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ABSTRACT

The European Advisory Committee on Health Research (EACHR) reports directly to the WHO Regional Director for Europe. Its purpose is to advise on formulation of policies for the development of health research, review the scientific basis of selected regional programmes, advise on new findings on priority public health issues and evidence-based strategies to address them and facilitate exchange of information on research agendas and evidence gaps. The Committee held its fifth formal meeting in Copenhagen, Denmark, on 7–8 July 2014. It reviewed and offered advice on WHO programmes, made recommendations and action points, agreed EACHR rules and procedures, updated the EACHR action plan for 2013–2014 and identified further longer-term activities.

Keywords

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Introduction

The European Advisory Committee on Health Research (EACHR) reports directly to the WHO Regional Director for Europe. Its purposes are to advise the Regional Director on formulation of policies for the development of research for health in the Region, to review the scientific basis of selected WHO programmes, to advise on new findings on public health priorities and evidence-based strategies to address them and to facilitate exchange of information on research agendas and evidence gaps (see terms of reference, Box 1). Its rotating membership comprises public health research experts with a wide variety of specialist knowledge and experience, drawn from Member States of the Region and international institutions.

Box 1. EACHR terms of reference

1. Advise the Regional Director on formulation of policies for the development of research for health in the Region.
2. Review the scientific basis of selected programmes of the WHO Regional Office for Europe, with particular attention to their translational aspects.
3. Advise the Regional Director on new findings emerging from research on public health priorities and effective evidence-based strategies and policies to address them.
4. Facilitate dialogue and interaction among the public health community, research bodies and funding agencies to exchange information on research agendas in the Region and to address evidence gaps for priorities such as noncommunicable diseases.
5. Facilitate the compilation and review of the results of major research programmes on public health priorities and assess their implications for policy at international, national and local levels.
6. Support the development of research potential and capability, nationally and regionally, with special attention to the eastern part of the Region.
7. Pursue harmonization of research activities in the Region with those in other regions and at the global level.
8. Formulate, as appropriate, ethical criteria for public health research.

The Committee held its fifth formal meeting in Copenhagen, Denmark, on 7–8 July 2014. It reviewed and offered advice on a range of important issues and agreed a number of recommendations and action points. These were incorporated in an update of its action plan for 2013–2014 to ensure it continues to reflect the priorities set by the WHO Regional Committee for Europe (RC) and the WHO reform agenda within the European health policy framework *Health 2020 (1)*.

Opening session

EACHR Vice-Chair Professor Róza Ádány, Head of the Department of Preventive Medicine, University of Debrecen, Hungary, welcomed participants, especially the new members appointed according to the rotation principle. The participants and Secretariat introduced themselves in turn. Professor Jane Salvage, independent consultant, London, United Kingdom, was elected meeting

rapporteur.

Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, proposed the aims of the meeting. They were both technical and strategic, including items in the EACHR action plan for 2013–2014 agreed at its fourth meeting (Copenhagen, Denmark, 10–11 December 2013) (2) and items requested by the Regional Director and members. The discussions would cover several areas:

- the direction of public health research in Europe and identification of gaps, relating to current WHO activities and plans for future meetings of the RC;
- key EACHR activities for 2015;
- mapping research capacity in the Region;
- public health aspects of migration in Europe;
- health inequities and the Roma population; and
- public health genomics.

The rules and procedures for rotation of the EACHR chairperson and membership would also be reviewed.

The Committee adopted the agenda and programme.

Members' declarations of interest were reviewed. No conflicts of interest were declared. Many members receive research funding from governmental and charitable organizations but these do not constitute conflicts of interest.

Dr Stein briefly reviewed the action plan developed by EACHR at its last meeting and indicated the status of its milestones. Most of the actions agreed had been implemented. Further steps would be discussed during the meeting. It was agreed that it would be inappropriate for the Secretariat to facilitate members' bids to the European Union (EU) Horizon 2020 research programme.

Action point

- All members who have not yet done so will urgently declare any conflicts of interest to the Secretariat in writing.

The development of EACHR

Mr Tim Nguyen, Unit Leader, Evidence and Information for Policy, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe, introduced a discussion on the future development of EACHR and a draft paper entitled *General rules and procedures for the selection of experts and proceedings of the European Advisory Committee on Health Research*. As a high-level technical advisory body to the Regional Office, EACHR had held four formal meetings since 2011. Terms of reference had been agreed. It was now timely to ensure its procedures were transparent and aligned with WHO regulations for expert advisory bodies.

The membership should be diverse in terms of knowledge, experience and technical area; gender; and geographical balance. Members serve a three-year term in their personal capacities and not as representatives of organizations. Renewals of appointments are fixed for periods of up to three years, initially for one year. Members are appointed on the rotation principle, which requires three

new members in 2014 and seven new members each year from 2015. There will be a formal call for membership that will also help to create a pool of experts.

The chairperson should be a leading European public health scientist elected from among the existing EACHR membership for a three-year term, renewable at the discretion of the Regional Director. To assist continuity, the outgoing chairperson may remain for one year as an ex officio member after the end of his/her term.

Meetings of the EACHR should normally be of a private character, and their content should not become public except by the decision of the Committee, with the full agreement of the Regional Director.

EACHR should become more visible, and new web pages are being designed for an EACHR section on the WHO website. This will contain rules and procedures; meeting reports; calls for experts; and information about Committee members, including brief biographies, declarations of interest and group photographs.

EACHR recommendations

Members agreed it was vital to promote transparency at all times, including in the selection of chairperson and members. They advocated raising the visibility of EACHR within and beyond WHO, including through web pages that linked to EACHR meeting reports and other products such as papers and commentaries.

Suggestions were made to increase the effectiveness of EACHR meetings:

- include only agenda items where EACHR can influence the outcomes;
- circulate information items by email, while allowing flexibility for members to raise important points on them at EACHR meetings;
- have fewer agenda items to allow more discussion time;
- consider introducing items by a joint presentation between an EACHR member and a WHO staff member;
- consider asking an EACHR member in advance to act as a discussant for an item;
- give clear instructions to presenters about the purpose of their sessions; and
- ensure that presenters prepare a brief summary of their presentation for advance circulation with the meeting papers, with a brief list of links to key background papers and questions on which they would like EACHR comments.

Action points

- Members approved the draft *General rules and procedures for the selection of experts and proceedings of the European Advisory Committee on Health Research*.
- The Secretariat will promote dialogue with all WHO staff to clarify how EACHR can enhance their work.
- The chairperson and members will each provide brief biographies and declarations of interest for publication on the web pages.
- The format and style of EACHR meeting reports will be reviewed for potential publication on the EACHR web pages.

- The Secretariat will consider the Committee's suggestions for effective meetings and implement them as appropriate at the next meeting.

Update on WHO global and European activities

World Health Assemblies 2013 and 2014

Ms Zsuzsanna Jakab, WHO Regional Director for Europe, listed the global issues relevant to the Region that arose at the Sixty-sixth World Health Assembly (20–28 May 2013) and the Sixty-seventh World Health Assembly (19–24 May 2014):

- tuberculosis prevention, care and control after 2015;
- antimicrobial resistance;
- intensification of the global eradication of poliomyelitis;
- global monitoring of the prevention and control of noncommunicable diseases;
- maternal, infant and young child nutrition action plan;
- mental health action plan;
- newborn health action plan;
- multisectoral action for a life course approach to healthy ageing;
- the health-related Millennium Development Goals (MDGs) and health on the post-2015 development agenda;
- social determinants of health and sustainable action to improve health and health equity;
- strengthening health systems and universal health coverage;
- access to essential medicines;
- strengthening regulatory systems; and
- human resources for health.

European Regional priorities, discussed at greater length as reported below, are aligned with and informed by these agendas.

WHO research activities

Dr Stein outlined recent global WHO research activities. Four demonstration projects from the Consultative Expert Working Group on Research and Development (CEWG), including one proposed by the Region, had been selected, discussed at stakeholder meetings and put to the Assembly.

Dr Ulysses Panisset, Coordinator, Research Knowledge and Translation Unit, WHO headquarters, said different programmes and departments were represented at monthly meetings of the Research Collaborative Group, an informal headquarters group. It brings together directors of departments that focus mostly on research issues, including the Alliance for Health Policy and Systems Research; the Initiative for Vaccine Research; the Special Programme for Research and Training in Tropical Diseases; Stop TB; Public Health, Innovation and Intellectual Property; and Reproductive

Health and Research. The Council on Health Research for Development (COHRED), an international nongovernmental organization accredited with WHO, also participates. Typical of pragmatic efforts to promote implementation of the WHO research strategy, a recent Research Collaborative Group meeting discussed follow-up of the CEWG report after the Sixty-seventh World Health Assembly and the financing of research and development projects approved by the Executive Board; an update on the initial development of the Global Health Research and Development Observatory, and proposals to develop its architecture with engagement from the regional offices; and recent developments on the International Clinical Trials Registry Platform.

Evidence into policy

Dr Stein said that the expansion of the WHO European Health Information Initiative (EHII), a collaboration launched in 2012 between WHO and the National Institute for Public Health and the Environment of the Netherlands, was a highlight of recent research activity in the Regional Office. To date, seven further Member States and a global charitable foundation, the Wellcome Trust, United Kingdom, have become contributors to EHII. It aims to bridge the gap between research and policy in Europe in various ways:

- to provide a platform for dissemination of health information and research;
- to link researchers through its networks;
- to promote use of health information and research at capacity-building events;
- to harmonize indicators and develop new ones to stimulate new research; and
- to provide tools for health information strategies across the Region.

A web portal and a tool to support the development and improvement of national health information strategies would be launched at the next RC meeting (RC64, 2014). The portal aimed to make data accessible by country and by theme, and to stimulate data interrogation for further research. It would include methodology information and could improve monitoring of the implementation of *Health 2020*. Work was under way with Member States and other European partners to develop and harmonize health indicators and to build capacity.

The central Asian republics information network (CARINFONET) was relaunched in July 2014 to improve collaboration between national health information systems. Dr Stein asked EACHR to consider how this initiative could be used for research in Europe.

EACHR recommendations

Members agreed that knowledge translation (defined by WHO as the synthesis, exchange and application of knowledge by relevant stakeholders to accelerate the benefits of global and local innovation in strengthening health systems and improving people's health) was a key cross-cutting issue not only for policy-makers but also for other stakeholders, including civil society and service users.

Despite the wealth of academic expertise in the Region, many researchers lacked direct experience of knowledge translation. More work was needed on it at all stages from policy development to implementation, reflecting current changes in the type and availability of information, as well as the changing nature of contemporary health challenges; for example, noncommunicable diseases have complex causes and long lead-ins and latency periods. The ways in which data are collected and used needs to reflect this.

The role of research and the use of evidence are also changing, with profound shifts in time perspectives and in the ways of measuring impact. Better understanding is needed of the use of

evidence, including the impact of cultural determinants of health and how people understand and use health knowledge. Links to national non-health data sets should be facilitated through national hubs. Three levels of learning should be encompassed: informative, formative and transformative. Members said the large number of existing initiatives in knowledge translation should be aligned. The Committee recommended the formation of an EACHR subcommittee on evidence-informed policy-making (EIP) and recommended that the Regional Director should draft a regional action plan to enhance EIP; this plan should then be submitted to and approved by the RC through a resolution.

The success of previous European health information initiatives had been limited. It was vital and urgent to put a system in place, however basic, and to make improvements as it was used. It was crucial to define who used health information.

WHO should continue to work closely with the EU in creating a single integrated information system for the EU and ultimately the whole Region. A new phase of the EU-BRIDGE programme should be considered. WHO should also take a lead in developing new ways of using knowledge to support policy implementation. EACHR supported existing work on this and should contribute to its development.

The WHO Evidence Informed Policy Network (EVIPNet), a global WHO initiative launched in the Region in 2012, had been discussed at the fourth meeting of EACHR. The experience of the Network would help to ensure such work was strategic rather than operational and create a community in Europe that could learn from others and clarify the varying needs of health information users. There should be more structured cooperation with WHO headquarters and non-European Member States to share experience of knowledge translation. The concepts and models of evidence used in other non-health sectors should be explored. The challenge lay in culture and mindset change rather than technical solutions.

Action points

- WHO should continue to support efforts to harmonize EHII, EU-BRIDGE, EVIPNet, CARINFONET and other relevant initiatives.
- Where appropriate, these initiatives should inform EACHR activities, recommendations and work on evidence into policy.
- The EACHR formed a subcommittee on EIP, which met during the meeting period.
- The subcommittee is tasked to draft an action plan to enhance EIP in the Region, which should be submitted to and approved by the RC through a resolution.
- The action plan will be presented at the sixth EACHR meeting.

Forthcoming meetings of the WHO Regional Committee for Europe

Meetings of 2010–2013

Ms Jakab highlighted milestones since 2010 arising from meetings of the RC, the democratic WHO decision-making body in Europe. The RC comprises representatives of all 53 Member States and meets for four days every September. Member States formulate regional policies, supervise Regional Office activities and comment on the regional component of the proposed WHO programme budget.

The main theme of RC60 (Moscow 2010) was *Setting the agenda*. It addressed key public health and health policy challenges, and how to move forward in the quest for better health. These included elimination of measles and rubella and prevention of congenital rubella syndrome in the

Region by 2015; poliomyelitis eradication; and the future of the European Environment and Health Process.

Tackling the urgent health issues was the theme of RC61 (Baku 2011). It adopted five European action plans, all now being implemented:

- prevent and control noncommunicable diseases, 2012–2016;
- reduce the harmful use of alcohol, 2012–2020;
- combat antibiotic resistance;
- prevent and combat multidrug-resistant and extensively drug-resistant tuberculosis, 2011–2015; and
- combat human immunodeficiency virus (HIV) infection and the acquired immunodeficiency syndrome (AIDS), 2012–2015.

The meeting consulted on developing *Health 2020*, the European policy for health and well-being; health governance in the 21st century; and addressing social determinants. It debated strengthening health systems, with a progress report on implementation of the Tallinn Charter on health systems for health and wealth (3) and the way forward, and an action framework for strengthening public health capacities and services.

Health 2020 was adopted at RC62 (Malta 2012), where the theme was *Laying the foundation for the future*. The two key documents were the *Health 2020* policy framework, addressing governments and policy-makers, and the policy framework and strategy, addressing public health professionals and researchers.

RC63 (Turkey 2013) focused on implementation of *Health 2020*. It also debated the proposed European Mental Health Action Plan 2014–2020, the new framework for surveillance and control of invasive mosquito vectors and re-emerging vector-borne diseases, and the accelerated action plan for measles and rubella elimination.

RC 2014

Ms Jakab invited EACHR members to attend RC64 (Copenhagen, Denmark, 15–18 September 2014). The agenda, given for information only, would include:

- the first report on the implementation of *Health 2020*;
- the outcome of the follow-up conference on the Tallinn Charter in the context of *Health 2020* (Tallinn, Estonia, 17–18 October 2013);
- a report on the conference marking 35 years of the Declaration of Alma Ata on primary health care (Almaty, Kazakhstan, 6–7 November 2013);
- a report on the WHO European Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 (Ashgabat, Turkmenistan, 3–4 December 2013);
- the European Vaccine Action Plan 2015–2020;
- the European Food and Nutrition Action Plan 2015–2020; and
- the European strategy for child and adolescent health and development 2015–2020 and child maltreatment prevention.

WHO staff presented updates on some of these topics.

Dr Gauden Galea, Director, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe, described the European Food and Nutrition Action Plan, previously reviewed at the third EACHR meeting. The Plan aims to reduce significantly the burden of preventable diet-related noncommunicable diseases, obesity and other forms of malnutrition prevalent in the Region. It calls for action, through a whole-of-government, health-in-all-policies approach, to improve food system governance and the European population's nutrition.

He also highlighted the Ashgabat Declaration (4), discussed by EACHR at its fourth meeting. A key component of the Declaration was the acceleration of action to protect present and future generations from the devastating consequences of tobacco. Controls remain poor in some countries, and the Region is seeing growing differences in tobacco use between and within countries.

Dr Nedret Emiroglu, Deputy Director, Division of Communicable Diseases, Health Security and Environment, WHO Regional Office for Europe, described the European Vaccine Action Plan. It has five strategic objectives: all countries to commit to immunization as a priority; people to understand the value of immunization services and vaccines and demand vaccination as their right and their responsibility; the benefits of vaccination to be extended equitably to all through tailored, innovative strategies; strong immunization systems to become an integral part of a well-functioning health system; and immunization programmes to have sustainable access to predictable funding and high-quality supply.

Dr Agis Tsouros, Director, Policy and Cross-cutting Programmes, WHO Regional Office for Europe, discussed cross-sectoral implementation of *Health 2020* and the need to spread awareness and create a common understanding. This is being facilitated by the completion and dissemination of three major studies on cross-cutting issues: the social determinants of health, governance, and the economics of prevention and public health. The WHO Regional Office for Europe has trained and accredited *Health 2020* consultants to build capacity. At least two thirds of Member States are already taking up the challenges.

RC meetings 2015 and 2016

Ms Jakab tabled provisional lists of the items to be considered at RC65 and RC66 (Boxes 2 and 3). She asked EACHR to advise whether these were the right priorities, and what areas needed more research. She was taking advice from EACHR member Professor Philippe Grandjean on environment and health issues and would welcome further input. WHO staff gave updates on issues likely to be discussed at these two meetings.

Box 2. Provisional items for RC65, 2015

Technical matters

- Urban health and health in other settings: scaling up with the settings-based approach, including the role of local governments.
- Modern health service delivery, including coordination of care and health care financing.
- Human resources for health, including implementation of the *Global Code of Practice on the International Recruitment of Health Personnel*.
- Final report on implementation of the Tallinn Charter and proposed follow-up.
- Prevention and control of multidrug-resistant and extensively drug-resistant tuberculosis (resolution EUR/RC61/R7) and next steps.
- The European physical activity strategy, as agreed in the Vienna Declaration 2013.
- National targets for prevention and control of noncommunicable diseases.

Progress reports

- Progress towards the MDGs (resolutions EUR/RC57/R2 and EUR/RC58/R5), final report.
- Behaviour change strategies and health: the role of health systems (resolution EUR/RC58/R8) first and final report and proposed follow-up, taking into account resolutions EUR/RC61/R3 and EUR/RC62/R5.
- Progress report on *Health 2020*.
- Implementation of the International Health Regulations (2005) in the Region (resolution EUR/RC59/R5).

Box 3. Provisional items for RC66, 2016

Technical matters

- Mid-term report on implementation of *Health 2020*, including indicators.
- Sixth Ministerial Conference on Environment and Health.
- Follow-up on multidrug-resistant and extensively drug-resistant tuberculosis.
- MDGs: the way forward.
- Final report on the implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases 2012–2016 (resolution EUR/RC61/R3) and adoption of a new action plan (2017–2022).
- Road map for a tobacco-free Europe.
- Final report on the European Action Plan for HIV/AIDS 2012–2015 (resolution EUR/RC61/R8) and further steps.
- Progress towards measles and rubella eradication in the Region by 2015 and sustained support for poliomyelitis-free status (resolution EUR/RC60/R12): final report and follow-up.

Progress reports

- Implementation of the European Declaration on the Health of Children and Young People with Intellectual Disabilities and their Families (resolution EUR/RC61/R5) and its action plan.
- Interim report on the strategy on healthy ageing in Europe (resolution EUR/RC62/R6).
- Implementation of the European Action Plan on Antibiotic Resistance (resolution EUR/RC61/R6).
- Progress towards malaria eradication in the Region by 2015 (resolution EUR/RC52/R10).
- Mid-term evaluation of implementation of *Health 2020* (resolution EUR/RC62/R4).
- Implementation of the European Action Plan for Strengthening Public Health (resolution EUR/RC62/R5).

Prevention and control of noncommunicable diseases

Dr Galea spoke on the prevention and control of noncommunicable diseases and the possible adoption of a new action plan at RC66 that would encompass life course and whole-of-government approaches. Advice was needed on monitoring. The road map for achieving a tobacco-free Europe was accelerating action to protect present and future generations from the devastating consequences of tobacco. A proposed new European physical activity strategy would identify cost-effective interventions – a 10% global reduction in physical inactivity by 2025 was the target. A draft would soon be ready for Member States, and EACHR comments would be welcome.

Prevention and control of communicable diseases

Dr Emiroglu said the action plans on communicable diseases were under review. The HIV/AIDS epidemic was still growing in the Region, with major problems in eastern countries that were linked to injecting drug use by young men. The evidence on harm reduction was not heeded. Some countries were doing good work on limiting the use of antibiotics, but it needed scaling up.

Strengthening health systems

Dr Hans Kluge, Director, Health Systems and Public Health, WHO Regional Office for Europe, outlined progress on the Tallinn Charter. He hoped to table a technical report in 2016, and a resolution. Transformation of health systems needed to go beyond crisis management to structural reforms, using the skills of change management and leadership. The evidence base on universal health coverage should be strengthened. The global conference marking the 35th anniversary of the Alma Ata Declaration underlined the need to renew commitment to primary health care and speed up action; a review of best practice had been conducted, but it was still low profile in many countries. A geographically dispersed WHO office for supporting primary health care developments in all Member States was scheduled to open in Almaty, Kazakhstan, in late 2014. Attention was shifting to coordinated and integrated care, adopting a multisectoral approach; a compendium of initiatives was being compiled. Nursing and midwifery issues needed more attention.

EACHR recommendations

Members appreciated the opportunity to fulfil the purpose of EACHR by commenting proactively and contributing to shaping the future RC agendas.

They underlined the importance of the needs-based population approach to strengthening health systems. The implications of changing needs, including the ageing population and the need for more ambulatory care, should be considered.

Health workforce education was lagging behind changes in health systems. It was vital to make health professionals and students aware of the evidence and policies, both in their initial education and in lifelong learning. The focus should be on teamwork as well as individual professions. There were many problems with the primary health care workforce, including ageing, difficulties with recruitment and incentives, and the gap between users' expectations and reality.

The communicable disease challenges in the Region were exacerbated by armed conflict on and within its borders and inflows of refugees. Cross-border and cross-region cooperation was crucial. Greater understanding was needed of cultural responses to disease controls such as vaccination, avoiding stigmatization of hard-to-reach groups.

The life course approach should be continued and extended; the earlier the investment in children and young people, the better the outcomes. The benefits might take many years to show so a long-term approach should be adopted. While recognizing that some issues could be tackled quickly, there was a tension between the *Health 2020* targets and the life course approach, the latter bringing challenges of long latent periods and longer-term targets. More clarity was needed on what interventions paid the best dividends, balancing quick wins with long-term approaches, not only setting the right targets but also selecting the right next steps.

On vaccination, WHO work in this area was technically sound, but a stronger focus was needed on effective communication of the messages. Accurate, transparent information was needed. Chemicals in the environment could influence immune system responses, so success did not depend only on persuading parents to allow their children to be vaccinated.

In general, the non-state sectors had huge influence and there was an urgent need to communicate and cooperate with them more effectively.

Governance and leadership were the most neglected aspects of health systems and a proactive approach was needed, with further research on governance.

Action points

- The Regional Director and WHO staff will note these recommendations for further consideration in programme development, implementation and review.
- Members will send any further points in writing directly to the presenters.
- EACHR members who wish to attend RC64 should request the Secretariat to arrange their invitations.
- The Regional Director will use the issues raised in the discussion to help to shape the agendas for RC65 and RC66.

Mapping European national health research systems

Dr Roberto Bertollini, Chief Scientist and WHO Representative to the European Union, Office of the Regional Director, WHO Regional Office for Europe, gave a progress report on the project to map European national health research systems (NHRs). It has three partners: the Regional Office, the European Public Health Association and the London School of Hygiene & Tropical Medicine, United Kingdom. The aims of the mapping are to:

- understand the NHRs in countries in the centre and east of the Region;
- develop the evidence base on gaps, challenges and opportunities for strengthening NHRs;
- facilitate discussion among international, national and regional stakeholders;
- assess national capacity to generate and communicate the knowledge necessary to develop national health plans, and monitor and evaluate their implementation; and
- facilitate mutual learning on issues related to NHRs in order to adapt and apply knowledge generated elsewhere to national health development.

The mapping exercise has two related components. First, NHR capacity is being surveyed, using the concept and questionnaire developed by COHRED to ensure comparability, in 17 Member States: Albania, Armenia, Azerbaijan, Belarus, Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Montenegro, the Republic of Moldova, Tajikistan, The former Yugoslav Republic of Macedonia, Turkey, Ukraine, and Uzbekistan.

Second, a bibliometric assessment aims to provide insight into the public health-related research output of each country. It uses terms for public health derived from the 10 essential public health operations: surveillance, monitoring, health protection, health promotion, disease prevention, governance, workforce, organizational structures and financing, communication and social mobilization, and research. The search strategy was first developed for PubMed and then refined and applied to EMBASE. The results of this first cycle were added to EndNote to remove duplication; evaluation was conducted independently by two researchers. It identified 681 papers.

Analysis of the findings, set out in a confidential draft document tabled at the EACHR meeting, is continuing. A report to the Regional Director will be finalized by 30 September 2014. The findings will be presented at the 7th European Public Health Conference, 19–22 November 2014, Glasgow, United Kingdom. A scientific paper may be prepared for publication.

Dr Bertollini said the study was a starting point for dialogue to help countries to improve their research capacity. Ministries of health were already being spurred by the survey to develop research strategies.

EACHR recommendations

Members commended the project. Despite political and other barriers that prevented full assessment in some countries, it was a valuable starting point. They made the following observations.

- The contextual framework and expected outcomes of the project should be made clearer and used, above all, as a stimulus to action to improve countries' capacity in research and research management. Producing a report was just the beginning; presentation of the findings should be constructive, and avoid 'league table' comparisons. Good practice examples should be extracted and shared.
- Reliance on bibliometry was challenging as keywords were not always appropriate, and the standard publishing databases did not fully cover foreign language and limited circulation publications. In particular, in many countries in the study, papers published in Russian or local language journals were not included in the databases.
- The work should be coordinated with EVIPNet, which was also mapping research capacity but using a different method.

Action points

- Project partners are requested to note the recommendations for further consideration in finalizing and utilizing the mapping exercise.
- The study authors will be asked to consider the methodological issues raised by members, including accessing library data held in the Russian Federation to augment the bibliometric findings.
- Members will send any further points in writing directly to Dr Bertollini.
- The WHO Secretariat will ensure linkages are made with relevant WHO Regional Office for Europe programmes, particularly EVIPNet.
- An update will be given at the sixth EACHR meeting.
- EACHR will then advise the Regional Director on how the findings might be used and how the process can provide a platform for capacity-building research for health.

Public health aspects of migration in Europe

Migration was currently high on the political and policy agendas of most Member States in the Region, said Dr Santino Severoni, Coordinator, Public Health and Migration, Division of Policy and Governance for Health and Well-being, WHO European Office for Investment for Health and Development. The main factors contributing to increased migration were disasters attributable to natural causes and human actions: armed conflict and social, economic and political instability. An estimated 8% of the Region's population (77 million) were migrants.

Health and migration issues highlighted the ethical implications of unequal access to health care, and the (avoidable) costs faced by health systems and the wider society. There was, therefore, an

ethical imperative to address these issues, plus other incentives such as improved health, social cohesion and economic sustainability.

World Health Assembly resolution WHA 61.17 (2008), *Health of migrants*, called on Member States to develop migrant-sensitive health systems, strengthen the collection of evidence and information to support policy formulation and promote equitable access to services. Further resolutions were passed in 2009 and 2013. Some progress had been made but there was still much to be done. The Regional Office established the Public Health Aspects of Migration in Europe (PHAME) project to provide technical assistance to Member States and to develop a systematic and evidence-based response to the public health needs of migrants from a social determinants' perspective.

PHAME is addressing the need for better data and evidence for action. The lack of available data and the substantial variations from country to country make it difficult to detect Europe-wide patterns or trends. These trends are highly complex because the European Region encompasses a wide variety of natural environments, and its human geography is highly heterogeneous. Southern Mediterranean countries are trying to manage a massive wave of irregular migration from northern Africa; northern European countries are dealing with a growing number of asylum seekers, and the Russian Federation and eastern European countries are becoming destinations for regular economic migrants from the former Soviet republics.

Differences in the quality of data and collection methods in Member States compound the analytical challenges, although the availability of statistical data has improved immeasurably in recent years. In western Europe, the data pose a number of problems for users because of incompatibility of sources and problems relating to concepts and definitions. Data coverage has improved in central and eastern Europe but remains patchy. The concepts of migration used as the basis for collecting routine statistics do not necessarily reflect the daily realities many migrants face.

Evidence-based public health measures have the potential to save a significant number of lives and reduce suffering and ill health among migrants, and such measures are likely to be instrumental in addressing rising health care costs and alleviating the negative impacts of migration on health systems and societies. Insufficient knowledge in many areas has, however, hampered efforts to plan and implement effective strategies. A robust multidisciplinary scientific knowledge base is an essential foundation for enhancing public health practices and policy development.

Dr Severoni proposed a framework for a migrant health research agenda.

Area 1. Eliminate health system barriers to access to care and strengthening performance of health systems.

Area 2. Tackle the systemic causes of inequalities in access to services, particularly for groups at risk of discrimination such as irregular migrants.

Area 3. Close health and migration data gaps and ensuring comparability of data.

Area 4. Understand epidemiological patterns of disease in relation to migration flows.

He suggested some further actions:

- coordinate the development of a public health research agenda for migration and health;
- create a forum for discussion between public health professionals and researchers;
- ensure multidisciplinary and comprehensive approaches to resolving public health issues (fundamental, operational, translational research); and
- provide orientation for Member States and donors on research topics to support, according to public health needs.

EACHR could facilitate the development and implementation of the research agenda by identifying priority topics according to current public health needs in different settings, monitoring progress in knowledge and identifying gaps. Dr Severoni would like EACHR advice on whether these topic areas were comprehensive enough to form a framework, and what key public health questions underlie them.

EACHR recommendations

Members commended the quality of the work, presentation and background documents. They made a number of points, as follows.

- WHO had an important role to play in taking an overview and challenging the myths about migrants, documenting the evidence, describing the reality and separating public health considerations from political ones. International collaboration was vital to tackle common problems across national borders. A health systems approach should be used to set priorities and devise practical solutions. The values spectrum on the issue ranged from compassionate to utilitarian; policies that served not only migrants but also society at large might have more traction.
- The issue was politically sensitive, and terminology and definitions should use language that is not emotive or problematizing. For example, the term 'access to health care' should be defined more precisely as it had different meanings related to different assumptions and practices across countries. Negative stereotyping should be avoided, and public health research should also focus on the positive aspects of migration.
- Members supported the proposed research framework but were concerned at its breadth. Priorities should be chosen. Descriptive research was essential but strategic assessment was also needed to determine policy steps. Structural rather than ad hoc activities on migration and public health problems should take into consideration the complexity of groups of migrants and their different health needs. The programme should focus on a better understanding of the problems and also set out a range of pragmatic activities to support and encourage Member States to adopt an evidence-based stepwise approach.
- The framework's use of the *Health 2020* life course approach should be clarified. The needs of particular subgroups should be identified, including mental health issues, to develop targeted approaches. Each country had its own social and economic context, while migrants were very diverse; some migrants were healthier than some population groups in their host countries. Meeting the many challenges faced by migrants, especially child development, required a multisectoral approach, which should be considered for the research framework. There were already examples of good practice, for example in tackling the generational issues.
- There was much evidence on migration-related topics, including many research studies and grey literature, but it was underutilized. There were few health data on 'undocumented migrants' but these could be augmented by reports from other sectors, such as the police. Existing communities of practice and research networks on migration and health should be involved, including nearly 800 researchers who could be contacted via the European Public Health Association database. It was important to build on existing work such as EUGATE, a multidisciplinary consortium from 16 EU Member States identifying best practice in health services for immigrants in Europe.
- The evidence should be synthesized and packaged for policy-makers, using a multisectoral approach to addressing the needs of migrants. The aim was to persuade policy-makers to consider the public health implications and not simply the economic or legal perspectives. A

systematic review should focus on migration from different angles and assess the needs of different migrant groups. It could contribute to the WHO Health Evidence Network (HEN) synthesis report series, which summarizes evidence and provides policy options. An EACHR subcommittee should be formed to guide this work.

- Health workers needed to be much better informed and competent in migrant health, an aspect of the much-needed reform of health professional education that should be included in the plan. Future policies will need to recognize training needs to help to overcome the implementation challenges at country level and other barriers to access to health care.

The Regional Director said migration was a long-term issue right across the Region. It was very complex and had many dimensions. Security and financial aspects dominated the debate and WHO should champion public health – the protection of the health of the population at large as well as of migrants. Urgent issues should be the starting point, including communicable diseases and international health regulations, with urgent epidemiological research on challenges including HIV and tuberculosis prevalence. The literature should be reviewed and evidence gaps identified, linking with WHO collaborating centres and other institutions in order to make effective arguments to underpin policy-making and action. Discussion could be generated informally at RC as a step towards an agenda item.

Action points

It was agreed to form an EACHR subcommittee on migration and health. Noting these recommendations, it met the next day as part of the fifth meeting and decided as follows.

- The subcommittee will focus on the WHO public health mandate.
- The WHO Secretariat and EACHR subcommittee will review the PHAME strategic framework and make it more specific, including actions to increase availability of data.
- The Secretariat will commission HEN synthesis reports on migration and health.
- The reports should aim to synthesize existing evidence and package it for policy-makers, suggest policy options based on the findings and identify further research needs. The reports could tackle the challenge from different migration flow angles: asylum seekers, labour migrants and migrants in other situations. Each review should reflect on the current situation, summarize existing research and gaps, identify health indicators and propose policy options and actions. The reports should take a strategic perspective and a balanced values approach, recognizing both the human rights aspects and the utilitarian economic arguments based on controlling health care costs and creating potential benefits for host populations. The reports should acknowledge the social and economic realities in each country, for example with regard to access to health care for citizens, the health system financing model, the availability of data and research gaps.
- The subcommittee will work via email and teleconferences to develop detailed terms of reference for these reports by 31 August 2014.

Health inequities and the Roma population

Dr Piroska Östlin, Programme Manager, Vulnerability and Health Programme, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe, said that achieving equity was impossible without improving the living conditions of social groups experiencing poverty and social exclusionary processes. The WHO Vulnerability and Health Programme, established in 2012, aims to increase awareness, political commitment and action relating to

conditions that make people vulnerable to ill health. It addresses the needs of migrants and other ethnic minorities, guided by the values and principles of *Health 2020*, which highlights the Roma. About 10–12 million Roma live in Europe, and ensuring their rights and social integration is a priority. The Roma is one of the largest and most marginalized ethnic minorities, and most Roma are disproportionately poor in many countries. They face serious social problems related to high unemployment, low education, inadequate housing and wide-ranging discrimination; these interrelated circumstances create a vicious circle of social exclusion and seriously affect their health. Data on their life expectancy, infant and child mortality, maternal health, vaccination rates and prevalence of chronic and infectious diseases reveal marked inequities between the Roma and majority populations. The inability of health systems to provide equity across all functions continues to undermine efforts to improve their health.

Among other activities, the Regional Office is facilitating an interagency coordination initiative to scale up action on MDGs 4 and 5 in the context of the Decade of Roma Inclusion and in support of national Roma integration strategies. A Roma section has been launched on the WHO Europe website. Within this initiative, multicountry training was conducted in 2012–2013 on reorientating strategies, programmes and activities for greater health equity. It focused on Roma populations, with the participation of public health decision-makers, experts and Roma representatives. The training was evaluated and four Member States are reviewing the strategy reorientation process, to be published in a new Roma health case study series. Six more Member States plan to undertake this capacity-building in 2014–2015. Seven Roma health newsletters have been published in cooperation with the European Commission (DG-SANCO) and the WHO Collaborating Centre on Social Inclusion and Health, Alicante University, Spain.

In 2012, the Regional Office designated two collaborating centres to support activities on socially excluded populations. The Alicante centre is working with the Office on various projects including multicountry training, a resource package, a policy brief on violence against migrant and ethnic minority women, and a tool-kit on Roma participation. The WHO Collaborating Centre on Vulnerability and Health at the Department of Preventive Medicine, University of Debrecen, Hungary, is developing equitable and comparable research on Roma health, collecting evidence and disseminating information related to vulnerable groups, and developing materials and organizing events for policy-makers.

This United Nations' interagency cooperation effort is already achieving results:

- stronger Roma nongovernmental organizations;
- political attention at regional and national levels to Roma issues;
- growing knowledge of Roma health and its determinants, leading to better-designed policies and interventions;
- raised awareness of the need for multisectoral and integrated approaches;
- more experience of working together on Roma issues; and
- stronger joint United Nations' work at local and country level.

EACHR recommendations

Members welcomed the initiative as an excellent model of how to push an issue up the agenda. Although multilevel governance was generally weak, especially at national level, it was demonstrating good practice, especially as health issues did not recognize national borders.

Although the evidence was patchy, urgent action was needed.

It was important to understand the cultural determinants of health and learn about the impacts of the unique – but not homogeneous – characteristics of Roma culture on health and equity. An expert

meeting on the cultural determinants of health and well-being funded by the Wellcome Trust, planned for January 2015, would provide a valuable opportunity.

The focus on public health rather than political dimensions should be maintained, through multifaceted interventions that brought quick wins.

Capacity-building should be at the core of any intervention programme to ensure sustainability. The active engagement of Roma representatives highlighted valuable participative approaches to working with different groups. Information on its process and impact should continue to be collected, to help to develop innovative evaluation methods for future use.

Action points

- WHO should note the recommendations for further consideration in programme development, implementation and review, and continue to expand the evidence base on both the processes and the impacts of WHO programmes.
- The initiative should investigate further the impact of Roma cultural determinants of health.
- Members will send any further points in writing directly to the presenters.

Public health genomics

Professor Angela Brand, Institute for Public Health Genomics, Maastricht University, the Netherlands, defined public health genomics as 'the responsible and effective translation of genome-based knowledge and technologies into public policy and health services for the benefit of population health'. The issue had been discussed for over 17 years and was now a mainstream topic that has the potential to improve prevention strategies. Currently, such strategies are largely unsuccessful and probably only 15% is evidence based. There are no 'one-size-fits-all' public health interventions; more targeted and personalized interventions are needed, including complementary interventions running in parallel at population level, subpopulation level and individual level. Basic research in genomics is providing evidence for doing this, as all diseases arise from genome–environmental interactions. Knowledge of genomics should be translated to health systems in future.

Epigenomics is the missing link between environmental/social sciences and biomedicine: all environmental factors can be linked to gene expression and phenotype change. Use of epigenomics could enable understanding and measurement of genome–environment interactions, early diagnosis of adult-onset disease in young people and novel preventive and therapeutic approaches in people with no symptoms. Dr Brand advocated the need for individual monitoring and surveillance systems to enable personal health management and personalized health care.

The Public Health Genomics European Network (PHGEN) is working on research updates, health monitoring, diagnosis and investigations that move from 'clinical utility' to 'personal utility', using pathway-based cloud diagnostics for early identification of personal health problems. The Network also promotes health literacy to facilitate the application of genome-based information and technologies, mobilizes community and public–private partnerships, develops policies and ensures a competent workforce.

Dr Brand proposed a number of steps for WHO to consider, including identifying a contact person for public health genomics, presenting the topic at an RC meeting, putting it on the agenda in discussions with the EU, taking advice on gaps in public health genomics research, building on the work of PHGEN and its national task forces and promoting policy dialogue and capacity-building on public health genomics via the European Observatory on Health Systems and Policies.

EACHR recommendations

Members welcomed the opportunity to debate this emerging field, about which knowledge was poor. Discussion yielded more questions than answers. Genomics has huge potential to generate valuable new knowledge, but more attention should be paid to developing practical, genomics-based population health interventions, not just individual ones. The members remained uncertain whether or how genomic medicine related to public health, as its interventions are tailored to individuals.

There had been a number of studies on genomic interventions in sample populations, with relatively weak effects, and no large population-based study evaluating public health genomic interventions. The health interventions stimulated by genomics were currently personalized treatments, and more attention should be paid to developing practical genomics-based population health interventions.

The ethical implications were the main focus of discussion. Access to the benefits of genomic medicine might be inequitable for certain social groups, depending on such variables as health literacy, culture and income. The challenges were to ensure it did not exacerbate inequalities and to harness its opportunities for the greater good.

The issue was rising in the high-level international agenda, for example in the forthcoming EU presidency, and funding opportunities were growing. WHO must take a position and adopt a cautious approach to its potential impact on population health and well-being. There was a need for active governance to ensure equity and adherence to ethical standards, and to address the training needs for preventive health professionals.

Finally, it was questioned whether the concept of knowledge translation was applicable, as the field was still in its infancy and the evidence base was limited. Research into individually tailored genomic therapies normally reported weak effects and associations owing to small sample sizes.

Action points

- WHO should explore the ethical considerations of the applicability and relevance of genomics to individual and population health.
- EACHR will be kept updated on further work in this field.

Meeting conclusions and agreed actions

Professor Ádány asked members to note the next steps and updated action plan. WHO programme presenters would be asked to note the Committee's recommendations, as outlined earlier in this report. The action points for members and the Secretariat are summarized below.

Summary of action points

Opening session

- All members who have not yet done so will urgently declare any conflicts of interest to the Secretariat in writing.

The development of EACHR

- Members approved the draft *General rules and procedures for the selection of experts and proceedings of the European Advisory Committee on Health Research*.
- The Secretariat will promote dialogue with all WHO staff to clarify how EACHR can enhance their work.
- The chairperson and members will each provide brief biographies and declarations of interest for publication on the web pages.
- The format and style of EACHR meeting reports will be reviewed for potential publication on the EACHR web pages.
- The Secretariat will consider the Committee's suggestions for effective meetings and implement them as appropriate at the next meeting.

Evidence into policy

- WHO should continue to support efforts to harmonize EHII, EU-BRIDGE, EVIPNet, CARINFONET and other relevant initiatives.
- Where appropriate, these initiatives should inform EACHR activities, recommendations and work on evidence into policy.
- The EACHR formed a subcommittee on EIP, which met during the meeting period.
- The subcommittee is tasked to draft an action plan to enhance EIP in the Region, which should be submitted to and approved by the RC through a resolution.
- The action plan will be presented at the sixth EACHR meeting.

RC meetings 2015 and 2016 and updates on key areas

- The Regional Director and WHO staff will note these recommendations for further consideration in programme development, implementation and review.
- Members will send any further points in writing directly to the presenters.
- EACHR members who wish to attend RC64 should request the Secretariat to arrange their invitations.
- The Regional Director will use the issues raised in the discussion to help to shape the agendas for RC65 and RC66.

Mapping European NHRs

- Project partners are requested to note the recommendations for further consideration in finalizing and utilizing the mapping exercise.
- The study authors will be asked to consider the methodological issues raised by members, including accessing library data held in the Russian Federation to augment the bibliometric findings.

- Members will send any further points in writing directly to Dr Bertollini.
- The WHO Secretariat will ensure linkages are made with relevant WHO Regional Office for Europe programmes, particularly EVIPNet.
- A project update will be given at the sixth EACHR meeting.
- EACHR will then advise the Regional Director on how the findings might be used and how the process can provide a platform for capacity-building research for health.

Public health aspects of migration in Europe

- It was agreed to form an EACHR subcommittee on migration and health, with a focus on the WHO public health mandate.
- The WHO Secretariat and EACHR subcommittee will review the PHAME strategic framework and make it more specific, including actions to increase availability of data.
- The Secretariat will commission HEN synthesis reports on migration and health.
- The reports should aim to synthesize existing evidence and package it for policy-makers, suggest policy options based on the findings and identify further research needs. The reports could tackle the challenge from different migration flow angles: asylum seekers, labour migrants and migrants in other situations. Each review should reflect on the current situation, summarize existing research and gaps, identify health indicators and propose policy options and actions. The reports should take a strategic perspective and a balanced values approach, recognizing both the human rights aspects and the utilitarian economic arguments based on controlling health care costs and creating potential benefits for host populations. They should acknowledge the social and economic realities in each country, for example with regard to access to health care for citizens, the health system financing model, the availability of data and research gaps.
- The subcommittee will work via email and teleconferences to develop detailed terms of reference for these reports by 31 August 2014.

Health inequities and the Roma population

- WHO should note the recommendations for further consideration in programme development, implementation and review, and continue to expand the evidence base on both the processes and the impacts of WHO programmes.
- The initiative should investigate further the impact of Roma cultural determinants of health.
- Members will send any further points in writing directly to the presenters.

Public health genomics

- WHO should explore the ethical considerations of the applicability and relevance of genomics to individual and population health.
- EACHR will be kept updated on further work in this field.

Next EACHR meeting

The Secretariat will circulate dates for the sixth EACHR meeting in spring 2015 and decide the venue. The following agenda items were suggested:

- update on the mapping exercise;
- review and update of the EACHR action plan;
- update from the subgroup on evidence into policy;
- update from the subgroup on migration;
- RC66 and RC67;
- public health genomics; and
- health inequities and the Roma.

There will be further rotation of membership to ensure equitable geographical distribution.

All presentations will be preceded by advance electronic circulation of key documents and questions for discussion. Presenters should focus mainly on areas for improvement and lead discussion on seeking solutions to the challenges.

Regional Director's reflections

Reflecting on the meeting outcomes, Ms Jakab said it was important to make the best use of members' time and input. Their views on priorities and on specific proposals were very useful in shaping the 20–25% of RC business that was driven by the Secretariat rather than Member States and existing agreed processes such as the Tallinn Charter follow-up. EACHR could be involved in discussing issues for RC66 and RC67 even before drafting of documents began; items could be allocated to interested members, who could present on the issue to start the discussions.

She strongly supported the proposed evidence into policy work, which would be valuable for all of WHO. Caution should be exercised on the sensitive issue of migration, with a focus on less controversial public health issues such as communicable diseases. The issues were relevant to all countries, not only those that were important entry points to the EU. Genomics was an important issue and should be kept under review; to avoid duplication of effort, WHO's unique contribution to it should be identified – possibly ethics as a starting point. She looked forward to seeing the results of the mapping study in the autumn, and recommendations on how to use it. She welcomed the idea of an EACHR subcommittee on Roma health.

Conclusion and closure

In conclusion, Professor Adany thanked all the participants for their lively interaction. The meeting had achieved its objectives. There had been genuine dialogue, with the generation and sharing of new knowledge. She declared the meeting closed.

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4. WHO Regional Office for Europe. *Ashgabat declaration on the prevention and control of noncommunicable diseases in the context of health 2020*. Copenhagen, WHO Regional Office for Europe, 2013 (<http://www.euro.who.int/en/health-topics/noncommunicable-diseases/ncd-background-information/ashgabat-declaration-on-the-prevention-and-control-of-noncommunicable-diseases-in-the-context-of-health-2020>, accessed 22 September 2014).

Annex 1 Meeting agenda

Monday 7 July 2014

Opening session

Welcome and introduction (EACHR Vice-Chair, Professor Róza Ádány)

Opening address (Regional Director, Ms Zsuzsanna Jakab)

Outline of scope, purpose and meeting agenda (Mr Tim Nguyen, WHO Secretariat)

Session 1: Review of actions agreed at previous EACHR meetings

Presentation (Dr Claudia Stein, WHO Secretariat)

Discussion, recommendations and action points

Session 2: Update on forthcoming meetings of the WHO Regional Committee

Presentations (Regional Director, Ms Zsuzsanna Jakab, and WHO Secretariat)

Discussion, recommendations and action points

Session 3: Mapping public health research in Europe

Presentation (Dr Roberto Bertollini, WHO Secretariat)

Discussion, recommendations and action points

Session 4: EACHR rules and procedures

Presentation (Mr Tim Nguyen, WHO Secretariat)

Discussion, recommendations and action points

Dinner hosted by the Division of Information, Evidence, Research and Innovation

Tuesday 8 July 2014

Summary of action points from Day 1 (Professor Jane Salvage, rapporteur)

Session 5: Public health aspects of migration in Europe

Presentation (Dr Santino Severoni, WHO Secretariat)

Discussion, recommendations and action points

Session 6: Health inequities and the Roma

Presentation (Dr Piroska Östlin, WHO Secretariat)

Discussion, recommendations and action points

Session 7: Public health genomics

Presentation (Professor Angela Brand)

Discussion, recommendations and action points

Session 8: Recommendations, actions and closure

Review of recommendations and action points, dates of next meeting and possible agenda items (Dr Claudia Stein)

Reflections (Ms Zsuzsanna Jakab)

Conclusions and closure of meeting (Professor Róza Ádány)

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