WHO Country Cooperation Strategy

Romania
2024–2030
WHO Country Cooperation Strategy

Romania
2024–2030
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# Abbreviations

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<th>Description</th>
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<tbody>
<tr>
<td>CCS</td>
<td>Country Cooperation Strategy</td>
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<tr>
<td>EU</td>
<td>European Union</td>
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<td>GPW13</td>
<td>Thirteenth Global Programme of Work</td>
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<td>MoH</td>
<td>Ministry of Health</td>
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<tr>
<td>NIPH</td>
<td>National Institute for Public Health</td>
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<td>NCD</td>
<td>noncommunicable disease</td>
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<td>NHS</td>
<td>National Health Strategy</td>
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<tr>
<td>NRRP</td>
<td>National Recovery and Resilience Plan</td>
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<td>SDG</td>
<td>Sustainable Development Goal</td>
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Foreword

The Ministry of Health of Romania and the World Health Organization are pleased to present the Country Cooperation Strategy (CCS) 2024–2030 for Romania.

This CCS sets out the framework for collaboration between the three levels of WHO and Romania and provides strategic direction in health for the next seven years, in line with Romania’s National Health Strategy (NHS) 2023–2030 and mutually agreed priority areas to further strengthen the health system, improve population health and to reduce health inequalities in Romania.

The CCS emphasizes a commitment to ensure the people of Romania are given the opportunity for a healthy and active life, regardless of their age, gender, educational level or geographical residence, and that their health and well-being are maintained and supported through a living environment that encourages healthy choices.

Through this document, WHO commits to improving the health of people in Romania and will support the delivery of the health goals set out in Romania’s NHS 2023–2030 and develop new efficient and effective ways of working, ensuring that the reduction of health inequalities stays at the heart of every activity.
Executive summary

This Country Cooperation Strategy (CCS) has been developed through consultation with the Ministry of Health and other relevant national bodies in Romania. It constitutes a medium-term strategic framework for cooperation between WHO and partners and outlines a shared agenda for priority areas of action over the period 2024–2030, aligned with Romania’s National Health Strategy 2023–2030.

This document briefly outlines the health system and health equity situation in Romania, national health priorities, and the strategic agenda and collaboration between Romania and WHO, including the monitoring framework for the implementation of the CCS.

Seven priorities will guide the collaboration between WHO and Romania for the period 2024–2030:

1. **Strengthen access to and quality of health-care.** WHO will support Romania to provide high-quality, people-centred health services.

2. **Strengthen the health and care workforce.** WHO will support Romania to build a sustainable health workforce.

3. **Strengthen digital health.** WHO will support Romania to build expertise and capacity for better health data, analytics and digital innovation.

4. **Strengthen capacity for emergency preparedness.** WHO will support Romania to consolidate learning from the coronavirus disease pandemic and Ukraine emergency response.

5. **Mitigate the risk of high threat pathogens and improve pandemic preparedness.** WHO will support Romania to reduce the burden of vaccine preventable disease and limit the spread of antimicrobial resistance.

6. **Improve social determinants for health across the life course.** WHO will support Romania to promote a safe and equitable society by addressing the key drivers of health and inequalities.

7. **Create an enabling environment for health.** WHO will support Romania to reduce the burden of noncommunicable disease and promote health and well-being for all.

The Ministry of Health of Romania and WHO will work together to deliver these strategic priorities through the implementation of biennial workplans, with a view to using available resources as effectively and efficiently as possible.
1. Introduction

The WHO Country Cooperation Strategy (CCS) is a medium-term strategic framework to guide the Organization’s work in Romania, aligned with Romania’s National Health Strategy (NHS) 2023–2030 (1). The CCS identifies a set of agreed joint priorities for WHO collaboration over a seven year period (2024–2030), focusing on areas where WHO has a comparative advantage to support the accomplishment of the NHS’s objectives and ensuring public health impact in Romania. The CCS does not cover the full spectrum of WHO’s activities and the Organization remains committed to responding to health needs as they arise.

The CCS is operationalized by the biennial workplans that WHO develops, which will provide more detailed information on WHO’s work in the country.
2. Situation analysis

2.1. Country context

In 2022, the population of Romania was just over 19 million people (2). The fertility rate in 2021 was 1.8 births per woman, above the European average of 1.5 but below the replacement threshold level of 2.1 (2). A combination of low birth rates, high death rates and high emigration resulted in an annual population change rate of -0.4% in 2022 (3). Around 19% of the population are over 65 (2).

In 2022, gross national income per capita was US$ 41 950 (3). Health spending in Romania increased in the last decade but remains the second lowest in the European Union (EU), both as a share of gross domestic product (6.5% in 2021) and per capita (€1663 in 2021) (2).

Life expectancy at birth increased by more than four years between 2000 and 2022 (from 71.6 years to 75.3) (2). However, it dropped by 2 years in 2020 during the pandemic and remains almost 6 years below the EU average (2). Women live almost eight years longer than men in Romania (2).

2.2. Health and health equity situation

The preventable death rate in Romania is the third highest in the EU, with cardiovascular disease, lung cancer and alcohol related deaths among the leading causes. Death from treatable causes is more than double the EU average, with leading causes including prostate and breast cancers. In 2022, the infant death rate in Romania was 6.5 per 1000 (2) and in 2021 the maternal death rate was 10 per 100 000 (2), both higher than the EU average.
Overall health outcomes have improved in Romania over the last twenty years. More rapid improvements are hindered by high levels of dietary risk factors (contributing to 25% of deaths), tobacco (17% of deaths), alcohol (7% of deaths), air pollution (7% of deaths) and physical inactivity (2% of deaths) (2). Variation and inequalities in access to health services and in socioeconomic circumstances further compound progress on the health and well-being of the population.

Social determinants such as gender, ethnicity, geography (rural versus urban) and income strongly contribute to health inequalities in Romania. Romania ranks last in the EU in the Gender Equality Index (56.1 out of 100 points) (4). Women live more years in ill-health and disability, with 36% of women aged 65 years and over reporting a limitation in daily activities, compared to 22% of men. Women are more exposed to risk factors such as intimate partner violence or sexual violence, which negatively impacts general health and well-being. According to WHO estimates 27% of women aged 15–19 years old have experienced intimate partner violence and/or sexual violence in their lifetime in Romania (4).

Marginalized ethnic groups such as Roma, who make up 8.3% of the total population, often face reduced health-care access and poorer health outcomes throughout life. The life expectancy of the Roma population in Romania is on average 16 years less than the than the national average, and the infant mortality rate is four times higher (2).

2.3. Health system and service

Romania operates a social health insurance system which aims to provide universal health coverage to those with permanent residency. The Ministry of Health (MoH) is responsible for the overall governance of the social health insurance system. The National Health Insurance House administers and regulates the National Health Insurance Fund.

It is estimated that 11% of the population are uninsured and therefore only have access to the minimum package of services. Those living in rural or poor communities are least likely to have comprehensive medical cover. The Roma population are disproportionately represented within this uninsured demographic. Ten per cent of women report unmet need compared to 7% of men (2).

Between 2015 and 2019, health spending increased on average by 10.3 % per year, which is the largest increase among EU countries. In 2019, however, Romania still spent less than half the average per capita across EU countries (2).

In 2021, the Romanian education system trained a higher than average number of medical graduates (5006) and nursing graduates (20 763) in Europe (2), but doctor and nurse density remains low. Data from 2019 indicates there are 3.2 practicing doctors and 6.1 practicing nurses per 1000 population, respectively, with a high proportion of practitioners nearing retirement age. Furthermore, the healthcare workforce is concentrated mainly in large urban centres, exacerbating the geographical inequity in health-care access. According to the latest data, 66.9% of medical doctors, 89.4% of nurses and 85.5% of midwives are women (2).
2.4. Emergency preparedness

During the coronavirus disease pandemic the Government of Romania, in line with WHO recommendations, implemented a range of preventative measures to slow the spread of the pathogen and launched national testing and vaccination programmes. However, vaccine hesitancy caused COVID-19 vaccination rates in Romania to be among the lowest in the EU (2).

Limited vaccination and testing rates, combined with the inability of the health system infrastructure to cope with increased pressure and a lack of coordination between municipalities to enforce preventative measures, resulted in a cumulative death rate of 285 per 100 000 by the end of 2022, which was above the EU average (2).

The war in Ukraine has placed further strain on Romania’s health-care system. Since the onset of the conflict, over 3 million refugees have fled across the Romanian border, with approximately 77 000 Ukrainians residing in the country as of March 2024. Significant challenges remain. Recent studies highlighted that refugees face ongoing barriers to access health-care services, predominantly due to a lack of information and language barriers. Women and children comprise over 70% of the Ukrainian refugee population, and experience greater risks of exposure to gender-based violence (including sexual exploitation and abuse). They also have specific sexual and reproductive health needs which are negatively affected by displacement related factors.

2.5. Digital health

Romania’s Health Information System is centralized, and a national electronic health record system is in place, but there is a lack of eHealth governance, coordination and analysis of health data across the continuum of care. Health information derived through routine data collection and surveys at a county level flow through independent channels to separate national MoH departments. Data from health-care facilities are provided by the County Public Health Directorates to the National Institute for Public Health (NIPH). In parallel, routine data from health-care facilities contracted through the National Health Insurance Fund are reported to the National Health Insurance House through county health insurance houses for reimbursement.

There is limited interoperability between these data channels resulting in fragmentation, duplication and loss of information across the system. Romania’s Health Information System has been further hampered by a lack of information exchange between the different involved institutions, inadequate eHealth governance and coordination, a complex legislative framework and a high turnover of human resources due to limited remuneration compared to the private sector.

Despite these systemic challenges, there is a strong political commitment to reform the Health Information System, with its optimization identified as a key priority within the NHS 2023–2030. WHO is supporting the development of a National Digital Health Strategy (2024–2030) (WHO, unpublished document, 2023) through the National Recovery and Resilience Plan (NRRP) (5).
2.6. National health and development agenda

The main strategic health framework in Romania is the NHS 2022–2030 (1). This consists of 11 general health-related objectives, identified by the MoH, namely:

1. ensuring the sustainability and resilience of the public health system;
2. increasing the number of years of healthy life and the quality of life;
3. reducing mortality and morbidity associated with transmissible diseases with major negative individual and societal impact;
4. improving availability, equitable and timely access to safe and cost-effective health services and medical technologies;
5. health system governance;
6. ensuring the sustainability and financial resilience of the health system;
7. ensuring an adequate human resource, its retention and professionalization;
8. increasing the objectivity, transparency and accountability of the health system;
9. care coordination and integration of health services;
10. integrating research and innovation to improve health; and
11. improving the quality of health services through investments in the health infrastructure.

These objectives align with WHO’s priorities, as set out in European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) (6) and the Sustainable Development Goals (SDGs) (7). WHO will continue to collaborate with the Government of Romania and the MoH to ensure these shared ambitions are met.

The Government of Romania has also embarked on a NRRP financed by the European Commission, with €14.2 billion in grants and €14.9 billion in loans. The MoH receives €3 billion of the NRRP for crucial investments and reform measures. The MoH is funding WHO to provide high level, evidence-based policy guidance and technical assistance in the implementation of the NRRP project in Quality of Care, Human Resources for Health, Health Service Management and Digital Health.

2.7. Partnership environment

2.7.1. International partnerships

Romania has been a member of the United Nations (since 1955), North Atlantic Treaty Organization (since 2004) the Organization for Security and Co-operation in Europe (since 1973) and the Council of Europe (since 1993). In 2007, Romania became a EU member state, but has not yet met the criteria necessary to transition to the Euro.
In recent years, Romania has developed close international ties with the United States of America, including large trading, economic and military partnerships. Romania’s biggest trading partner is Germany, with value of exports in 2021 totalling €15 345 million.

There are four organizations within the United Nations system operating in Romania (International Organization for Migration, United Nations High Commissioner for Refugees, United Nations Children’s Fund and WHO), as well as representation of the International Federation of the Red Cross and Red Crescent Societies and International Committee of the Red Cross. In response to the war in Ukraine, WHO has become part of the Inter-Sector Working Group, led by the United Nations High Commissioner for Refugees, coordinating activities by partners within the refugee response.

2.7.2. National partnerships

The MoH plays a central role in health policy development and implementation. Collaboration between the MoH and WHO is well established, including the NRRP project. WHO’s collaboration with Romania is further supported by various partners and international donors (including Denmark, Japan, Norway and the United States). WHO will continue to collaborate closely Romanian civil society organizations active in the field of health, including the Romanian Red Cross.

2.7.3. Citizen and patient participation

Patients’ associations have influence through their right to participate in committee meetings of the MoH. The MoH consults with the main patient organizations such as the Patients’ College, the Association for the Protection of Patients, the National Union of Organizations of People Affected by HIV, the Federation of Diabetes Associations and the National Alliance of Rare Disease Associations.
3. Strategic priorities and interventions

Strategic Priority 1: Strengthen access to and quality of health care

**Justification:**

WHO will support Romania to provide high-quality, people-centred health services, based on primary health care strategies and comprehensive essential services packages.

This strategic priority will support the achievement of SDG3, the WHO Thirteenth Global Programme of Work (GPW13) (8) triple billion targets and the EPW’s core priority on universal health coverage, including financial risk protection and access to quality health services.

Romania’s NHS 2023–2030 seeks to improve availability and access to safe and cost-effective health services. Romania’s NRRP also aims to address key challenges to accessible health care, including financial barriers, long waiting lists and distance to health-care facilities.

**Key interventions:**

- WHO will support the MoH to identify performance and quality indicators for the health quality fund.
- WHO will support the MoH to improve access to health services by reducing the percentage of people reporting unmet medical needs.
Strategic Priority 2: Strengthen the health and care workforce

**Justification:**

WHO will support Romania to develop its health services by building a sustainable health and care workforce.

This strategic priority will support the achievements of SDG3 to substantially increase health financing and the recruitment, development, training and retention of the health workforce.

The NHS 2023–2030 outlines a set of clear interventions to improve Romania’s Human Resources for Health. These include improving training of the health and care workforce according to the needs of the health system and improving management of the health and care workforce to increase the performance of the health professionals.

The Human Resources for Health component of the NRRP has set out further policy guidance for the management of human resources and for the evaluation of health workforce training.

**Key interventions:**

- WHO will support the MoH to formulate national strategies and revise legislation for modernizing the health and care workforce.
- WHO will support MoH to strengthen health service management including recruitment and retention of the health and care workforce.

Strategic Priority 3: Strengthen digital health

**Justification:**

WHO will support building expertise and capacity for better health data, analytics and digital innovation. This strategic priority will support the objectives of the NHS 2023–2030, the draft National Digital Health Strategy 2024–2030, as well as WHO’s priorities to strengthen Romania’s data, analytics and health information system.

**Key interventions:**

- WHO will support the optimization of Romania’s Health Informatics Platform to improve interoperability and data use.
- WHO will provide technical guidance on national telehealth programs and digital innovation to improve access to care, particularly in rural settings.
Strategic Priority 4: Strengthen capacity for emergency preparedness

Justification:

WHO will support Romania to consolidate learning from the coronavirus disease pandemic and the Ukraine emergency response into an all-hazard response framework for a range of emergencies.

This strategic priority supports the achievements of SDG3 and the GPW13’s second Triple Billion target to strengthen the warning and management of health emergencies and risks. The development of an all-hazards approach to emergency preparation is also outlined within EPW and has been identified as a key strategic priority for Romania.

Key Interventions:

• WHO will work with national authorities to strengthen emergency coordinating structures, to coordinate multisectoral stakeholders at local and national level.
• WHO will support the Government of Romania to develop a set of standard operating procedures for the coordination of joint operations for emergency response.

Strategic Priority 5: Mitigate the risk of high threat pathogens and improve pandemic preparedness

Justification:

WHO will support Romania to mitigate the risk of high threat-pathogen outbreak.

The NHS 2023–2030 for Romania has identified the communicable disease burden and preparing for a future pandemic as a key priority. This is also a key regional and national priority for WHO.

Key Interventions:

• WHO will provide technical support to the MoH to reduce the burden of vaccine-preventable and communicable disease and to implement measures to limit the spread of antimicrobial resistance.
• WHO will work with the MoH to strengthen Romania’s biosafety and biosecurity laboratory capacity.
• WHO will strengthen existing surveillance sharing to ensure that pathogen emergence is detected.
Strategic Priority 6: Improve social determinants for health across the life course

**Justification:**
WHO will support Romania to promote a safe and equitable society and reduce the unfair variation in health outcomes and health-care need by addressing the key drivers of health and inequalities, including gender. Romania can better address the needs of those with the poorest health outcomes by mapping inequalities in health and health-care access and by engaging with communities most affected to understand barriers to a healthy life and good quality care.

**Key interventions:**
- WHO will support the MoH to develop a health inequality needs assessment and identify key recommendations to address these needs.
- WHO will support the MoH to address inequalities in access to health care, including gender.

Strategic Priority 7: Create an enabling environment for health

**Justification:**
WHO will support Romania to strengthen noncommunicable disease (NCD) and mental health programming and promote health and well-being for all.

This strategic priority will support the achievement of SDG target 3.4, the third GPW13 Triple Billion target and the EPW’s objective to promote better health and well-being. It will also help to strengthen NCD and mental health programming in Romania and the related challenges set out in NHS 2020-2030 General Objective 2. Through collaboration, WHO and the MoH can strengthen NCD and mental health programming, from screening and diagnosis to treatment and chronic disease management.

**Key interventions:**
- WHO will support the MoH to improve childhood vaccination rates across the country.
- WHO will support the MoH to deliver evidence-based policy recommendations and strengthen programming for NCDs and mental health.
4. Implementing arrangements

The MoH will be the main partner for WHO in the implementation of the CCS. Under this strategic framework, the MoH and delegated authoritative bodies will support engagement between WHO focal points and national counterparts for the implementation of proposed deliverables. The MoH will additionally maintain consistent dialogue with WHO to ensure challenges are addressed in a timely and impactful manner.

The WHO Country Office in Romania will lead the work at country level. WHO’s Regional Office for Europe and WHO headquarters will provide the necessary support and resources to facilitate effective delivery as appropriate and when needed.

The CCS will cover three bienniums and will be implemented through the biennial workplans developed for each of these (2024–2025, 2026–2027 and 2028–2029). The monitoring of workplan implementation will enable the reporting of progress in implementing the CCS.
5. Monitoring and evaluation

The period of implementation for the CCS is 2024 to 2030. All involved parties will contribute to the monitoring of the deliverables outlined within this strategic framework.

The monitoring of strategic priorities will be achieved on an ad-hoc basis, based on the availability of financial and human resources, with an evaluation to be included within routine biannual collaboration agreement evaluation processes.

A midterm review of the CCS will be conducted by WHO in 2027 to assess progress in implementation and to determine if there is a need to revise objectives or timelines should there be significant changes in the country context or the national health agenda. The final evaluation of deliverables will be conducted in 2030 and will seek to contribute to the formulation of the Government of Romania’s critical evaluation of NHS 2022–2030 implementation, for which all CCS strategic objectives are aligned.

In addition, the below indicators (Table 1) will serve as a basis to measure country impact.

Table 1. Country impact and results framework for the CCS, including strategic priorities (SPs) and relevant indicators with a baseline and target for each.

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Baseline</th>
<th>Target</th>
<th>Indicator alignment</th>
<th>Source</th>
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<tbody>
<tr>
<td><strong>Strategic Priority 1. Strengthen quality of care</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Percentage of hospitals reporting to the health quality fund</td>
<td>0% (2021)</td>
<td>* (2026)</td>
<td>NRRP Reform 1 (5)</td>
<td>NRRP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NHS 2022–2030 Objective 4 (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SDG target 3.8 (7)</td>
<td></td>
</tr>
<tr>
<td>Develop a Health Atlas for Romania, to aid mapping hospitals, infrastructure and services</td>
<td>N/A (2026)</td>
<td>In place (2026)</td>
<td>NRRP Reform 1 (5)</td>
<td>NRRP</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>NHS 2022–2030 Objective 4 (1)</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>SDG target 3.8 (7)</td>
<td></td>
</tr>
</tbody>
</table>
### Strategic Priority 2. Strengthen the health and care workforce

| Deliver training of trainers for health service management | N/A | In place (2026) | NRRP Reform 3 (5)  
NHS 2022–2030 Objectives 4,7 (1)  
SDG target 3c (7)  
EPW Core Priority 1 (6) | NRRP |
| Implement human resources for health sectoral plan to streamline management of resources | N/A | In place (2026) | NRRP Reform 3 (5)  
NHS 2022–2030 Objectives 4,7 (1)  
SDG target 3c (7)  
EPW Core Priority 1 (6) | NRRP |

### Strategic Priority 3. Strengthen digital health

| Create a roadmap for the MoH to implement a National Digital Health Strategy and governance structure | 0 | In place (2025) | NRRP Component 7 (5)  
NHS 2022–2030 Objectives 8,9,10 (1)  
EPW Core Priority 4 (6) | NRRP |
| Measure digital maturity levels and document interoperability criteria to improve digitization of public hospitals, public health agencies and the MoH | 0 | > 200 (2026) | NRRP Component 7 (3)  
NHS 2022–2030 Objectives 8,9,10 (1)  
EPW Core Priority 4 (6) | NRRP |

### Strategic Priority 4. Strengthen capacity for emergency preparedness

| Support the development of standard operating procedures for emergency coordinating structures | N/A | In place (2026) | Defence Threat Reduction Agency (DTRA)  
NHS 2022–2030 Objectives 1,3 (1)  
SDG target 3d (8)  
EPW Core Priority 2 (6)  
GPW13 Triple Billion target 2 (8) | DTRA project |
| Support the implementation of the Surveillance Information-Sharing Operational Tool including in policy and legal support, laboratory capacities, data storage and sharing, and communication and reporting | N/A | In place (2026) | DTRA project  
NHS 2022–2030 Objectives 1,3 (1)  
SDG target 3d (7)  
EPW Core Priority 2 (6)  
GPW13 Triple Billion target 2 (8) | DTRA project |
### Table 1 contd.

#### Strategic Priority 5. Mitigate the risk of high threat pathogens and improve pandemic preparedness

<table>
<thead>
<tr>
<th>Strengthen laboratory capacities for disease detection and diagnosis</th>
<th>N/A</th>
<th>In place (2026)</th>
<th>DTRA project</th>
<th>NHS 2022–2030 Objectives 1,3 (1)</th>
<th>EPW Core Priority 3 (6)</th>
<th>DTRA project</th>
</tr>
</thead>
</table>

**Daily antibiotic consumption rate**  
(daily doses per 1000 population)

<table>
<thead>
<tr>
<th>24.2 (2022)</th>
<th>21.0 (2030)</th>
<th>DTRA project</th>
<th>NHS 2022–2030 Objectives 1,3 (1)</th>
<th>EPW Core Priority 3 (6)</th>
<th>NIPH European Centre for Disease Prevention and Control</th>
</tr>
</thead>
</table>

#### Strategic Priority 6. Improve social determinants for health across the life course

<table>
<thead>
<tr>
<th>Share of total health expenditure from direct (out-of-pocket) payments by households</th>
<th>21% (2023)</th>
<th>15% (2030)</th>
<th>NHS 2022–2030 Objectives 1,3 (1)</th>
<th>EPW Core Priority 3 (6)</th>
<th>NIPH Organization for Economic Cooperation and Development</th>
</tr>
</thead>
</table>

| Access to health-care services  
(unmet need for health-care services) | 4.9% (2022) | 2% (2030) | NHS 2022–2030 Objectives 2,3,4 (1) | EPW Core Priority 3 (6) | NIPH Organization for Economic Cooperation and Development |
|---|---|---|---|---|---|

#### Strategic Priority 7. Create an enabling environment for health

<table>
<thead>
<tr>
<th>Proportion of measles containing vaccine second dose coverage for children by national recommended age</th>
<th>71% (2019)</th>
<th>90% (2030)</th>
<th>NHS 2022–2030 Objective 2 (1)</th>
<th>SDG target 3.5 (7)</th>
<th>EPW Core Priority 3 (6)</th>
<th>GPW13 Triple Billion target 3 (8)</th>
<th>NIPH</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Proportion of respondents (15–74 years old) who are overweight or obese (BMI &gt; 25)</th>
<th>68.6% (2019)</th>
<th>60.0% (2030)</th>
<th>NHS 2022–2030 Objective 2 (1)</th>
<th>SDG target 3.5 (7)</th>
<th>EPW Core Priority 3 (6)</th>
<th>GPW13 Triple Billion target 3 (8)</th>
<th>NIPH Global Obesity Observatory</th>
</tr>
</thead>
</table>

**Notes:** DTRA: Defence Threat Reduction Agency; N/A: not applicable; *: Refer to NRRP
6. References


1 All references were accessed on 10 April 2024.
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.

Member States

Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands (Kingdom of the)
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
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Sweden
Switzerland
Tajikistan
Türkiye
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Ukraine
United Kingdom
Uzbekistan