinants of Health [29], the European Health Forum Gastein, and the United Nations Economic Commission for Europe (UNECE) Regional Forum on Sustainable Development. Moreover, the Health Equity Assessment Toolkit (HEAT) – developed by the Office as part of the Health Inequality Monitor strategic analysis and reporting approach [30] – served as an example of best practice and innovation and was taken up in other WHO regions, including by the Pan American Health Organization (PAHO) and the United Nations Economic and Social Commission for Asia and the Pacific (ESCAP).

### Partnerships and Alliances:

#### United Nations and EU agencies:
- Council of Europe
- EU Commissioner for Human Rights
- European Committee of Regions
- European Institute for Gender Equality (EIGE)

#### WHO collaborating centres:
- University of Liverpool
- Public Health Wales
- Centre for Health and Development, Slovenia
- Malta University

#### Scientific partners:
- Ca’ Foscari University of Venice
- European Trade Union Institute
- University College London – Global Institute for Health and Society
- University Maribor – Faculty of Economics and Business
- London School of Economics – International Inequalities Institute

#### Non-state actors:
- EuroHealthNet

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*Fig. 3. Venice Office partnerships and alliances*
Moving forward

In the upcoming years, the Venice Office will renew its commitment to three key areas.

1. **Strengthening work on healthy settings will take priority**, particularly in its role as Secretariat to the SCI and RHN, and including extending the participation and cooperation of Italian members. Furthermore, the Office will: implement and monitor the SCI Roadmap towards better health and well-being, in cooperation with 11 ministries of health; continue to advocate for health, equity and well-being through its network; coordinate solution groups; and strengthen communication, policy dialogue and direct technical support.

2. **Addressing gender equality in policy design and decision-making is key to redressing widening gender inequities exacerbated by COVID-19.** In doing so, the Office will continue to strengthen partnerships and communication, particularly working with: the Issue-Based Coalition on Gender Equality, supporting United Nations country teams; the EIGE to position health high on the gender equality agenda; the United Nations University International Institute for Global Health (UNU-IIGH); the Gender and COVID-19 research group; as well as the UN Women network of Gender Focal Points and Focal Points for Women. Moreover, policy advice, knowledge-sharing and technical support will continue to be provided in order to challenge gender inequalities in areas such as VAW, unequal care and women’s right to health. The Venice Office will seek to strengthen Member States’ responses to the intersections between gender inequality and other forms of discrimination, such as sexual orientation, gender identity, disability and migrant status. The Office will further mainstream gender across all areas of its portfolio and the Regional Office for Europe’s flagship initiatives.

3. The work of the Pan-European Commission on Health and Sustainable Development will be taken forward by **integrating health considerations within economic and business frameworks.** Specifically, the Venice Office will deliver evidence, policy options, investment tools and cross-sectoral policy dialogues to (i) support countries to shift investment, spending and resources to promote healthy, fair and prosperous societies; and (ii) convene cross-sectoral decision-makers, NGOs and business sector stakeholders around the co-benefits of investment in health and health equity for fiscal stability, economic cohesion and social sustainability.
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The WHO Regional Office for Europe
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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WHO European Office for
Investment for Health and Development
Ospedale Ss. Giovanni e Paolo,
Castello 6777, 30122 Venice, Italy
Tel.: +39 041 279 3865
E-mail: whovenice@who.int
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