WHO Regions for Health Network
28th annual meeting
Health for All – addressing challenges, sharing experiences
Seville, Spain
15–17 November 2023
ABSTRACT
The Regions for Health Network (RHN), initiated over three decades ago, is a platform that enables the collaboration of more than 40 regions and many associated partners in the WHO European Region. The participating regions share objectives related to improving the health and well-being of their populations through the development and implementation of relevant health policies at the regional level. It is the aim of RHN to facilitate the sharing of knowledge and experience in this area. The annual meetings of the Network provide a forum where the regions can come together, report on progress and plan future joint activities. The Regional Government of Andalusia kindly hosted the 28th annual meeting of the RHN in Seville, Spain, on 15–17 November 2023. Topics discussed included ways of supporting health for all, ensuring better health and well-being at all ages, securing universal access to quality care without financial hardship, providing protection against health emergencies, and empowering health through science, data and innovation.

Keywords
QUALITY OF HEALTH CARE, HEALTH INEQUITIES, SUSTAINABLE DEVELOPMENT, ENVIRONMENT, EMERGENCIES, UNIVERSAL COVERAGE, LOCAL GOVERNMENT, PRIMARY HEALTH CARE
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Executive summary

The 28th annual meeting of the Regions for Health Network (RHN), which took place in Seville, Spain, on 15–17 November 2023, centred on the theme, “Health for all: addressing challenges, sharing experiences”. Its overarching goal was to discuss and share experiences in implementing activities related to various thematic areas, including: the One Health\(^1\) approach to climate change; humanizing health care; efficiency and equity in health-care delivery; models of primary health care (PHC); and digital health. The participants were also tasked with identifying activities planned for implementation in their regions in 2024–2026 that are aligned with the joint priorities outlined in the Roadmap for WHO Regions for Health Network – together towards better health and well-being, 2024–2026.

The participants included focal points and political representatives from all RHN member regions, delegates from and representatives of regions in Europe that are not currently RHN members, RHN partners, representatives of international organizations and selected stakeholders (Annex 3).

The meeting provided a platform for sharing experiences in and knowledge on implementing strategies at the subnational level to tackle current and emerging health challenges, as well as a vital bridge to tackling commitments at the international and national levels.

The participants emphasized the need – amid the ongoing recovery from COVID-19 – to address interconnected challenges, such as climate change, emergencies and economic difficulties in the WHO European Region in recognition of their diverse impacts on health and well-being.

On the first day of the meeting, the sessions comprised a balanced mix of keynote interventions, organized networking activities and group work dedicated to the interrelated topics of One Health, climate change, environment, and health. On the second day, the sessions related to a wider range of topics, including: the humanization of integrated, value-based and personalized health systems; financial protection; PHC; preparedness for and response to health crises; and digital health. The RHN business meeting brought the 28th annual RHN meeting to a close.

\(^1\) One Health is an integrated, unifying approach to balance and optimize the health of people, animals and the environment. It is particularly important to prevent, predict, detect and respond to global health threats, such as the COVID-19 pandemic. The approach mobilizes multiple sectors, disciplines and communities at varying levels of society to work together. This way, new and better ideas are developed that address root causes and create long-term, sustainable solutions. One Health involves the public health, veterinary and environmental sectors. The approach is particularly relevant for food and water safety, nutrition, the control of zoonoses (diseases that can spread between animals and humans, such as flu, rabies and Rift Valley fever), pollution management, and combating antimicrobial resistance (the emergence of microbes that are resistant to antibiotic therapy) (Source: One Health [website]. Geneva: World Health Organization; 2024 (https://www.who.int/news-room/questions-and-answers/item/one-health, accessed 15 May 2024)).
Background

The Regions for Health Network (RHN), established in 1992, is a platform through which more than 40 regions and associated partners in the WHO European Region work together to address issues and share experiences related to improving health and well-being at the regional level. Over the past three decades, the Network has supported the development and implementation of regional health policies with this aim. In doing so, the regions involved have built on approaches, such as Health 2020, the European policy framework and strategy for the 21st century (1); HEALTH 21, the health for all policy framework for the WHO European Region (2); the European Programme of Work, 2020–2025 – “United Action for Better Health in Europe” (EPW) (3); and the 2030 Agenda for Sustainable Development, including the Sustainable Development Goals (4).

The annual RHN meetings provide the regions with the opportunity to share their experiences in, and knowledge on, implementing strategies for tackling the ongoing and emerging health challenges they share. For example, the focus of the 27th meeting (Brussels, Belgium, December 2022 (5)), which marked the 30th anniversary of the Network, was “Health and well-being in times of crisis: building resilience and learning from practice”. Though the COVID-19 pandemic greatly affected the RHN members at the time, it was not the only crisis their health systems and populations were facing. Topics discussed at the 27th annual RHN meeting (5) also included the climate-change crisis and impending issues with the health and care workforce (which were discussed in more depth at the 28th annual meeting – the subject of this report). While the world was still recovering from COVID-19, several other crises emerged, including those resulting from war and conflict, economic challenges and the climate-change emergency. These have affected the regions differently on the one hand, and in common ways on the other.

Objectives of the meeting

The meeting served as a pivotal platform with the multifaceted objectives of fostering collaboration, sharing experiences and charting a course for the enhancement of health and well-being, based on evidence from subnational settings. The comprehensive aim of the meeting was to address the following topics.

One Health and climate change
In-depth discussions were held on the intersection of health and environmental challenges, addressing the One Health approach (6) that recognizes the interconnectedness of human, animal and environmental health. Participants were encouraged to exchange insights on strategies to respond to the health impacts of climate change.

Humanizing health care
In recognizing the significance of patient-centred care, discussions focused on humanizing health-care services. The participants shared examples of best practice, innovative approaches and successful case studies that prioritize empathy, dignity and inclusivity in health-service delivery.

Efficiency and equity in health-care delivery
The meeting delved into the crucial aspects of optimizing the efficiency of health-care systems while ensuring equitable access. Models and interventions that enhance effectiveness in health-care delivery and emphasize the fair and just distribution of resources and services were explored.
Models of primary-health-care delivery
To address the foundational level of health care, diverse models of primary-health-care (PHC) delivery were explored. The participants discussed successful strategies for strengthening PHC services, with an emphasis on preventive care, community engagement and the integration of services.

Health crisis preparedness and response
In the light of the evolving health landscape in Europe following the COVID-19 pandemic, the meeting addressed ways in which the new health-security framework of the European Health Union (7), including its prevention, preparedness and response plan, were contributing to better addressing cross-border health threats. The WHO Preparedness 2.0 strategy (8), which focuses on anticipating and preparing for future health emergencies, was presented.

Digital health
Recognizing the transformative potential of technology in health care, the participants explored the realm of digital health. Discussions encompassed the utilization of digital tools, telemedicine, health informatics and data-driven innovations to enhance the accessibility and efficiency of health care, as well as related outcomes.

The overall programme of the meeting is presented in Annex 1.
Opening of the meeting

In opening the meeting, Ana Maria Carriazo, Senior Adviser, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain, welcomed the participants on behalf of the host region, Andalusia.

Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development (Venice, Italy), and Coordinator of the RHN, thanked the Regional Government of Andalusia for hosting the meeting. She reflected on the main topics of annual RHN meetings that had been held since the initiation of the Network (Fig. 1).

Fig. 1. Topics of annual RHN annual meetings held since the initiation of the RHN

Three decades at the forefront of innovation for better health and well-being
Select themes over the years

1992
Health for all
Health promotion (1993)

1995
Investment for health

1996
Networking for health

1997
Ageing (1998)
Mental health (2001)

2001
Health and wealth (2007)
HIAP (2008)

2003
Health 2020
Health equity (2015)
Health and well-being in times of crisis (2022)

2005
A changing Europe (2003)
Social sustainability (2012, 2013)
Health and sustainable development policies (2019)

2007
Well-being and the economy (2009)

2008
Health 2020 (2014)

2010

2012
Health equity (2013)

2014
Healthier future for all (2018)

2015
Healthy and well-being in times of crisis (2021)

2016
Healthy sustainable society (2016)

2019
Health and sustainable development policies (2019)

2021
Societal resilience: COVID-19 and climate change (2021)

Note. HiAP = Health in All Policies.

Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, WHO Regional Office for Europe, referred to some of the key achievements of the Seventy-third Regional Committee for Europe (RC73) (Astana, Kazakhstan, 24–26 October 2023). These included: the unanimous adoption by representatives of all 53 WHO Member States of a resolution aimed at bolstering the health and care workforce over the following five years (9); the endorsement of technical roadmaps targeting critical areas, such as antimicrobial resistance and refugee and migrant health; and the proposed priorities for a new 2023–2029 strategy and action plan on health-emergency preparedness, response and resilience in the WHO European Region. Each of these marked a pivotal moment for the health community and underscored WHO’s roles as facilitator and mediator in navigating complex geopolitical landscapes. In addition, the Twenty-eighth Conference of the Parties of the Climate Change Convention (Dubai, United Arab Emirates, 30 November–12 December 2023) (10) underscored the importance of fostering climate-resilient, sustainable health systems and preparing communities for the impact of climate change on health.
The importance of confronting pressing public health challenges, building competences and forging partnerships remains paramount. Trust nurtured at the local and regional levels serves as the bedrock of transformational endeavours. Discussions surrounding the role of trust would take centre stage during the high-level health-systems conference entitled “Trust and transformation: resilient and sustainable health systems for the future” to commemorate 15 years of the Tallinn Charter: Health Systems for Health and Wealth, planned to take place in Tallinn, Estonia, on 12–13 December 2023. Because they are closer to their communities, subnational authorities play a critical role in building relationships and trust and fostering partnerships. RHN members are trailblazers that place health and well-being at the core of society through the power of partnership.

Catalina García Carrasco, Regional Minister of Health and Consumer Affairs of Andalusia, Spain, emphasized that the existence of the RHN provides recognition of the competence of the regions and their governments in providing public health and health-care services. Major public health threats, such as climate change and antimicrobial resistance (AMR), need coordinated responses informed through the exchange of experience and knowledge.

Jorge del Diego Salas, Director General for Public Health and Pharmacies Regulation in Andalusia, mentioned that the signing of the Andalusia Statement (Annex 3) at the close of the meeting would be a significant step towards raising the voice of the regions.

Collectively, the RHN members can influence policies tailored to diverse regional contexts and amplify their impact. Political dialogue emerges as a crucial avenue for shaping these policies, with representation playing a critical role in ensuring that the unique perspectives of the RHN are taken into consideration. This engagement is not just about dialogue but also about influencing the trajectory of health policies at both the regional and the international levels.

George Patoulis, Governor of Attica, Greece, spoke of the experience of the Attica region, the largest metropolitan region in Greece (which also includes Athens), and one of the latest regions to join the RHN (in 2023). The Attica region is committed to transforming the area into a place of wellness, safety and better health for people of all ages. It is active in several activities of the WHO Regional Office for Europe, mainly through the Hellenic Healthy Cities Network. Despite the adverse conditions resulting from the COVID-19 pandemic, the Attica region was able to provide its citizens with free screening through their Health Prevention Centres, which have also launched health-prevention and health-awareness programmes. Preventive screening in the region has been expanded to the national level, showing the importance of regional-level action.

George Patoulis emphasized the role of the regional and local governments in acting dynamically and coordinating local responses during emergency situations, such as the COVID-19 pandemic, other emerging epidemics and climate change, due to their proximity to the citizens. In a world where no one can survive alone, the Attica region – as a new RHN member – welcomed the opportunity to stand with other regions and draw on their joint knowledge and experience.
Session 1. Climate change and One Health

Currently, climate change and other global environmental changes are affecting all regions in Europe. At the Seventh Ministerial Conference on Environment and Health held in Budapest, Hungary, on 5–7 July 2023, the RHN supported the implementation of the resulting Budapest Declaration, which pledges to “further leverage the WHO Healthy Cities Network and the Regions for Health Network to develop demonstration projects and facilitate the exchange of knowledge and experiences” within their collective commitment to ensure better health, a thriving planet and a sustainable future (11). Many subnational authorities were taking action on climate change and One Health (6) before the Conference (11) and are important actors in combatting these shared challenges, which underlines the importance of developing regional strategies and plans.

The aims of Session 1 were to:

- present current scientific evidence;
- discuss ways of implementing One Health; and
- discuss opportunities for RHN action related to the Budapest Declaration (11).

Summary of presentations

*International and regional action on health and climate change*

Current international and regional action on health and climate change emphasizes the fact that climate change is an urgent health crisis directly and indirectly impacting everyone and relevant to all areas of health, both physical and mental (Fig. 2). Urgent transformative climate-related action for health is needed to: (i) protect health from the full range of climate risks; (ii) help reduce carbon emissions; and (iii) render health systems climate smart and sustainable. The health sector can lead climate-related action, for example, towards reducing global carbon emissions related to health care, decreasing the health-sector carbon footprint and integrating climate-related considerations into the building blocks of health systems (Fig. 3) (12).

*Fig. 2. The climate crisis is a health crisis – no one is immune*

*Source:* presentation of Dorota Jarosinska, WHO European Centre for Environment and Health.
Mitigation action is essential to improving air quality. The WHO European Centre for Environment and Health (Bonn, Germany) has a longstanding history of working on air-quality guidelines (updated most recently in 2021), which can be a very powerful tool in promoting climate action.

New global and regional efforts to address climate change are being made, including the development of new policy tools that could be of interest and relevant to the RHN, such as the new European Environment and Health Process (EHP) Partnerships (13). These represent a new mechanism within EHP to accelerate the national and international implementation of commitments made at the Seventh Ministerial Conference on Environment and Health (11).

Making One Health operational for a sustainable and healthy future: the role of the WHO Regional Office for Europe

One Health (6) is an approach that can mobilize multiple sectors, programmes, disciplines and communities. It has several aims, including the protection and conservation of biodiversity, the prevention and control of zoonotic diseases and the improvement of food safety and security.

WHO is part of a quadripartite along with the United Nations Food and Agriculture Organization, the United Nations Environment Programme, and the World Organisation for Animal Health. At the regional level, the quadripartite has established a regional mechanism composed of an executive group and a technical group. Its One Health Joint Plan of Action to address health threats to humans, animals, plants and environment provides an implementation guide for the period 2022–2026 (Fig. 4) (14).
The WHO Regional Office for Europe has put One Health at the heart of its work, guided by the recommendations of the Pan-European Commission on Health and Sustainable Development in its report, *Drawing light from the pandemic: a new strategy for health and sustainable development* (2021) (15). In collaboration with its partners, the Regional Office is currently developing the first regional framework for One Health with the help of a technical advisory group comprising 22 experts.

**Developing a new climate-health plan in Flanders**

The mounting health risks associated with climate change, including heatwaves and the emergence of new pathogens, were highlighted, as well as WHO’s estimation that one in eight deaths in Europe are linked to environmental pollution. Projections indicate that, in Flanders alone, heatwaves could result in over 27,000 years of life lost annually by 2050. This calculation only covers excess mortality and excludes potential illnesses caused by heat stress. Extreme weather events, such as droughts, severe storms and increased precipitation, can pose threats to public health, including an elevated risk of mental-health problems. To respond to these challenges, the Flanders region has adopted the Flemish Plan for Health and Climate (Fig. 5), charting a course toward a healthier and more sustainable future for the region. The plan emphasizes the prioritization of environmental health care within Flemish health policy. It earmarks an annual budget of half a million Euros to act on major issues, such as air and noise pollution and substances of concern, for example, per- and polyfluoroalkyl substances and endocrine disruptors. Ultimately, the goal is to limit the impact of climate stressors on public health by 2030 and support climate action that reduces exposure to climate stressors, thus creating direct and indirect health gains (win-win situations).
**The One Health approach in Andalusia**

Located in the south of Europe with 8.5 million inhabitants, Andalusia has been facing several important public health challenges resulting from emerging and re-emerging threats that can affect a range of factors, from water to livestock and agriculture. Regional strategies have involved collaboration between public health and regional authorities to align their efforts in a common goal, using the One Health approach (6). These efforts have focused on:

- surveillance and response in public health;
- surveillance of AMR in collaboration with the Ministry of Agriculture and Livestock; and
- surveillance and control of tropical vectors, using new technologies, including an integrated system for whole genome sequencing, using clinical, animal and environmental samples, which have helped them resolve outbreaks in the region and elsewhere.

It is important to bear in mind that the limitations deriving from urban environments do not limit the changes that can be made. The experts predict that about 60% of the urban areas in which humans will be living by 2050 are yet to be built; therefore, the margin in which to enact meaningful change is huge. The Andalusia region has developed a manual entitled “Guide for the planning of healthy cities” (16) to promote the role of public health in urban planning.
One Health: from concept to public health practice

The Catalonia region in Spain draws inspiration from the report of the Pan-European Commission on Health and Sustainable Development, *Drawing light from the pandemic: a new strategy for health and sustainable development* (15), which advocates a shift to prioritize the One Health approach in all policies. With a significant migrant population and large numbers of annual visitors, the Catalonia region focuses on supporting visitors and addressing health challenges. Initiatives include the establishment of working groups on heat-related issues and efforts related to AMR, food safety and zoonotic diseases. Catalonia has established interdepartmental and intersectoral commissions, fostering collaboration between public health and government agencies. Through a comprehensive surveillance system, Catalonia aims to address health threats related to the intersection between animals, humans and the environment. These efforts underscore Catalonia’s commitment to taking holistic approaches to health and ensuring resilience and sustainability in the face of evolving challenges.

One Health from a youth perspective

The goal of the International Student One Health Alliance (ISOHA) is to bring together students from different parts of the world who are interested in the interconnections between animal, human and environmental health. To this end, ISOHA provides education on and opportunities related to One Health, encouraging interdisciplinary thinking among young health professionals.

ISOHA serves as a bridge between the current and future leaders in the fields of human, animal and environmental health. Climate change and global environmental changes are recognized as major contributors to a range of health challenges worldwide, resulting in a profound impact on weather conditions, food and water security, sea levels, disease patterns and mental health. ISOHA is actively seeking partnerships with organizations, institutions and networks with commitments in these areas. The Alliance invites all RHN members to support collaborative initiatives, including educational projects, youth-engagement projects, knowledge and experience sharing, and capacity-building and advocacy initiatives.

Discussion

Current and future action related to One Health and climate change in the regions was documented during group work and interactive audience polling. The most common measures that were being implemented related to developing subnational strategies for or action plans on health and climate change, and – with respect to One Health – capacity-building to strengthen health systems (Figs 6 and 7).
The participants discussed the obstacles encountered in implementing the various actions, as well as strategies and solutions that could be used to overcome them. Examples of the latter included:

- raising the awareness of the health system about the One-Health approach (6);
- improving cross-sector collaboration between multidisciplinary teams, including professionals in human health and veterinarian and environmental science;
- creating a common “One Health language” for use in communication between different sectors (transportation, environment, energy, health);
- defining the core competences in the area of One Health (6);
- increasing capacity-building for and training programmes on One Health (6), possibly within interdisciplinary Bachelor’s and Master’s degree programmes;
- increasing preparedness and response to climate events, for example, through the development of courses, such as those on medical response to major incidents and disasters (17);
• developing regional prevention plans, based on the One Health approach (6);
• strengthening advocacy for policy change;
• raising awareness about the One Health approach (6) among policy makers and budget holders;
• increasing community engagement;
• addressing eco-anxiety and mental-health issues related to climate change, especially in younger people.

RHN priorities for future action related to One Health

It was agreed to:

• focus on the theme, “there is no health without One Health” – regions need to take a holistic view of health and environment, climate, food and agriculture biodiversity, animals and plants;
• continue ongoing work in the regions to create climate-health plans and bring about a paradigm shift from “health in all policies” to “One Health in and for all policies”;
• think globally and act locally by sharing the development of climate-related health plans and other related regional-governance commitments with local authorities, primary-care units, health-care workers and other partners;
• increase the sharing of good practice in using the One Health approach and other initiatives to create a catalogue of good practice;
• build on the knowledge and experiences of regions, such as Andalusia and Catalonia, in using the One Health approach (6);
• share knowledge gained from projects like that in Andalusia to develop the manual, “Guide for the planning of healthy cities” (16);
• capitalize on opportunities within the new EHP Partnerships for health-sector climate action (13) (the RHN, together with Healthy Cities, strongly supported the implementation of the Budapest Declaration (11) and highlighted their interest in being part of the EHP Partnerships (13));
• engage with ISOHA representatives of regions (and countries) on collaborative initiatives of mutual interest.
Session 2. Universal health coverage

Session 2A. Humanization of integrated, value-based, personalized health systems

The concept of humanization in health care revolves around the provision of care with a patient-centred approach. This requires the integration of medical services at different levels and by different disciplines while ensuring value-based decisions and tailoring care to meet individual needs. The WHO Framework on integrated people-centred health services (18) urges Member States to “implement, as appropriate, the framework on integrated, people-centred health services at regional and country levels, in accordance with national contexts and priorities”. By adopting an integrated, value-based, personalized care model, health-care systems can enhance the patient experience, improve health outcomes and reduce health disparities. The RHN Roadmap (19) highlights that, as health-care providers or partners in health, regions can influence and invest in the resilience of health systems and their essential functions by setting up multidisciplinary teams to this end. Quality health services are important to the achievement of universal health coverage (UHC) (20, 21).

The aims of this session were to:

- discuss successful models and best practice in the regions and countries that had taken steps to humanize their health systems; and
- identify key strategies and policy frameworks promoting patient-centred care.

Summary of presentations

Health care in Andalusia

Andalusia’s comprehensive health-care system is a unified network that caters for 8.5 million people through 57 hospitals and upwards of 1500 PHC centres. Its main mission is to humanize care and fortify PHC services in an environment where patients are not merely regarded as recipients of medical intervention but as holistic entities, deserving of empathy and personalized attention.

By equipping practitioners with the requisite tools and strategies, a concerted effort has been made to realign health-care delivery with the evolving needs of both individual patients and the broader population. In rural areas, integrated teams have been set up both in hospitals and primary-care settings.

Andalusia’s Humanization Strategy

The Strategy (20), which was published in 2021, aims to protect the dignity and rights of patients by encouraging respect for their position through shared decision making. The Ministry is committed to fostering kinder, more comprehensive and holistic health care, centred on the needs of the patients and their families. Recognizing that health-care professionals represent the main agent for this change, the ultimate goal is to foster a common culture that will transform the workplace. The key elements that form the focus of the Strategy (20) are: the construction of a humanized work culture, shared by all health disciplines; the personalization of health care; commitment to quality, including the patient’s perception of quality; and improved access to health services. These elements are organized around the following strategic areas:
• the organizational area (encompassing training plans and humanization commissions to oversee the implementation of the plans);

• the structural area (promoting spaces, resources and technological innovations in hospitals that guarantee respect for the dignity of the patient, such as a cinema for pediatric patients and well-designed rooms for child care);

• the health-care area (promoting initiatives to ensure the quality and personalization of care, such as measures to address perinatal grief or the management of frail patients);

• the relational area (focusing on health care in a framework of active listening, communication, and shared decision-making and responsibility, as is currently the case in working to incorporate patients’ views and needs in the Strategy’s humanization plan (20).

Quality of care and country profiles: a WHO analysis

As the governance of quality-of-care processes is linked to strategic political choices, it is crucial that policy-makers have a good understanding of how health-care systems work and how to measure the quality of these systems, especially through frameworks covering multiple domains (for example, effectiveness, safety, user experience, efficiency and equity). A WHO report, entitled “First report on quality of care and patient safety in the European Region”, was under preparation. The team drafting the report had encountered difficulties in obtaining the necessary data since they were fragmented, making it difficult to make cross-country comparisons. In addition, they had found very few indicators on issues that matter to patients and their families. This illustrates a growing need to agree on and adopt comprehensive metric standards for data collection and to coordinate action to strengthen these in order to reduce data and knowledge gaps. When finalized, the report will include data illustrating the confidence ratings of citizens and national public and private health systems in all countries in the WHO European Region.
Discussion

Since the regions work directly with healthcare professionals, it was considered important that the indicators of quality of care be selected and the data collected at the regional level as well as at the national level. Through an interactive poll, 59% of the participants voted that an RHN activity on the quality of care would be extremely useful and 22% that it would be very useful. Most (30%) felt that the focus of such an activity should be on sharing ways of humanizing.

Proposals on how to improve quality of care included:

- creating a dialogue on quality of care, not only within the health-care sector but also with other sectors (not only governing bodies);
- developing national standards relevant to different stakeholders in and members of the whole ecosystem;
- expanding education and training in which soft skills have the same relevance as other skills, and improving health literacy, especially through teaching doctors how to communicate with and provide information to patients;
- enhancing access to care by increasing the number of primary-care practitioners and using supportive digital technologies, such as telemedicine;
- focusing more on prevention and less on treatment;
- developing common quality standards by examining indicators of both health and social care, and measuring indicators of equity and the care of older people;
- increasing the integration of health care and mental-health care;
- identifying those best positioned to assess quality of care (which could be at the municipal, regional or, as is the case in small countries, the national level);
- focusing on patient/family experiences as the driving force of change;
- developing specific action to improve the quality of care in different health areas.

The following RHN action was proposed:

- development of regional-level indicators of quality of care to complement national data from the WHO European Region;
- sharing of regional experience and good practice in the humanization of care;
- investigation into the roles of regions in training and education related to patient-centred communication and shared decision making;
- development of humanization strategies with multiple dimensions (for example, areas related to organization, structure, health care and relationship);
- building a humanized work culture with responsibility shared among all health disciplines;
impressing the importance of measuring quality at all stages of the care process on regional policy-makers.

Session 2B. Financial protection, health equity and well-being

Financial protection is the degree to which people are protected from financial hardship as a result of out-of-pocket payments for health services (21). The recent global polycrisis highlighted vulnerabilities in national social-protection systems, challenging both their resilience and UHC.

Action and financing mechanisms are required across multiple stakeholders at various health-system levels to ensure the accessibility of quality health services for all. An equity lens and consideration of local contexts are essential. Based on these premises, this session aimed to:

- provide an understanding of how financial protection varies across countries;
- illustrate ways of strengthening financial protection for all at the regional level;
- facilitate discussion on health-equity governance at the regional level.

Financial protection and UHC

The main goal in having financial protection is to enable access to health-care services without causing financial hardship, a goal that is also central to the 2030 Agenda (4) and other global and regional commitments.

Out-of-pocket payments for health care differ hugely between countries in the European Region: most rely primarily on public funding, but some depend on out-of-pocket payments. “Catastrophic out-of-pocket payments” demand more than 40% of a household’s capacity to pay, whereas “impoverishing out-of-pocket payments” push households below the poverty line.

Recent data from an upcoming report showed that every country in Europe was experiencing some level of impoverishing out-of-pocket payments (22). Countries that rely more on out-of-pocket spending tended to have more households in the “catastrophic spending” category, but this varied considerably from country to country. This variability shows that policies matter and that outcomes related to out-of-pocket payments can differ, based on the policies in question.

Financial protection is often discussed at the national level, but the regional perspective is less clear. Regional policies could possibly influence co-payments (for example, through exemptions or caps based, for example, on income and fixed co-payments). Regions could improve coverage of statutory services as is the case in the Netherlands (Kingdom of the), for example, where municipal contracts provide protection for people with low incomes by subsidizing out-of-pocket payments for health care. Other actions to reduce the demand for out-of-pocket care could be explored, such as providing incentives for publicly financed providers to relocate to underserved areas, expanding the roles of primary-care providers, and identifying mechanisms to reduce waiting time.
Implementing equity in prevention and public health: the Emilia-Romagna experience

In the Emilia-Romagna region in Italy, health equity has long been a cornerstone of regional policies. This involves adopting a systematic approach to integrating equity into prevention and public health strategies, transcending targeted interventions to transform the entire regional health- and social-care system.

Recognizing the multifaceted nature of health disparities, Emilia-Romagna’s approach extends beyond socioeconomic status to encompass various factors affecting health inequalities. Efforts are being made to promote equity in the provision of services and foster organizational change by recognizing and embracing diversity.

Central to the Emilia-Romagna strategy is the Regional Prevention Plan 2021–2025 (23) of which equity is a core component. Through a comprehensive health-equity audit procedure, which is included in each of the Plan’s 20 programmes, Emilia-Romagna is endeavoring to evaluate and address disparities at both the regional and the local levels. Audits are conducted at the regional level through the process illustrated in Fig. 8.

**Fig. 8. Planning and implementing health-equity audits in Emilia-Romagna, Italy: the Regional Prevention Plan**

There are challenges however. Firstly, the health-equity audits are usually conducted at the local rather than the regional level. Secondly, there has been more focus on data gathering than on the organizational process underlying the procedure. Thirdly, the Plan’s 20 programmes differ in focus: in some of them, the focus is on equity-oriented action aimed at closing the gap related – for example – to behavioural change, while in others it is anchored in a framework approach, such as One Health (6).
A regional working group has been established to support programme managers in standardizing approaches, defining indicators and analysing both quantitative and qualitative data to identify and rectify sources of inequity.

Discussion

The participants were divided into groups, each of which was required to propose one plausible, regional-level mechanism aimed at reducing expenditure and improving financial protection. Several interesting strategies came to light, including the introduction of health kiosks that could facilitate access to certain health-care services, a more transparent taxation system, regional autonomy in modifying tax regulations, and the joint procurement of items, such as new medications.

The key takeaways were that:

- financial protection relates to understanding the burden of out-of-pocket payment for health services and its effects on population health;
- financial protection is closely related to working towards health equity;
- even though financial protection is a national-level responsibility, it can usefully be addressed at the regional level in many ways.

Priority RHN action proposed included:

- conducting health-equity audits through plans and strategies at the regional level.
Session 3. Leveraging opportunities

Session 3A. Strengthening PHC

As countries face increasing stress and financial constraints in connection with the provision of health care, the focus is on bolstering PHC. This is becoming more significant, particularly at the subnational level where the nuances of local dynamics, diverse demographics and distinct health challenges demand tailored solutions.

PHC is essential to being able to bring services related to health and well-being closer to communities. To do so, three components must be considered simultaneously: (i) integrated health services designed to meet people’s health needs throughout their lives; (ii) the broader determinants of health, which need to be addressed through multisectoral policy and action; and (iii) the empowerment of individuals, families and communities in taking charge of their own health.

Regions can influence the resilience of health systems as they are often responsible for designing policies on and strategies for the health-care process and are directly involved in or collaborate with care services for service delivery.

The aims of this session were to:

- gain an understanding of ongoing international developments in strengthening PHC; and
- discuss the RHN’s engagement in developing examples of best practice.

Summary of the presentations

What are the pillars of Astana-inspired, future-proof PHC models?

Much has happened since the adoption of the Declaration of Astana on primary health care in 2018 (24) (on the 40th anniversary of the Alma-Ata Declaration (25)), which has served as a roadmap to guide countries in strengthening their PHC systems. In October 2023, following the COVID-19 pandemic, more than 600 delegates from over 70 countries met in Astana, Kazakhstan,
on the occasion of the International Conference on Primary Health Care where they reflected on progress made in this area and discussed implementation success factors and future-proof PHC models.

The transformation of PHC has been developing over years, during which time many lessons have been learned from the countries’ experiences in this area. Many of these have been documented, for example, in the Health System Response Monitor (HSRM) (26), from cross-country comparative papers to cross-country policy dialogues, such as the “Let’s talk primary health care” talk show (27). Primary-health-care models are moving towards five key pillars (Fig. 9).

Fig. 9. How primary-health-care models are moving forward

<table>
<thead>
<tr>
<th><strong>1</strong></th>
<th>From one size fits all</th>
<th>To tailoring to the need for and greater appreciation of the social determinants of health</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2</strong></td>
<td>From mono-profile teams</td>
<td>To multidisciplinary teams</td>
</tr>
<tr>
<td><strong>3</strong></td>
<td>From reactive care</td>
<td>To proactive care</td>
</tr>
<tr>
<td><strong>4</strong></td>
<td>From mono-platform service delivery</td>
<td>To multimodal service delivery</td>
</tr>
<tr>
<td><strong>5</strong></td>
<td>From smaller scale</td>
<td>To larger scale (networks)</td>
</tr>
</tbody>
</table>

The **first** key pillar (tailored health care) requires a deeper understanding of a population’s wider needs. Communities are becoming more complex with substantial health and socioeconomic inequalities, and their settings are more diverse (urban, rural, multicultural).

In moving towards more multidisciplinary primary-care teams, the **second** pillar is a key to the future in this area. Multidisciplinary teams are essential to matching patient and population needs with professional skills. This provides opportunities to blend biomedical and psychosocial aspects and a wider set of services, while supporting skills’ development in the workforce. It is important to consider that the imperatives of coordination and teamwork go beyond being in the same location. Teams need clearly defined roles, tasks and responsibilities, which ideally should be supported by appropriate legislation.

The **third** pillar, proactive care, focuses on the classification, stratification and identification of high-risk and vulnerable individuals with a view to actively engaging with them and meeting their needs.

The **fourth** pillar, multimodal service delivery, relates to improving access to PHC services by enhancing tailored care, improving the integration of physically distant services and providing greater access to expertise. At the same time, there is a need to generate evidence about the different modes of service delivery and assess them to ensure equity and that no one slips through the net.
The **fifth** and final pillar centres on a shift from small-scale PHC models to large-scale networks and wider PHC organizations (28), which offer multiple benefits. Digital solutions represent a key enabler of many of the pillars of future PHC models as they can facilitate:

- multidisciplinary work and coordination
- multiplatform service delivery
- proactiveness and an understanding of complex population needs (Fig. 10).

**Fig. 10. Digital solutions: a key enabler of stronger PHC models**

![Diagram showing digital solutions](image)

*Source: presentation of José Cerezo, Health Policy Analyst, WHO European Centre for Primary Health Care, Almaty, Kazakhstan*

It is important to note that political commitment is needed to ensure that future ambitions can be supported by appropriate funds and resources. For example, a youth-led outcome statement (29) made at the International Conference on Primary Health Care in October 2023 included five specific requests to policy makers, namely to:

1. ensure equitable access to PHC
2. commit to enhancing the quality of PHC services as a foundation of trust
3. invest in a PHC-oriented health and care workforce
4. ensure the human and relational aspects of PHC amid the opportunities of the digital era
5. enhance resilience to current and emerging threats to health and well-being.

*The European Union (EU) Joint Action on Transfer of Best Practices in Primary Care (CIRCE-JA) project: Andalusia’s experience*

The overriding objective of the CIRCE-JA project (30) is to transfer know-how from the following six examples of best practice in PHC to other EU Member States:

- Integrated Health Association (Region of Wallonia, Belgium);
- TELEA: home telemonitoring in primary care for chronic disease and COVID-19 (Galicia, Spain);
- Integrated care for complex chronic patients in Andalusia: personalized care action plans (Andalusia, Spain);
- Essencial Project: adding value to clinical primary-care practice (Catalonia, Spain);
- Health action for children and youth at risk; and Health action for gender, violence and life cycle (Portugal);
- Health Promotion Centres (Slovenia).

These examples of best-practice, which are supported by scientific, evidence-based methodology, aim to raise the capacity for implementing innovative care models, and transform health systems by reinforcing PHC. Achievement of the latter is expected in 42 implementation sites in 12 EU Member States. Supported by the EU4Health programme (31), Andalusia is coordinating this joint action, which started in February 2023 and will last for 36 months (30).

Collecting and analysing data on governance, funding and training of the public health workforce

While RHN’s focus is primarily on regions and actors in the European Region, a long-term partnership with Canada, in particular the University of Saskatchewan (as an associate member of RHN), has provided a valuable insight into different approaches to dealing with common issues.

In Canada, the focus at the national level is on access to care but at the regional level service delivery and the organization of the relevant services vary substantially: some integrate public health and primary care while others keep these areas separate.

When care systems are restructured, the main aim is often to improve the balance between acute care, long-term care and primary health care. Public health often gets caught up in these changes without being the focus of change itself. However, an emerging area of research, called "public health systems and services", is examining the organization, financing and delivery of public health services at the community level and the impact of these services (32). This could support evidence-based practice through the collection of research data necessary for taking policy- and programme-related decisions.

Canada found it important to look at administrative data related to public health to determine what is effective in terms of governance structure, funding levels, how public health is organized and integrated, how it is staffed, and how all these factors impact health outcomes. In 2023, the Public Health Agency of Canada initiated a project to collect the data needed for planning human resources for public health with a focus on enumerating and characterizing the public health workforce, based on surveys conducted in the United States of America and adapted to the Canadian context.

In 2024, the University of Saskatchewan will conduct a pilot survey on a subset of disciplines and a core set of programmes and interventions related to public health. The survey will provide the possibility to compare public health structures at the local, provincial and federal levels across the country. This will create the opportunity to provide a longitudinal administrative dataset for planning public health human resources and evaluating public health programmes over time.

The pilot survey also ties in with ongoing work in Canada to renew indicators of core competences and system performance in public health. WHO has been working on the International Classification of Health Interventions (33) and Canada will test a classification, which Australia has been developing specifically for public health interventions. The Australian model will be shared with the RHN, which could find ways of comparing it with similar efforts in participating regions.
Discussion

Through panel/audience discussion, interactive polls and group work, it was agreed that:

- to transform primary care, a focus on good governance, multidisciplinary teamwork, digital solutions, competences and clear roles is needed, and that it is important to consider blending health promotion/disease prevention and public health services within community care;

- in designing future (tailored) primary-care models, gaining a more sophisticated understanding of the complex needs of regional populations should be a priority;

- primary-care models should be built around human and relational dimensions;

- the term “primary care” rather than “primary health care” should be used since the latter often also encompasses social care to some degree;

- multidisciplinary teams are essential to ensure that primary-care systems can blend curative care with health promotion, disease prevention and tackling the social determinants of health;

- larger public health-care networks and organizations offer multiple opportunities, for example, for teamwork, innovation and resource sharing;

- multiprofessional training and collaborative skills within undergraduate and postgraduate education for health-care professionals, as well as in the continuous professional development of primary-care professionals, should be increased;

- combined classes within undergraduate and postgraduate education for health-care professionals (for example, for physicians and nurses) should be explored.

Potential RHN action included:

- being proactive in relation to high-risk and vulnerable populations (classification, stratification, identification) to meet population needs specific to each region;

- sharing good practice and experience, such as that pertinent to the project, CIRCE-JA transfer of best practices in primary care (30);

- engaging in joint PHC projects involving several regions;

- sharing the findings of the Canadian project on providing a longitudinal administrative dataset for public health human-resources planning and the evaluation of public health programmes, and potentially implementing similar projects in other regions.

Session 3B. Health crisis preparedness and response

In the aftermath of the COVID-19 pandemic, a new European health landscape is being shaped with action plans to improve public health preparedness and response in the WHO European Region that recognize the importance of approaches, such as One Health (6, 34). Current ongoing emergencies, developments in drafting the Pandemic Agreement (35), the WHO Preparedness
2.0 strategy (8) and relevant EU regulations were presented, as well as ways in which they will affect the RHN in the coming years.

The main aims of the presentations were to:

- provide a better understanding of the evolving landscape of the European Health Union as a new EU health security framework, including its prevention, preparedness and response plan and promotion of an effective and coordinated response to serious cross-border threats (7);
- present an overview of current efforts to finalize an international pandemic accord, a development process entirely led by the WHO Member States under the guidance of the Intergovernmental Negotiating Body (INB) (36) established in 2021.

Summary of the presentations

Can a stronger European Health Union help in confronting the permacrisis?

Although the EU has been working on health-crisis preparedness and response for some time, the COVID-19 pandemic changed many things. It demonstrated the importance of coordination among European countries to protect people's health both during a crisis and in normal times (crisis mode versus peace mode). A strong European Health Union is being built within the EU Health Security Framework (7). Accordingly, all EU countries collaborate on: preparing and responding to health crises and human-health hazards; ensuring the availability and affordability of innovative medical supplies; and working to improve prevention, treatment and aftercare related to all diseases, including communicable and noncommunicable diseases.

Since 2022, four new EU regulations have been in force (37–40), two of which focus on modifying and expanding the activities of two EU agencies (the European Centre for Disease Prevention and Control and the European Medicines Agency). The key features of the regulation on serious cross-border threats to health (37) aim to protect public health through early warning and response (coordination, preparedness, response and solidarity).

National plans will be complemented by a EU plan on prevention, preparedness and response, which Member States will test at the end of 2024. This plan includes operational provisions to support Member States in the event of cross-border threats to health, focusing on interregional preparedness to create aligned, multisectoral, cross-border public health measures. Importantly, the EU has established two different mechanisms for working in times of crisis versus times of peace (Fig. 11). An expert advisory committee of the Health Crisis Board is active during crises, whereas the Board and Advisory Forum of the European Commission's Health Emergency Preparedness and Response Authority are active in times of peace. This is supplemented by the continuous work of the Health Security Committee at both the senior level (in seeking the opinion and guidance of the different countries) and the technical level (in discussing specific topics) (41). The Health Security Committee also coordinates response to the Early Warning and Response System, which aims to protect public health through the notification of serious cross-border threats to health by the Members States. This allows countries to collaborate on national responses, risk and crisis communication and the adoption of opinions and guidance, and to support EU-integrated political crisis-response arrangements.
Work is also ongoing to improve preparedness capacity in the Member States through the training of health-care and public health workers. Furthermore, epidemiological surveillance is being improved through the development of a high-performing EU-level epidemiological surveillance system. This will incorporate the use of artificial intelligence (AI), harmonized data sets and digital tools for accurate modelling and risk assessment. Support will be provided to Member States through the launch of an EU4Health call for proposals for national grants to improve their integrated surveillance systems. Grants for EU reference laboratories for public health are also available. The European Commission can formally recognize (and terminate) a public health emergency at the EU level through the expert opinion, for example, of the European Centre for Disease Prevention and Control or an advisory committee on public health emergencies, and liaison with WHO. A call for experts for the Advisory Committee on Public Health Emergencies had recently been launched.

Emergency response by WHO

The need to adopt a dual-track approach to health-crisis management and response (ensuring the continuation of essential services to deal with a crisis while planning and preparing for future crises) was emphasized again. Such an approach would allow essential services to continue while Member States respond to immediate needs in a crisis and, at the same time, plan and prepare for future crises. In addition to the COVID-19 pandemic, countries in the WHO European Region had been hit by new emergencies in recent years, including an earthquake in Turkey, a refugee crisis in Armenia, and conflicts involving the Russian Federation and Ukraine, and Israel and the West Bank and Gaza Strip. Such events – as well as communicable diseases – play a
significant role in shaping the view of taking an all-hazards approach\textsuperscript{2} to emergency preparedness and response (42).

Efforts are ongoing both globally and regionally to strengthen health-security architecture, mostly driven by EU, WHO and its Member States (8, 36, 37, 43, 44, 45). The Working Group on Amendments to the International Health Regulations (2005) (IHR) (44) will present a package of targeted amendments for the consideration of the Seventy-seventh World Health Assembly in 2024. Some are already under discussion and will be amended. These relate, for example, to the creation of a national IHR authority/body in addition to a national IHR focal point, and articles on notification, verification and information sharing.

Another ongoing process is the drafting of the WHO Pandemic Agreement (35) by the INB (36), which aims to strengthen the prevention of, preparedness for, and response to pandemics. Recent INB meetings (held in November 2023) focused on the need to strengthen the text of the Agreement (35) regarding several core topics that pose significant challenges in different parts of the world. These include One Health (6), prevention, financing, equity, access, benefit sharing and intellectual property rights.

Some Member States have taken the lead in supporting the idea of developing Preparedness 2.0 and its strategy and action plan on health-emergency preparedness, response and resilience (8, 43) at the regional level. The regional context is reflected in the document, which aims to align with global development while focusing on developing a more resilient WHO European Region that takes relevant themes, such as One Health (6), climate change and the all-hazards approach (42), into consideration.

Preparedness 2.0 (8) aims to:

- strengthen national preparedness through an all-hazards, One-Health approach, based on lessons learned;
- accelerate the implementation of the Monti Commission recommendations (15), including operationalization of the Pan-European Network for Disease Control;
- build a flexible and agile health-emergency workforce, for example, by expanding regional emergency medical-technician capacity;
- strengthen countries’ capacities and build their resilience in managing a dual-track approach;
- build trust through risk communication, community engagement and infodemic management;
- institutionalize a gender perspective across the emergency-management cycle and accelerate regional efforts to prevent any form of sexual misconduct in emergency contexts (Fig. 12).

\textsuperscript{2} The all-hazard approach acknowledges that while hazards vary in source (natural, technological, societal), they often challenge health systems in similar ways and demand a multisectoral response. Thus, risk reduction, emergency preparedness, response actions and community recovery activities are usually implemented using the same model, regardless of cause (42).
Discussion

Through panel–audience discussion, interactive polls and group work, several key messages and proposals for future RHN action emerged.

The key messages were the following.

- Since the introduction of Regulation 2022/2371 on serious cross-border threats to health (37), which entered into force on 26 December 2022, the EU is becoming a major actor in crisis preparedness and response.
- Interregional preparedness is needed to create aligned, multisectoral, cross-border public health measures.
- There is a need to adopt a dual-track approach whereby Member States can respond to immediate needs in a crisis and ensure the continuation of essential services while planning and preparing for future crises.
- Several thematic principles should be central to a prevention, preparedness and response plan, including climate change, gender, equity and the One-Health (6) and all-hazards (42) approaches.
- The newest proposed amendments to the draft WHO Pandemic Agreement (35), made in response to the challenges posed by the COVID-19 pandemic, will be considered for inclusion in the draft document to be presented to the World Health Assembly in 2024.
- It is essential that Preparedness 2.0 (8) be aligned with, rather than duplicate, other global and regional processes.

The following priorities for future RHN action were agreed.

- RHN regions in EU countries need to work consistently with the European Committee of the Regions, which provides opportunities for negotiation at the regional as well as the national level.
Since the INB (36) is member-state driven, the RHN can negotiate topics for inclusion in the draft Pandemic Agreement (35).

RHN members are encouraged to become acquainted with their INB representatives and inform them about their regional-level views.

As RHN members work closely with communities, it would be advisable that they be given the opportunity to comment on the draft Pandemic Agreement (35) either during public consultation processes, or through their national INB representatives.

RHN members in EU countries should familiarize themselves with potential support available both in times of peace and in crisis-mode.

**Session 3C. Funding opportunities, and networking and research initiatives**

Networking and collaboration on research and funding comprise an essential element of the RHN’s activities. This aim of this session was to:

- discuss key factors of success in applying for new funding for health and networking;
- share examples of successful experiences and lessons learned;
- identify current ongoing research initiatives relevant to or conducted by RHN members and their partners; and
- explore areas of joint interest.

**Summary of the presentations**

*Creating synergies and maximizing impacts through international partnerships*

The significance of fostering synergies to amplify impacts through collaboration at both the national and the international levels was underlined. The Programma Mattone Internazionale Salute [Mattone International Health Programme](ProMIS) (46), an institutionalized network representing Italian regions and autonomous provinces, collaborates closely with the Italian Ministry of Health in facilitating an inclusive approach to EU opportunities through regional initiatives. Over the years, ProMIS has gathered considerable knowledge in this area through several projects, including EU Joint Action projects (collaborative projects on key EU priorities, involving several EU and associated countries), which play a role in connecting regions and facilitating new synergies. According to the experience of ProMIS (46), these projects should not exist merely to apply for funding, but to develop common longer-term goals. ProMIS activities include:

- participation in European initiatives that reinforce interconnection among national institutions and key actors at the national level;
- the implementation of a national training plan dedicated to the regions and autonomous provinces in Italy;
- the organization of infodays, technical webinars and other events, such as summer and winter schools;
- the development of thematic platforms on the ProMIS website to create a virtual space for collecting information about national and regional initiatives, EU funding opportunities, European networks, interregional and national working groups and related projects (46).
ProMIS has also developed a sustainability plan within the framework of the NFP4Health Programme \(^{(46,47)}\), featuring the five elements illustrated in Fig.13.

**Fig. 13. The ProMIS sustainability plan**

![The ProMIS sustainability plan](image)

The Sustainability Plan developed by ProMIS in the framework of the JA NFP4Health is representing a **concrete strategy** to define the Networks’ Sustainability and promote integration.

Source: Florea Sandita, ProMIS International Health Programme, Veneto region, Italy.

**Findings and learning from the EuroHealthNet experience in building and implementing successful projects**

EuroHealthNet, the European partnership for health, equity, and well-being, brings together bodies operating at the EU, national, regional and local levels to help build a sustainable, fair and inclusive Europe by creating healthier communities and tackling health inequalities in and between EU Member States \(^{(48)}\). The partnership focuses on five priority areas of possible collaboration between RHN and EuroHealthNet – health equity, noncommunicable diseases, the climate crisis, health promotion and disease prevention, and life course – with two cross-cutting topics, namely, mental health and digital inclusion. Within the various projects in which it is involved, EuroHealthNet is responsible, inter alia, for coordination, policy and advocacy, communication, long-term strategy and sustainability. The partnership’s extensive experience in building and implementing successful projects provides many lessons learned that may be of relevance to the RHN. These include:

- ride the wave – take advantage of opportunities while they exist;
- make friends and cultivate contacts for future collaboration;
- divide and conquer – specialize within your team, recognizing that people’s strengths differ, and make use of relevant expertise in searching and applying for funding;
- push to your limits – and then expand;
- never underestimate the value of being competent.

There has been an increase in EU-funding opportunities that may be relevant to RHN members, including recovery and resilience cohesion funds, which could allow the regional representation of Member States. RHN members can consult the publication, *A guide to the national focal points for EU programmes, instruments and networks* \(^{(49)}\) regarding relevant contact points in their countries.
How to build consensus and participation in cross-border settings for joint action

As many RHN members are cross-border regions, ways of building consensus on and participation in joint action in cross-border settings was discussed on the background of the euPrevent (50) experience in the Euregio Meuse-Rhine region. Several key factors are important if cross-border consensus and participation are to be successful, including networking, knowing the cross-border policy landscape and informal infrastructures, and being familiar with the citizens’ living areas and how they move between the border regions.

Collaborative efforts necessitate a spirit of openness and adaptability. In endeavouring to initiate collaborative projects, it is imperative to embrace diverse approaches and cultivate a process of mutual exchange, underpinned by a shared vision of ensuring sustainability.

Horizon Europe (51), EU4Health (31) and Interreg A (52) are important sources of funding for cross-border collaboration, especially as they provide start-up funding with the possibility of receiving sustainability-management support, if required. The focus is not only on academic learning, but also on practical projects and innovation – a mix of science, policy and practice – which could be relevant for RHN projects involving local authorities.

Another lesson learned is the importance of identifying the lead of a sustainable network to act on behalf of all stakeholders (politicians, policy-makers, scientists and citizens) and ensure their involvement, while keeping the focus on the joint goal.

How can collaboration across networks help to mobilize resources?

Based in Brussels, with 21 current members, it is the aim of the European Regional and Local Health Authorities (EUREGHA) network (53) to improve health policy in Europe. EUREGHA is actively engaged in EU projects and initiatives and collaborates with the RHN.

EUREGHA has developed working groups on three topics: cancer, the transformation of digital health and cross-border health. These groups include regional representatives. The network is also active in other thematic areas, including mental health, health promotion and disease prevention and the health-care workforce, the last of which they are working on with RHN members. Region-oriented organizations are often not well represented in stakeholder negotiations with policy-makers, patient organizations and industry. Therefore, networks – such as EUREGHA (53) and the RHN – play an important role in ensuring that other stakeholders are aware of the relevance of the regions. There are numerous benefits of collaboration across networks (Fig. 14) as they all have specialties, contacts and experience that can be mutually advantageous.
Comparing and contrasting health outcomes and inequities across small areas, using subnational regional demographic characteristics

A group of researchers from four RHN regions – Saskatchewan (Canada), Viken (Norway), Utrecht (Netherlands (the Kingdom of)), and Varna (Bulgaria) – has set up a collaborative project to compare and contrast health outcomes and health inequities at the regional level, based on demographic characteristics. The aim is to facilitate future comparative research among the participating regions and illustrate how they can better work together to this end. The project will involve adapting a method used in peer health regions in Canada to the European context. Cluster analyses will be used to identify the peer regions that are most similar, according to selected indicators. In 2024, the group plans to collect a range of health indicators, identify levels of health inequalities in the regions involved and compare the clustering results. To this end, a list of indicators for clustering, such as population, housing value, employment rates, migration and others, was being developed. There had been several barriers to the project, including differences in the availability of indicators between the countries and regions, as well as in levels of detail and frequency of data collection.

While their shared vision has helped the collaborators focus on developing the methodology and selecting the indicators, the choice of data that can be shared and level of data sharing still need to be determined. The results of the project may help to ascertain which programme or policy decisions could help address health inequities in peer regions with seemingly similar populations. The results could generate several different research opportunities for different types of health indicators and outcomes, and the project could potentially be expanded to regions in other countries.

The following priorities for future RHN action were identified:

- build synergies and networks that connect regional- and national-level activities, such as those of ProMIS (46).
- cultivate contacts (for example, through the Internet) in connection with ideas for new projects;
• capitalize on the huge benefits of collaboration across networks (such as, euPrevent (50), EuroHealthNet (48), EUREGHA (53), and the RHN), for example, to provide mutual support, enable the pooling of resources and ensure a stronger voice;

• request the support of other regions, not only as partners, but also as advisors (for example, regarding contacts, funding applications) and reciprocate with similar support;

• develop thematic working groups or communities of practice that meet regularly, providing RHN members with a means of working together on common areas of interest;

• organize capacity-building webinars on specific funding or technical-support instruments;

• focus on finding ways to ensure that cross-border cooperation is seen as an added value;

• use long-term views to create sustainable projects that can grow beyond funding periods and have more impact in the regions;

• share experience on how to ensure the sustainability of project outcomes with a view to their being included in regional plans;

• create a hub-based cooperative initiative to align efforts and share resources.
Session 4. Empowering health through science, data and innovation

Digital-health technologies include a range of applications, such as telemedicine, electronic health records, mobile health applications, AI and tools for data analytics.

As RHN members can rely on the evidence-based information and knowledge existing within their health systems, they are well placed to develop and encourage initiatives that integrate financial, organizational and technological resources.

Session 4 focused on regional strategies and their links with WHO and EU global strategies; the digitalization of PHC and related trends, opportunities and risks; and the use of digital tools for communicating with the population. The ultimate goal was to identify action the regions could take to increase access to digital health and close the digital gap. To this end, an overview of the Regional digital health action plan for the WHO European Region 2023–2030 (54) was presented, and the following possible RHN action was discussed:

- strengthening subnational governance in the digital ecosystem;
- integrating and adopting digital-health technologies;
- developing a specific, measurable, achievable, relevant and time-bound (SMART) approach that puts patients at the centre of digital-care developments;
- integrating, capitalizing on and building capacity for telehealth in the delivery of routine health and social services.

Summary of the presentations

How can the Regional digital-health action plan for the WHO European Region 2023–2030 support RHN members?

This action plan (54) was the first of its type to be adopted by all 53 WHO Member States, all of which are investing heavily in this area. It is built around the five guiding principles and four main priorities (Fig.15), which were discussed in Session 3A on strengthening primary health.
Assessments of the current challenges related to digital health are needed to develop guidelines on the implementation of related strategies to help identify the main issues to be addressed and priorities for action. WHO has produced several such guidelines, for example, the WHO Support tool to strengthen health information systems: guidance for health information system assessment and strategy development (55). Two more guidelines were in the pipeline, focusing on GIS information-system assessment methodology and cyber-security audit methodology. These will provide an understanding of the current status in the Region, and help develop a realistic, achievable vision of how to improve it. It is essential to include monitoring and evaluation in any strategy to ensure that initiatives are being implemented as planned.

Fig. 15. Regional digital health action plan for the WHO European Region 2023–2030; guiding principles

Digital-health systems have multiple functions and domains (Fig.16), all of which need to be considered in evaluations and development plans, including governance, resources and knowledge translation, which are currently lagging behind the other domains. To avoid misunderstandings, it is important that communication between politicians and those working on the development of digital health in health-information systems takes place at an early stage.

Not only can digital health improve current systems, but it can also enable the use of medical data in the analysis of secondary health data (for purposes other than those for which the data were collected).

Some regions and countries, even at the hospital level, have multiple electronic platforms that are not integrated. WHO is helping countries to map data and optimize data flow, using new technologies, including AI. It will be important to include multiple stakeholders, developers, partners and health-care workers at each stage of development and ensure they are paired with national and regional priorities.

WHO recently published a report on a digital-health survey conducted in the WHO European Region, entitled The ongoing journey to commitment and transformation – digital Health in the...
European Region 2023 (56). There are five areas to prioritize when moving forward in this field, not only in the WHO European Region as a whole, but also in the different regions participating in the RHN:

1. establish effective governance
2. develop robust evaluation guidelines and increase digital-health literacy
3. ensure sustainable financing and collaboration
4. address interoperability and standardize health data
5. promote patient-centred care and digital inclusion (Fig. 17).

Fig. 16. The multiple functions and domains of digital-health systems

Fig. 17. The way forward

Source: presentation of Karapet Davtyan, Data and Digital Health, WHO Regional Office for Europe.
Sharing experiences

The eHealth Strategy in Andalusia

One of the main strengths of Andalusia’s health-information system is its capacity to link various sources of data in one regional electronic health record shared by hospitals, primary-care facilities and even pharmacies. A physician in one city can order a lab test, which can be taken in another city, and its results can be seen in a third city. Citizens can access all their personal clinical records on a platform called, “ClicSalud+”. Here, they can also book appointments, order health cards, change doctors, or even temporarily switch physicians during a vacation period.

Another useful feature of Andalusia’s health-information system is telemonitoring, whereby patients can be monitored remotely and themselves enter information into their clinical records (for example, people with diabetes can upload glycemia levels). The regional health authorities are encouraging citizens to interact with the health-care system to help control and prevent chronic diseases. An example of this is the creation of a contract between patient and health-care professional on following recommended interventions, such as exercise or dietary changes, based on the patient’s health status.

The participants in the meeting were invited to take part in a study visit to Andalusia to find out more about the region’s digital-health strategy and techniques.

Where is digital health heading?

The Digital Health Observatory of the School of Management at the Technical University of Milan, Italy, serves as a catalyst for stakeholder engagement in, and offers a platform for collaboration on the identification of emerging opportunities. Its multiple objectives encompass conducting comprehensive analyses and research to drive the development of digital innovations, fostering intercultural communication, and disseminating knowledge across Italy. Through its research, the Observatory has developed a connected-care model that brings patients and health-care professionals together in collecting and sharing data related to the former’s health journey. The model includes telemedicine, electronic health records, digital therapeutics and AI.

Telemedicine plays a strategic role in the Italian National Prevention Plan (23), the aim being to build a medical infrastructure at the national level to unite the health data of all 21 Italian regions collected through telemedicine platforms and electronic health records. It also fosters interoperability with other national information systems, thereby enhancing collaboration on a broader scale.

Research carried out by the Observatory on a representative sample of the population in Italy revealed that about half was not familiar with electronic health records, and even less used them. However, these records have several benefits: (i) they render travel unnecessary; (ii) they are stored in one place; and (iii) they help doctors keep control of all patient-related documents.

The Observatory also measured the use of AI in clinical decision making and found that it could complement the work of health-care professionals and might enhance the physician’s role: 59% of specialists were of the opinion that AI tools could help them carry out and improve their professional activities, while only 20% were concerned that AI would significantly replace work activities. Digital therapeutics were also of interest, but as yet there is no regulatory pathway to their approval and reimbursement. The Observatory proposes five levers of digital transformation towards connected care as shown in Fig. 18.
**Fig. 18. Levers of digital transformation towards connected care**

<table>
<thead>
<tr>
<th>Culture</th>
<th>A cultural change for all actors will be necessary to face a transformation of the care model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competences</td>
<td>Healthcare professionals and patients will have to develop digital competences, but also new relational skills</td>
</tr>
<tr>
<td>Governance</td>
<td>Central Government and Regions must guarantee uniform access to the healthcare system, overcoming fragmentation and inequalities</td>
</tr>
<tr>
<td>Data</td>
<td>Data should be produced and exchanged digitally to support decision-making at large scale, going beyond a silos approach</td>
</tr>
<tr>
<td>Assessment</td>
<td>Results achieved by successful projects should be assessed considering benefits that they bring to the whole system</td>
</tr>
</tbody>
</table>

**Source:** Presentation of Chiara Sgarbossa, Director, Digital Health Observatory, School of Management – Technical University of Milan, Italy

**Living in digital exclusion – results from a Swedish region**

Within the context of the increasing development of digital tools, digital exclusion should be assessed to safeguard vulnerable groups. In 2022, a public health survey involving 30,000 participants illustrated health-system challenges and citizens’ needs in the Swedish region of Västra Götaland. By assessing how comfortable and safe people felt in using the Internet, the survey aimed to identify those affected by digital exclusion, as well as non-users of the Internet. The data collected revealed significant differences between men and women (in all age groups): Women felt less safe than men, a feeling that increased with age and was especially strong after the age of 75 years (Fig. 19). In addition, people with visual and hearing impairments and those with long-term health conditions were found to be at higher risk of digital exclusion and less likely to benefit from digital-health technologies.

If digitalized health care is to continue, it will be necessary to find ways of compensating for a potential loss of communication with people who are digitally excluded as this may cause them unnecessary problems and could lead to superfluous costs to the public health system. Further studies are needed across the WHO European Region to ascertain who these people are and how their needs can be met. The RHN members could help by examining this issue in their regions and countries and developing ways of increasing digital competence among older people or finding alternative strategies for assisting them.

The WHO report, *The ongoing journey to commitment and transformation: digital health in the WHO European Region, 2023* (56), warns about the uneven deployment and uptake of digital-health solutions, indicating that millions of people in the Region are at risk of being left behind. WHO calls for targeted investment in the digital-health literacy of health-care providers and patients.
Health care innovation in Estonia: what are the key drivers?

Estonia is a small country (1.3 million inhabitants) and has a digital health portal (similar to that in Andalusia) where patients can access their health data.

The Estonian health-care system is based on support from the EU Solidarity Fund and universal access to health-care services. The main task of the Estonian Health Insurance Fund is to organize health insurance on a national level. Currently, the Estonian Health Insurance Fund is developing projects on personalized medicine, involving person-specific information and communication. Some of the wide range of e-health products owned by the Estonian Health Insurance Fund were developed in unison with partners (Fig. 20).

One key question relates to the roles of the partners and whether the Estonian Health Insurance Fund should always lead co-development measures. An alternative approach would be to leverage established products of private enterprises and thus evade the necessity to develop entirely new frameworks. Health-care providers would be able to select available products based on their needs rather than on a one-size-fits-all approach.

Estonia’s approach involves offering multiple digital platforms through which patients can communicate with primary-care doctors who can choose the most suitable option. In addition, it recognizes the need for standards and aims to streamline information and data reporting. Despite utilization of the digital-health portal since 2009, the challenge of analysing text-heavy, non-uniform information persists.
The country also has an innovation fund, which supports impact-assessment studies on digital health-care solutions. The Estonian Health Insurance Fund aims to implement these studies at the national level, which highlights the importance of aligning each digital-health tool with a clear purpose to ensure that specific health-care challenges are addressed effectively. The journey from pilot to practice acknowledges the need for the continuous development and organic growth of digital products over time.

Environment and health: epidemiological data to support air quality policies – the experience of Emilia-Romagna, Italy

Air pollution is a major cause of disability-adjusted life years, like tobacco smoking. The Emilia-Romagna region in Italy, one of Europe’s most polluted areas, has launched several health-focused projects. The Aria e salute [Air and health] project, part of Italy’s National Prevention Plan (23), aims to monitor air-quality improvements and study health outcomes to evaluate policy impacts.

Emilia-Romagna exemplifies the effective use of digital data on a regional scale, with an advanced air-pollution monitoring system and an interoperable health-information infrastructure, including mortality registers and hospital databases. Health data are integrated with those related to social conditions, although there is still a need for epidemiological surveillance in high-risk areas. The Emilia-Romagna Longitudinal Study (57) enhances this system by providing data on socioeconomic factors, enabling comprehensive assessments of pollutant exposure by living environment and population characteristics.

The region monitors the effects of acute and chronic exposure to air pollution on health outcomes, such as hospitalizations and mortality from respiratory and circulatory diseases. Using existing data, Emilia-Romagna plans to create an atlas on air quality and health, integrating data on pollution, social determinants and health effects. This resource will inform policies and make it possible to evaluate air-quality initiatives. It will also promote the use of similar approaches in other Italian regions.

Combining digital-health service delivery with real-life, place-based service delivery: the One Urban Health Initiative, Australia

Urban science has a strong history of using digital data and modelling, which is often embraced by politicians. Research projects at the University of New South Wales suggest that to achieve health equity, digital-health service delivery needs to be combined with real-life, place-based
service delivery. This is why the place-based One Health initiative, “One urban health” (58), on the topic of One Health in cities and regions, could be of relevance to the RHN and its members. The initiative advocates recognizing “the interconnectedness of all life on the planet” and explores implications for urban planning and health in cities (58).

Discussion

Panel debate, audience discussion and the interactive polling of participants touched on what can be done in the regions to advance digital health for all. The participants were of the opinion that WHO training in the digitalization of health-information systems would be relevant to enhancing health care; 28% felt that training on the provision of GIS information to improve health-service delivery would be useful.

The participants grappled with a range of challenges to digital health, with digital literacy emerging as a primary concern (Fig. 21). This related to both patients and health-care providers, highlighting the critical importance of ensuring accessibility and usability for all. It was recognized that achieving health for all cannot be realized without addressing the needs of people without digital access or who prefer alternative means of care. Moreover, the apprehension was expressed that digital solutions may exacerbate health inequities in certain segments of the population.

A fundamental principle emphasized during the discussions was the need for digital technologies to be purpose driven and provide tangible solutions to identified problems. Consequently, impact assessment would emerge as a cornerstone of all digital-health initiatives, ensuring not only that interventions are technologically sound but also that they yield measurable benefits.

In addition to digital literacy and impact assessment, other key takeaways from the discussion included the existence of good opportunities to integrate data from different areas (health, environment, social determinants) with the aim of increasing epidemiological analysis and health-impact assessment. However, although data are plentiful, the availability of information is poor as a result of low interoperability between platforms and a lack of common standards.

Fig. 21. Challenges related to the digitalization of health-information systems: participants’ opinions

**OPTIMISM AND BELIEF IN DIGITAL SOLUTIONS**
- Difficulties creating trust and acceptance
- The trend towards more digital health tools might not be the right solution to solve issues
- Issues with misinformation
- Optimism that digital solutions will solve everything

**DATA SHARING COMPLEXITY, OWNERSHIP ISSUES, AND DATA SECURITY**
- Data-security risks
- Data sharing is complex as regions have developed different systems
- Resistance by some institutions to share data
- Data-security laws, guidelines, and frameworks need to be cleared and regularly updated
- Data-sharing uncertainties as to who owns the data, and with whom they can be shared

**LEGISLATION AND GOVERNANCE**
- Many digital legislation barriers
- Different information systems within one region
- Jurisdiction issues

**DIGITAL LITERACY, BUREAUCRACY, AND USE IN HEALTH-SERVICE DELIVERY**
- Lack of digital skills leads to digital exclusion, especially among one of the main groups needing healthcare
- Digitalization can sometimes increase bureaucracy, especially for health-care professionals who need to continuously upload data
- Reduction of human contact, face-to-face care, potentially affecting patient–professional relationships
- Difficult to ensure the uptake of tools by professionals and citizens
- Work well for some pathologies (e.g., diabetes) but not as well for others (e.g., mental health)
The application of AI is increasing and, thus, a better understanding of how to use it and learn about its benefits and limitations is needed.

Digital innovations should respond to identified needs and address clear-cut issues. Digital solutions must evolve constantly to meet the needs of users (including patients).

Innovation funds to assess the impact of digital solutions are essential.

The following priorities for future RHN action were agreed:

- identification of those left behind in the digital world and why, with a special focus on older people, and of ways of tackling this issue (action: regions);
- assessment of digital-health systems, using WHO guidelines (comparisons among the regions may also be useful) (action: regions);
- facilitation of regions’ access to the training included in the draft regional digital health action plan for the WHO European Region 2023–2030 (54) and its adaption to their contexts (action: WHO);
- elaboration of a compendium of good digital-health practice in the regions (action: WHO).
- development of a standard set of training tools for use in digital health from a regional perspective (for example, based on good examples in Denmark and Estonia of how the development of digital-health services can be outsourced to private companies) (action: WHO).
RHN business meeting

During the RHN business meeting, 22 regional profiles were displayed on poster boards. The participants were encouraged to leave post-it notes to express their interest in collaborating on or receiving information about a particular topic.

RHN priorities and strategies for achieving their goals and ensuring the longevity of the Network were discussed. Based on suggestions made, the overarching RHN goals for 2024 are to:

- create working groups on specific themes over a two-year period;
- intensify collaboration within the RHN;
- welcome more regions from outside the EU to the annual RHN meetings;
- update the profiles of the RHN members;
- make use of the diversity of the RHN members (Box 1);
- improve the Network’s communication strategies (Box 2);
- focus on themes affecting the regions in the current health climate, such as:
  - food-system resilience, rural communities, health systems, medical supplies;
  - the need to strengthen the health and care workforce with a particular focus on rural areas (medical deserts) and mental-health workers;
  - development of regional strategies for tackling mental health;
  - general preparedness and cross-border preparedness;
  - vaccine-preventable cancers.
Box 1. How RHN members can best use their diversity and learn from each other

An interactive audience poll produced the following suggestions:

- increase opportunities to get to know the other regions (their challenges and systems), while continuing to update each other on evolving diversities;
- clarify differences in how the regions are organized, especially concerning public health systems;
- share regional experiences in countries with similar features and challenges through tailored tools and activities;
- exchange good practice through regular communication;
- share challenges, interests and solutions digitally and in a flexible way;
- create discussion groups to share experience;
- share more examples of projects on finding out how the regions interpret and apply approaches, such as One Health (6), and adapt these to regional and local contexts;
- increase the time allotted for networking during the annual meetings;
- arrange more study visits and peer exchanges;
- organize regular online and face-to-face meetings between specific regions;
- be aware of the topics of interest in each region to spark collaboration.

Box 2: How can we make RHN stories more visible?

The following suggestions were made:

- communicate stories and updates to the RHN Secretariat;
- announce calls for thematic stories;
- create short videos for YouTube and other digital platforms, for example, on:
  - regional profiles
  - regions and countries and their health and care systems
  - successful projects;
- create podcasts of interviews with RHN members on specific themes;
- use key data to communicate relevant information to the RHN members;
- increase social-media postings and share them with wider audiences;
- add a feature in the monthly RHN newsletter entitled, “Get to know the RHN regions”, and present a different region each month;
- publish in peer-reviewed journals.
Conclusions: adoption of the Andalusia Statement, 2023

The meeting ended with the adoption of the Andalusia Statement, which clearly outlines the commitments of the regions participating in the RHN for the immediate future. Full statement is available in Annex 3.
References


Unless otherwise indicated, all references were accessed on 16 May 2024.


47. NFP4Health [website]. Brussels: European Commission; 2024 (https://www.nfp4health.eu/).


53. EUREGHA [website]. Brussels: European Regional and Local Health Authorities; 2024 (https://www.euregha.net/).


Annex 1. Programme

Wednesday 15 November 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>13:30–13:45</td>
<td>Welcome, and outline of the scope and purpose of the meeting</td>
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<tr>
<td></td>
<td>○ Ana M Carriazo, Senior Adviser, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain</td>
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<td></td>
<td>○ Natasha Azzopardi-Muscat, Director of the Division of Country Health Policies and Systems, WHO Regional Office for Europe (online)</td>
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<tr>
<td></td>
<td>○ Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy</td>
</tr>
<tr>
<td>13:45–14:15</td>
<td>Speed networking</td>
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<tr>
<td>14:15–15:15</td>
<td>Session 1 (part one). Climate change and One Health</td>
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<tr>
<td></td>
<td>○ Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy</td>
</tr>
<tr>
<td>14:15–15:15</td>
<td>Moderator</td>
</tr>
<tr>
<td></td>
<td>○ Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy</td>
</tr>
</tbody>
</table>

Speakers

- International and regional action on health and climate change
  - Dorota Iwona Jarosinska, Programme Manager, WHO European Centre for Environment and Health, Bonn, Germany (online)

- Developing a new climate health plan in Flanders
  - Bart Bautmans, Environmental Health Team Leader, Department of Care, Flanders, Belgium (online)

Presentations and roundtable discussion on One Health

- Making One Health operational for a sustainable and healthy future: the role of the WHO Regional Office for Europe
  - Simona Seravesi, Technical Officer (One Health), WHO Regional Office for Europe

- The One Health approach in Andalusia
  - Jorge del Diego Salas, General Director for Public Health and Pharmacies Regulation, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain

- One Health: from concept to public health practice
  - Carmen Cabezas, Secretary of Public Health, Catalonia, Spain

- One Health from a youth perspective
  - Kristina Almazidou, President, International Student One Health Alliance (ISOHA) and Chair of the UHC Working Group of the WHO Youth Council, Greece (online)

Guided discussion
15:15–15:45  **The role of regions or subnational authorities in national and subnational policy implementation**

**Speakers**
- Catalina García Carrasco, Regional Minister of Health and Consumer Affairs of Andalusia, Spain
- George Patoulis, Governor of Attica, Greece

16:15–17:30  **Promoting health and well-being: climate change, environment and One Health**

**Moderator**
- Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy

**Group discussion**

**Reporting back to plenary**

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**Thursday 16 November 2023**

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>09:30–13:00</td>
<td><strong>Session 2. Universal health coverage</strong></td>
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<tr>
<td>09:30–10:30</td>
<td><strong>Session 2A. Humanization of integrated, value-based and personalized health systems</strong></td>
</tr>
</tbody>
</table>

**Moderator**
- Alvise Forcellini, RHN consultant, WHO European Office for Investment for Health and Development, Venice, Italy

**Speakers**
- *Introductory remarks*
  - Miguel Ángel Guzmán Ruiz, Deputy Regional Minister of Health and Consumer Affairs, Andalusia, Spain
- *Quality of care and country profiles: a WHO analysis*
  - João Breda, Special Adviser to the WHO Regional Director for Europe, WHO Regional Office for Europe
- *Humanization strategy in Andalusia*
  - Javier Vázquez, General Secretary for Humanization, Planning, Social and Health Care and Consumer Affairs, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain

**Interactive discussion**

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<tr>
<th>Time</th>
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<tbody>
<tr>
<td>10:30–11:00</td>
<td><strong>Speed networking</strong></td>
</tr>
<tr>
<td>11:00–11:30</td>
<td><strong>Coffee break</strong></td>
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</tbody>
</table>
11:30–13:00  Session 2.B. Financial protection, health equity and well-being

Moderator
- Elisabeth Bengtsson, Senior Adviser in Public Health, Västra Götaland, Sweden

Speakers
- Financial protection and universal health coverage
  - Jon Cylus, Head of London Hubs at the European Observatory on Health Systems and Policies and Senior Health Economist, WHO Barcelona Office for Health Systems Financing, Spain
- Implementing equity in prevention and public health: the Emilia-Romagna experience
  - Luigi Palestini, Directorate general of Health and Welfare, Emilia-Romagna, Italy

Discussion and game play

14:00–17:45  Session 3. Leveraging opportunities

14:00–15:15  Session 3.A. Strengthening primary health care

Moderator
- Ana M Carriazo, Senior Adviser, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain

Speakers
- What are the pillars of Astana-inspired, future-proof, PHC models?
  - José Cerezo, Health Policy Analyst, WHO European Centre for Primary Health Care, Almaty, Kazakhstan (online)
- Joint action on transfer of best practices in primary care (CIRCE-JA)
  - Sebastian Tornero, Head of Operational Planning Unit, Andalusian Health Service, Spain
- Collecting and analysing data on public health workforce, training, funding and governance
  - Cory Neudorf, Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, Canada

Discussion

15:15–16:00  Session 3.B. Health crisis preparedness and response

Moderator
- Bettina Menne, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy

Keynote speaker
- Can a stronger European Health Union help to confront the permacrisis?
  - Isabel De la Mata, Principal Adviser on Health and Crisis Management, European Commission (online)
- Emergency response by WHO
  - Ihor Perehinets, Programme Manager, Country Health Emergency Preparedness and IHR at the WHO Regional Office for Europe (online)
WHO Regions for Health Network 28th annual meeting, Seville, Spain 15–17 November 2023

Question-and-answer session

16:00–16:30 Coffee break

16:30–17:45 Session 3.C. Funding opportunities, networking and research initiatives

Moderator

- Virginia Nieto, International Projects Officer, Progress and Health Foundation, Spain

Speakers

- Creating synergies, maximizing impacts through international partnerships
  - Florea Sandita, ProMIS International Health Programme, Veneto region, Italy

- Findings and learning from EuroHealthNet experience in building and implementing successful projects
  - Alison Maassen, Programme Manager, EuroHealthNet

- How to build consensus and participation in cross-border settings for joint action
  - Brigitte Van der Zanden, Director, euPrevent

- How can collaboration across networks help to mobilize resources?
  - Michele Calabrò, Director, European Regional and Local Health Authorities

- Comparing and contrasting health outcomes and inequities across small areas using subnational regional demographic characteristics
  - Cory Neudorf, Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan, Canada

Discussion

Call for research projects

Friday 17 November 2023

<table>
<thead>
<tr>
<th>Time</th>
<th>Session</th>
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<tbody>
<tr>
<td>08:30–09:00</td>
<td>Joint “speed networking walk” from Hotel Macarena to conference venue</td>
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<tr>
<td>09:00–11:00</td>
<td>Session 4. Empowering health through science, data and innovation (Digital health)</td>
</tr>
</tbody>
</table>

09:00–11:00 Moderator

- Ana M Carriazo, Senior Adviser, Regional Ministry of Health and Consumer Affairs of Andalusia, Spain

Keynote speakers

- How can WHO’s Regional Digital Health Action Plan 2023–2030 support member regions of the RHN?
  - David Novillo Ortiz, Regional Adviser on Data and Digital Health, WHO Regional Office for Europe (online)
Sharing experiences

- **The eHealth Strategy in Andalusia**
  - *Francisco Sanchez Laguna*, Deputy Director for Information and Communication Technology, Andalusian Health Service, Spain

- **Where is digital health heading?**
  - *Chiara Sgarbossa*, Director, Digital Health Observatory, School of Management – Technical University of Milan, Italy (online)

- **Living in digital exclusion – results from a Swedish region**
  - *Richard Allan Dale*, Strategist, Västra Götaland, Sweden (online)

- **Health-care innovation in Estonia: what are the key drivers?**
  - *Kristin Kuusk*, Innovation Specialist, Estonian Health Insurance Fund, Estonia

- **Environment and health: epidemiological data to support air quality policies – the experience of Emilia-Romagna**
  - *Nicola Caranci*, Directorate General of Health and Welfare, Emilia-Romagna, Italy

- **Video message**
  - *Evelyne de Leeuw*, Professor of Urban Health and Policy HUE, Healthy Urban Environments

**Group work facilitated by Karapet Davtyan, Data and Digital Health, WHO Regional Office for Europe**

11.30–12.45  **RHN business meeting**

**Moderator**

- *Bettina Menne*, Senior Policy Adviser, Healthy Settings, WHO European Office for Investment for Health and Development, Venice, Italy

**Partners**

- **The Committee of the Regions: major forthcoming events in EU health policy**
  - *Dorota Tomalak*, Deputy Head of Unit, Secretariat of the Commission for Natural Resources, European Committee of the Regions (CoR), (online)

12:45–13:00  **Endorsement of the Andalusia Statement**
Annex 2. Participants

Austria, Lower Austria

Florian Lochner
EU Agenda/HealthacrossDirectorate for Medicine and Nursing
St. Polten

Michelle Renz
Trainee
Health Agency
St. Polten

Iris Übl
Trainee
Health Agency
St. Polten

Belgium, Flanders

Marie Laure Robberechts
International Policy Team
Department of Care – Flanders
Brussels

Sol Wallyn
Policy Officer
International Policy Team
Department of Care – Flanders
Brussels

Bulgaria, Varna

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Faculty of Public Health
Medical University
Varna

Canada, Saskatoon Health region

Cory Neudorf
Professor, Department of Community Health and Epidemiology
College of Medicine, University of Saskatchewan
Interim Senior Medical Health Officer
Saskatchewan Health Authority/University of Saskatchewan

Croatia, Split Dalmatia

Jelena Paušić
Professor, Faculty of Kinesiology
University of Split
Split

Czechia, Ústecký Region

Radim Laibl
Councilor and member of Regional Council
Regional Council – Healthcare
Ústí

Petr Severa
Head
Department of Health
Ústí
Health for All – addressing challenges, sharing experiences

Estonia

Kristin Kuusk
Estonian Health Insurance Fund
Tallinn

Tiina Toming
Estonian Health Insurance Fund
Tallinn

Germany, Baden-Wuerttemberg

Julia Moser
Health Promotion, Prevention and Equal Health Opportunities
Department for Health Policy and Prevention
Ministry of Social Affairs, Health and Integration
Baden- Wuerttemberg

Odile Mekel
Technical focal point for RHN
Institute of Public Health
Centre for Health
North Rhine-Westphalia

Greece, Attica

Anastasia Koilou
Assistant to the Regional Governor
Athens

George Patoulis
Regional Governor
Athens

Dionysia Papathanasopoulou
Representing the Regional Governor of Attica

Dr Georgios Patoulis
National Coordinator of WHO-Hellenic Healthy Cities Network
Member of WHO Advisory Committee for European Healthy Cities Networks
Athens

Italy, Autonomous Province of Trento

Riccardo Farina
Department for Health and social politics
Office of innovation and research
Regional Health Agency
Trento

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Annex 3: The Andalusia Statement

We, the representatives of member regions of the WHO Regions for Health Network (RHN), coming together at the 28th annual meeting of the Network in Andalusia, Spain, meet at a time when people and societies across the WHO European Region are facing economic and social difficulties, intertwining climate change, environmental pollution and biodiversity loss, a backlog in pandemic recovery, and multiple destabilizing conflicts and war.

It is therefore more important than ever to be united in action for better health and well-being. We, therefore, developed and welcome the draft RHN roadmap: together towards better health and well-being, 2024–2026.

We are committed to ensuring the right to the highest attainable level of health for all, promoting equity and well-being, preventing disease, providing universal health coverage, protecting against health emergencies, and empowering health through science, data and innovation in our regions. We confirm our intention to cooperate on work in these areas to address common challenges.

According to our roles and responsibilities, we will use our strengths to work – across the whole of government and society, in intersectoral and multisectoral partnerships, with civil society and with youth organizations – to advance health and well-being across society, build capacity, bolster collaborations, and share information, data and experience.

We will further contribute to strengthening the Network as a unique solution-based platform supporting implementation of WHO policy priorities and the United Nations 2030 Agenda for Sustainable Development.

We state our intention to continue to:

- act as a bridge between national commitments and regional and local delivery;
- lead by example at the subnational level;
- collect, share and distribute data, evidence, intelligence and good practice; and
- leverage opportunities to collaborate with each other at the regional, national and international levels.

We will cooperate on joint advocacy and learning among RHN member regions, promote innovation and community of practices, organize study visits, share resources and know-how, build capacity and promote active communication across the Network.

We ask the RHN Secretariat at the WHO Regional Office for Europe to report back on progress to the 29th annual meeting and explore mechanisms to increase subnational governance and accountability towards the health and well-being goals of the Network.

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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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