WHO Regions for Health Network
26th Annual Meeting
Strengthening societal resilience to deal with COVID-19 and climate change

Online event
25–28 October 2021
ABSTRACT
From 25–28 October 2021, 80 speakers from 15 countries and 26 regions met at the 26th Annual Meeting of the Regions for Health Network (RHN), facilitated by the Government of Moscow, Russian Federation, a member of the Network. This was the first RHN annual meeting since the adoption of the new WHO European Programme of Work (EPW) and therefore offered a unique opportunity to discuss its priorities for RHN members. The meeting’s objectives were to review current and future joint priorities and activities and share lessons learnt on two specific themes: COVID-19 and universal health coverage; and healthier populations, with a specific focus on climate change and the environment. Discussions involved representatives from the regions, WHO experts and researchers. A strong need for cross-sectoral collaboration to build societal resilience in face of the threats of COVID-19 and climate change emerged from discussions during the four days of the meeting.

Keywords
EUROPEAN PROGRAMME OF WORK (EPW)
REGIONAL DEVELOPMENT
CLIMATE CHANGE
COVID-19
RESILIENT SOCIETIES
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SUSTAINABLE GROWTH

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26th Annual Meeting

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The WHO European Office for Investment for Health and Development would like to thank the chairs of the various sessions.

- Session 1 – United in Action for Health: what can regions do?: Dr Evgenia Semutnikova, Deputy Head of the Department of Nature Management and Environmental Protection of the City of Moscow; and Mrs Elisabeth Bengtsson, WHO Regional Office for Europe.

- Session 2 – Evidence on COVID-19 health system response and recovery needs: Dr Camilla Martha Ihlebæk, Professor, Norwegian University of Life Sciences; and Dr Andrey Grigorov, Head of the Organizational and Analytical Department, Moscow City Health Department, Russian Federation. The technical workstreams were moderated by: Dr Sara Darias-Curvo, Professor, Universidad de La Laguna, Canary Islands, Spain; Dr Andrey Grigorov, Head, Organizational and Analytical Department, Moscow City Health Department, Russian Federation; and Mrs Solvejg Wallyn, Policy Coordinator, Agency for Care and Health, Belgium (Flanders).

- Session 3. Climate change, environment and health: Dr Vladimir Kendrovski, Technical Officer, WHO Regional Office for Europe; and Dr Evgeniy Gasho, member of the Public Chamber of Moscow, Head of the Research Laboratory of Methodological Problems of Energy Saving, Russian Federation. The technical moderators for the session (in addition to Dr Kendrovski) were: Mr Peter Beznc, Head, Centre for Health and Development, Murska Sobota, Slovenia; Dr Elvira Dovletyarova, Deputy Director for Academic Affairs, RUDN Agrarian and Technological Institute, Russian Federation; and Dr Bettina Menne, Regional Advisor on Healthy Settings, WHO European Office for Investment for Health and Development.

The WHO European Office for Investment for Health and Development also wishes to thank the Regions for Health Network Steering Group and colleagues at the WHO Regional Office for Europe for their contributions, which helped in no small way to make the meeting a success, as well as the speakers and participants for their invaluable input into the event, and Mr Christopher Riley, WHO consultant, for writing the report.
Background

Since 1993, the WHO European Regions for Health Network (RHN) has helped accelerate the improvement of population health by supporting regional health policy development and promoting the use of the WHO health-for-all approach. Almost 30 years of experience has shown that regions play an important role in implementing public health measures, working across sectors and government levels and advancing equity, health and well-being. Cooperation across regions and countries has helped promote regional needs at national and international levels. Furthermore, RHN has brought a broad range of partners and stakeholders into regional implementation.

Several developments formed the background to this meeting, including the need to scale up the implementation of the 2030 Agenda for Sustainable Development (Fig. 1) (1), WHO's Thirteenth General Programme of Work 2019–2023 (GPW13) (2) and the WHO European Programme of Work 2020–2025 (EPW) (Fig. 2) (3), which shapes the WHO European Region's contribution to GPW13. The urgent need to deal with climate change and the imminence of the Conference of the Parties of the United Nations Framework Convention on Climate Change (COP26), as well as continuing and strengthening the response to COVID-19 and increasing health system resilience, were also significant background factors.

As the RHN's annual meeting scheduled for 2020 was cancelled because of the COVID-19 pandemic, it fell to the 2021 meeting to review recent experience and consider how best RHN could operate in coming years in the light of the new EPW.

Fig. 1. Sustainable Development Goals

Source: United Nations (1).

Fig. 2. WHO European Programme of Work 2020–2025

Source: WHO Regional Office for Europe (3).
Objectives of the meeting

The 26th Annual Meeting of the RHN offered participants from all regions for health a forum for discussion for the first time in two years. Its proposed objectives were to:

- review current and future joint priorities and activities; and
- share lessons learnt on two specific themes: COVID-19 and universal health coverage; and healthier populations, with a specific focus on climate change and the environment.

The meeting was attended by 80 speakers from 15 countries and 26 regions for health, along with 12 international partners and academics. Hosted by the Government of Moscow, Russian Federation, the four-day meeting took place online and marked the first time that RHN had met since the EPW had been endorsed (Fig. 3).

Fig. 3. Participants to the 26th RHN Annual Meeting

In the following sections, the presentations and discussion at the meeting are described. The full programme is shown in Annex 1 and the participants are listed in Annex 2.

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1 The meeting recordings are accessible in English and Russian at: rhnmoscow.com (accessed 30 March 2022).
Opening of the meeting

Opening the meeting, the WHO Regional Director for Europe, Dr Hans Henri P. Kluge, thanked the Government of Moscow for its cooperation and said:

Two years into a pandemic, there is now a general understanding that health is not a standalone issue. It is a prerequisite for the well-being and resilience of societies and economies and therefore needs to permeate all agendas – political, environmental, scientific, economic and social.\(^2\)

He also stressed the One Health approach that recognizes the interdependence of human health and the natural world.

Dr Natasha Azzopardi, Director of the Division of Country Health Policies and Systems at the WHO Regional Office for Europe, highlighted that the EPW identifies the RHN as supporting local living environments that enable health and well-being, and thus supports the three core priorities of the EPW: moving towards universal health coverage, protecting against health emergencies and promoting health and well-being.

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\(^2\) Resilience is defined as relating to “processes and skills that result in good individual and community health outcomes, in spite of negative events, serious threats and hazards” (4). Reference is made in this document to both resilience of social systems, including health, and climate resilience.
Mr Petr Biryukov, Deputy Mayor of Moscow, Russian Federation, underlined the commitment of the Government of Moscow to the RHN, which it joined in 2019. Mr Biryukov stated that:

Cooperation between WHO, the Russian Federation and Moscow will continue and become an instrument for exchanging experience with leading regions across Europe to reach our key common goals: ensuring good health, active lifestyles and the well-being of citizens.

Session I. United in Action for Health: what can regions for health do?

Dr Bettina Menne, Regional Advisor on Healthy Settings in the WHO European Office for Investment for Health and Development, introduced the session by highlighting the objectives of the RHN and roles of RHN members (Fig. 4), and the results of an unpublished RHN survey of members’ activities and views.

RHN has influenced local activities and inspired international collaboration and the development of new strategies. Priorities identified include meeting the Sustainable Development Goals (SDGs) set as part of Agenda 2030, promoting health equity, addressing health and the environment, and strengthening health systems to attain universal health coverage. Regions also identify

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3 “Equity” is used in accordance with the WHO definition as “the absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability, or sexual orientation)” (5).
as priorities structural changes and the creation of new modes of working, all with the aim of achieving public health targets in areas like prevention of noncommunicable diseases, mental health, healthy ageing and children’s health.

**Fig. 4. Objectives of the RHN**

The specific roles of the RHN member regions include:

- **facilitating and advocating** for the rights of all to the highest level of health and well-being;
- **informing, developing**, supporting and implementing action to this end, using the powers available to them;
- **acting as a bridge** between national commitments, regional and local delivery, and with WHO and other networks;
- **collecting, sharing and distributing data**, evidence, intelligence and good practice to and from regional level and across regions/countries;
- **leveraging opportunities** at national and international levels to collaborate with each other and to obtain additional funds and resources; and
- **regularly reporting on progress achieved.**

There followed a number of presentations setting out how regions are tackling the complex challenges Europe currently faces.

Dr Andrew Charles, Deputy Director for Sustainable Futures in the Welsh Government (United Kingdom), set out how Wales had responded to the sustainable development challenge by legislation, passing the Well-being of Future Generations Act \(^6\). The Act places a legal duty on local authorities and other public bodies to meet specific requirements in their activities, for example by adopting five ways of working, requiring them to:

- take account of the long term
- help to prevent problems occurring or getting worse
- take an integrated approach
- take a collaborative approach
- consider and involve people of all ages and diversity.

They must report annually, and the system is monitored by an independent commissioner and through data collection. Dr Mariana Dyakova, International Health Lead and Deputy Director of the WHO Collaborating Centre on Investment for Health and Wellbeing at Public Health Wales described how the Centre had developed this further by producing tools and collecting and sharing best practice, together with stakeholders and partners in Wales \(^7\).

From Belgium (Flanders), Mrs Solvejg Wallyn, Policy Coordinator in the Flanders Agency for Care and Health, suggested that the pandemic emergency had forced all agencies to work closely together for local people. That new experience of cooperation could now be used to drive
reductions in health inequities, tackle climate change and meet the SDGs. The challenge would be maintaining momentum.

Mrs Julia Winkler (Healthacross project) described links made by Lower Austria (Austria) with neighbouring regions across national borders in the development of a border health centre, but COVID-19 had cut them at a stroke. Yet those existing links had created a good understanding of needs and attitudes locally and across the border that was invaluable in managing the situation, until the borders eventually were re-opened.

Mr Peter Beznec, Head of the Centre for Health and Development Murska Sobota (Slovenia), illustrated how his region, Pomurje, was able to respond flexibly and quickly because people recognized the necessity of working together across sectors both vertically and horizontally in dealing with the pandemic and its aftermath. Particularly important had been an established social support net, enabling both state and local agencies to assist those who were unable to work and earn as usual. Creating and sustaining this net prevented worsening of health inequities. The aim now is to review what worked well and badly and relate that to the One Health approach as a basis for future activities.

Professor Camilla Ihlebæk, Professor at the Norwegian University of Life Sciences, drew attention to the largely unexplored potential of universities to provide scientific and other support at regional level, where many public health questions are tackled. Universities have been developing their community role and are well placed to support health initiatives, perhaps through supporting innovation and providing evidence in projects where regions and municipalities work together.

Mr Anton Kulbachevsky, Head of the Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation, described the remarkable achievements of Moscow over 10 years, bringing its government and the scientific community together to generate significant improvement in public management and people’s lives. Later speakers gave more detail of these initiatives.

**Session II. The challenge of COVID-19**

COVID-19 hit Europe in 2020. It was new, frightening, and unpredictable. Health systems had been severely tested, in places very seriously, but they had stood firm and survived. Many professionals and their families, as well as those they served, had suffered grievously and staff were now weary. Little by little the situation had come to some extent under control, although it remains highly unstable.

The second session of the meeting aimed to:

- provide an overview of the current status of the pandemic and response measures;  
- illustrate how regions’ health systems had responded and what had helped or hindered their efforts in dealing with the pandemic; and  
- suggest how they should work to best mitigate its consequences and make their health system more responsive and resilient in the future.

**Evidence from health system response**

Mrs Tanja Schmidt, Technical Officer, Emergency Preparedness and International Health Regulations, WHO Regional Office for Europe, referred to the start of the fourth COVID-19 wave in
the WHO European Region and urged scaling up of public health and social measures (PHSMs). These she grouped into seven types – individual measures, environmental measures, surveillance and response, social and physical distancing, international travel measures, drug-based measures and biological measures. Their use and effectiveness depend on many factors including timing, compliance and policy concerns, such as their potential economic impact. WHO PHSM guidance is available (8,9), addressing several other elements of preparedness, readiness and response for COVID-19 beyond PHSMs. WHO maps and assesses Member States’ implementation of PHSMs at any given time through a calibration tool.

Several areas were raised that have gained a higher profile during the pandemic. Mrs Melitta Jakab, Head of the WHO European Centre for Primary Health Care, drew on the findings of the Health System Response Monitor (10) to illustrate the changes resulting from COVID-19 on primary health care, generating some important high-level findings on how countries are responding to the crisis.

1. Primary health care will never again be provided just in facilities, with new growth in mobile and remote support. This posed new challenges around, for example, digital literacy and confidentiality.

2. There is a shift to multidisciplinary teams (connected through networks), with an emphasis on psychosocial interventions and focusing on the prevention of problems.

3. Prioritization of those vulnerable or at high risk had improved, with better use of data and partners mobilized to strengthen community support.

New forms of leadership must be developed to manage this new landscape, making it more widely distributed and supporting grassroots action, yet integrating efforts at all levels. Investment in the primary health-care workforce will be crucial.

Mrs Jakab invited RHN members to support progress everywhere, with those who have been successful leading the way through political commitment, evidence and demonstrating what supports change and how best it can be managed.

Mental health issues (11) also have a higher profile as people have struggled to cope with COVID-19 and come to terms with climate issues. Dr Ledia Lazeri, Regional Adviser on Mental Health at the WHO Regional Office for Europe, proposed the Pan-European Mental Health Coalition as the means to mobilize and focus efforts across the European Region and invited RHN members to join. By implementing the European Framework for Action on Mental Health 2021–2025, regions can:

- move towards universal health coverage through greater self-care and management, building mental health services in the community and general health-care settings, and strengthening long-term care and support;
- protect people better against health emergencies by fully integrating mental health and psychosocial support in emergency preparedness, resilience and response systems;
- ensure healthy lives and well-being for all at all ages, promoting mental health and protecting people over the life-course, focusing on children, adolescents and young people as well as older adults, and also on suicide prevention and mental health in the workplace; and
- create and use reliable data-collection systems both for health problems and system performance.
In support of the framework, strong partnership arrangements have been established, with nominated leads in each Member State, involvement of United Nations agencies and other international organizations, engagement with mental health experts, and links to civil society, from Europe-wide nongovernmental organizations (NGOs) down to local level. This will require effective leadership at every level.

The third area that is emerging more strongly in the COVID-19 response is the One Health approach (12). This is a comprehensive approach that aims to achieve the best health outcomes reflecting the connections between people, animals, plants and the shared environment. Dr Peter Sousa Hoejskov, Technical Officer for Food Safety and Zoonotic Diseases at the WHO Regional Office for Europe, stated that it can lead to cost-effective and sustainable solutions, involving both separate initiatives and collaborative efforts, but requires strong political support, incentives and a willingness to break through disciplinary barriers. To make it work, it is essential to assess current systems and take urgent action to reduce threats, provide early warning systems and improve the response. Regions could explicitly adopt this approach and take action to allocate investments and capacity-building.

RHN members’ responses to the COVID-19 pandemic

A number of regions gave reports on aspects of their response to the pandemic and lessons that could be drawn in relation to how well health systems responded and the lessons learnt.

Resilience and equity in health systems: early lessons from the pandemic and strengthening public health to increase societal resilience

Three presentations noted in different ways how an effective response could be built on pre-existing strong foundations.
Mr Tom de Boeck, Head of the Section of Specialized and Primary Care, Flanders Agency for Care and Health, described how Flanders (Belgium) rapidly created a vaccination programme, building on its recently restructured primary care service. In 2020, 60 new primary care boards were established. These were rapidly mobilized and 95 vaccination centres were established within six weeks, with 93% coverage of those over 18 being achieved. He ascribed this success to strong central control coupled with well organized local services. The system and the relationships developed during the reform had allowed the region to respond quickly and effectively.

Dr Ana Maria Carriazo, Senior Advisor in the Regional Ministry of Health and Families of Andalusia (Spain), described how the health system in Andalusia had already been tested and sensitized to a better way of working through having to respond to a major outbreak of listeria in 2019 that exposed deficiencies in the region’s preparedness to deal with infectious disease outbreaks, allowing lessons to be learnt. There was already an expert committee in place, which after COVID-19 had arrived was transformed into a council to combat high-impact diseases. These helped the region to respond rapidly to the threat of COVID-19.

Dr Odile Mekel and Dr Thomas Claßen (North Rhine-Westphalia Centre for Health) described how North Rhine-Westphalia (Germany) has had a state initiative for health promotion and prevention since 2005. It was updated in 2020 with a particular focus on mental health through a life-course approach, focusing on vulnerable groups and taking a multidisciplinary approach. This pre-dated the pandemic, and as it develops it is now rapidly able to respond to the challenges the pandemic has created. The lessons here are to keep services under constant review to ensure they are fit for the future.

Two examples highlighted the importance of effective and proactive networking.

Dr Michele Tonon, Department for Prevention, Veneto Region (Italy), described how in Veneto each of nine local health units includes a department of prevention that constantly creates networks and partnerships with other professionals across health-care systems and beyond. The first COVID-19 case in Italy was in Veneto, and from the start, the departments of prevention were the central public health hubs, providing guidance, advice and information to the whole community. New networks were started and old ones strengthened. Strong collaboration with long-term care facilities was a priority, as was continuous support and guidance for school managers. The work built on pre-existing networks for ordinary health promotion activities. Particularly important was working with general practitioners, with areas of collaboration including information sharing, contact tracing, action to prevent further viral spread and vaccination. Now the networks need to be reinforced and consideration given to what might be required in future. Flexible and easy architecture is the key to a rapid reaction, but a solid existing foundation is necessary.

Another example of proactive collaboration came from Varna (Bulgaria). Mrs Klara Dokova described working with other non-state actors in support of vulnerable groups and minorities. In Varna the main actors were the Regional Health Inspectorate, the health and social directorates of the municipality, health-care providers and the Medical University with the University Hospital. The Health Directorate provided COVID-19-related services and information including vaccination and complex post-COVID-19 follow-up. It used health mediators to engage with the Roma population. The Social Directorate provided a wide variety of social services including home support and food for those below the poverty line and in quarantine. A new online early childhood intervention programme, connected with Karin Dom, a centre for children with disabilities and their families, provided a range of services linking families to professionals and sources of support. Two reviews are examining its effectiveness and the impact of COVID-19 on early child development.

The importance of maintaining equity in an emergency situation was a third area highlighted by one region. An interesting example of keeping the focus on equity came from Mr Luigi Palestini...
from the Emilia-Romagna Regional Health and Social Agency (Italy). Within local health units in Emilia Romagna, an equity board acts as a steering committee promoting good practice, training and research. An equity action plan sets priorities and goals and ensures integration with other strategic goals. An equity representative takes part in regional planning and works with Mr Palestini’s agency, which provides support across the health and social care system. Equity is embedded in planning; equity in all policies was a theme of the Regional Plan for Social and Health Care 2017–2019 and equity is a cross-sectional activity in the Regional Prevention Plan 2021–2025. COVID-19 was a critical test of the commitment to maintain equity in an emergency situation. The region assessed its response through a series of exploratory workshops in December 2020. They looked closely at the use of digital communication and people’s experiences of care at home, considered how needs changed, including new elements such as isolation, fear and mental health issues, listened carefully to what users and workers had to say, and considered how communication needs to build trust in services and help people to use them effectively. The lessons learnt will help form the background to workshops held in 2021 to prepare a new set of equality action plans and to redesign the equity boards.

Two presentations reported on ensuring vaccination of vulnerable groups. The big lesson is that universal vaccination requires specific considerations and activities for those on the edge of society.

Dr Pirous Fatehmoghadam spoke of the challenge in providing vaccinations for refugees, undocumented migrants and people without housing in Trento (Italy). These people were at higher risk from the infection through their work and housing conditions and harder to reach. They had poorer access to health services, and services had poorer access to them. They faced language barriers and a lack of digital access, felt vaccine hesitancy and were a low political priority. Although guaranteed a right to health services by law, they lacked the documents to access the system. The non-availability of mobile units and ethical issues around choice and informed consent were also barriers. The solution was a specially designed registration form taken to where they were, easy access to discuss matters with professionals, and an NGO offering crucial assistance in making it all work. As a result, 72% of refugees have had at least one dose, as have a large proportion of people without housing. There remains the need to reach the rest, and to provide second doses.

Ms Tina Andersson, Regional Development Officer at the Centre for Equality in Health Care, described work in Västra Götaland (Sweden). There was wide collaboration with municipalities, NGOs and health-care providers with specific knowledge of vulnerable groups, specifically to identify which groups were hard to reach and how best to respond. Problems included lack of trust or knowledge, access barriers within the system, and lack of knowledge of rights to vaccination among both vaccinators and citizens. The response was defined as needing to include specific information that reflects their situation, in a language they can understand using channels they are used to and trust, and through a service free of barriers. This involved mobile vaccination teams, ensuring very easy access, and searching out areas where vaccine coverage was low.

Two presentations showed the value of flexibility, innovation, strong intersectoral cooperation and the rapid creation of additional capacity. Mrs Elena Khavkina, Deputy Head of the Moscow City Health Department, gave an account of the response to COVID-19 in Moscow (Russian Federation). Many departments played a part, such as the transport department in moving patients and supplies. A central committee oversaw the work and there was close cooperation with the Ministry of Health and neighbouring regions. Extra staff were mobilized and additional training provided. New beds and hospital facilities were speedily put in place. Special attention was paid to pregnant women and people with cancer. Substantial use was made of telemedicine facilities and a digitized patient database was of crucial importance in collecting and sharing data.
A similar example came from Portugal. Dr Antonio Morais, Senior Medical Officer, described the two phases of the pandemic in the Central Portugal region and the need for adaptation of the response as the crisis developed. The first, containment, focused especially on older people's homes, migrants, schools and the contacts of positive cases. The second phase, mitigation, included expanded community action to deal with cases coupled with targeted containment measures. The population proved quite resilient and the system responded well, with services including testing and tracing, the provision of extra resources for primary care and using dedicated public health teams in older people’s homes. Strong management, including support from the army, proved effective.

Two presentations highlighted the need for reflection and sharing the evidence.

Mrs Elena Aksenova from the Moscow Department of Health Care offered an early assessment of the sustainability of the health-care system in Moscow (Russian Federation) during the crisis and the importance of reflection on what had happened. She noted that additional resources were mobilized, bringing in new staff and boosting skills using continuous medical learning, and other actions included switching resources to temporary hospitals and new facilities, establishing uniform protocols, and transforming ways of working using artificial intelligence and chatbots. She stressed the need for careful evaluation of the system’s performance and future needs. The city is to strengthen scientific studies into health. It is also intended to tilt rehabilitation and recovery services closer to people’s homes. Benchmarking has suggested that the city has performed well, and it is involved in a substantial international review of health systems to investigate resilience and sustainability in the face of threats like COVID-19 and the climate emergency.

Dr Mariana Dyakova, International Health Lead and Deputy Director of the WHO Collaborating Centre at Public Health Wales (United Kingdom), spoke on collecting and sharing evidence. Wales has been working on developing good practice, expertise, innovative solutions and tools to help ensure that equity is central to recovery from the COVID-19 crisis. Information and intelligence readily convertible into action are available through the Welsh Health Equity Report Initiative (WHESRI) and a broad portfolio of population health work programmes at Public Health Wales. The first WHESRI report (13) has been issued and the WHO Collaborating Centre is developing a digital Health Equity Solutions Platform bringing together a number of elements to help close the health gap. It will support specific actions in Wales and action on local, regional, national and European level.

Getting the communications right

Dr Ottavio Beretta, a Data Analyst in the Health Promotion and Evaluation Office at Bellinzona in Ticino (Switzerland), looked at how resilience is linked to our perceptions and our understanding. In analysing reactions to COVID-19, it is useful to separate out different levels of people’s understanding of what is happening. There are issues about the disease – how likely it is to spread and to cause death – and about who goes into hospital and why. There are issues about new disease variants and, indeed, new disease threats. Then there is the narrative about what is happening and why. There is a different set of information sources for each of these layers, and overlaying all is the way in which understanding is influenced by mis- and disinformation, personal beliefs and biases, and emotions such as anger and fear. To be effective, communication needs to take these into account.

Dr Giorgio Merlani, Cantonal Officer for Public Health in Ticino (Switzerland), identified the different communication needs during different phases of the pandemic. In the first phase, individuals were thrown into fear by a crisis they did not understand. Evidence and data were in short supply. The immediate need was to provide clear information quickly, in a form readily understood, to
enable people to understand the situation and act appropriately. In the second phase, as the impact of the disease grew, the system became overcharged, the flow of new information never stopped, lockdowns were imposed and people became worn out. Mental health amongst health workers and the general population deteriorated. Some people suffered worse problems than others. Communication needed to support and empower people and engage the community.

Two factors made communication more difficult. It was a very complex situation, with too much going on, circumstances constantly changing and no certainty about the way ahead. Also, people’s views and interests differed greatly, and different countries took different approaches. Over time, in the third phase, vaccination was organized, which created new issues: should one get vaccinated or not, and was there a conflict between personal freedom and community protection? At this point, there was a perceived need to persuade people, create trust in services and respect people’s views, while remaining ethically sound. In this phase, communication aimed to reduce conflict, win arguments and accelerate the end of the crisis.

Mrs Cristiana Salvi, External Relations Manager for Health Emergencies and Communicable Diseases at the WHO Regional Office for Europe, identified the use of risk communication and community engagement as a public health intervention and said that never had it had such a prominent role as in the COVID-19 crisis. Effective communication in a crisis like the pandemic requires the commitment of the whole of government and society. She argued for thinking of a single overarching communication outcome, in this case ensuring that people comply with the health protection measures recommended to them. She referred to a number of targeted information methods that could be adapted to particular audiences. She had given training to health workers and journalists and in 2022 a 10-step capacity-building package would be available. She stressed the importance of working with social influencers, such as community leaders and civil society organizations, as well as local authorities. She noted that the threat remained, referring to new variants, slowing vaccinations, the easing of public health and social measures and public fatigue, and stressed the need for a new push on communication.

Mr Ashley Gould, Head of Behavioural Science at Public Health Wales (United Kingdom), spoke on applying behavioural science to the pandemic response in Wales. He argued that behavioural science could be used to get the best from communications and services. He described an approach using three elements (14,15):

- define the problem: including identifying the current and desired behaviours and the precise group of interest;
- identify the influencers: what are the barriers on the way and how do capability, opportunity and motivation affect what is done; and
- use the theory: select the right tools for influencing behaviour, and in designing the message take into account the best rewards, messengers and formats.

So, for example, for young people aged 16–25, the message would be designed to address issues that matter to them, such as getting back to normal, having some sense of personal control, protecting others, understanding possible side-effects and what people like them think. Different approaches would be needed with different groups. He concluded by underlining the need to combine science and speed in getting messages to those who need to take action.

Mrs Olga Dobrovidova, Vice-President of the European Science Journalism Federation, spoke briefly on the challenge COVID-19 had posed to science journalists. She noted that journalism was already facing serious challenges before the pandemic with the rise of unattached freelance journalists and journalism promoted by corporate interests, but in fact, people returned to trusted
sources in the epidemic. New challenges during the pandemic for journalists included sometimes having to deal with unhelpful governments and the need suddenly to become expert in new areas. The scale and reach of the pandemic provide an example of how science touches everything; climate change is another example of this. Trust in journalists’ ability to explain the issues honestly and fairly was crucial to public understanding, and journalists’ role would continue to be vital.

Further discussions confirmed the importance of issues such as primary health care, digital health, mental health, equity, human resources for health, vaccination and the importance of communication in health emergencies (some lessons are included in Box 1).

**Future considerations**

Deep social changes may be needed. Mrs Christine Brown, Head of the WHO European Office for Investment for Health, referred to the concept of the well-being economy. She argued that continuing inequality will block progress and must be tackled. She presented an approach that would align with much of what other partners at the meeting indicated they wanted and with the thinking of the Pan-European Commission on Health and Sustainable Development. To achieve this, better analysis and practical solutions are required to five questions.

- Who is being left behind and why?
- How can we influence and sustain action?
- How can we build political and public support for action?
- How can we measure progress and keep on track?
- What policies and interventions work?

A programme of work has begun to take this forward, led by the WHO European Office for Investment for Health. It includes a set of readily useable tools, measurement systems and advice papers, with a biennial forum to build momentum and report on progress. One element in taking this forward would be working with the RHN, perhaps initially through a specially organized meeting.

Offering a view from outside Europe on the role of public health in the pandemic and on its future, Professor Cory Neudorf from the University of Saskatchewan (Canada) said that the pandemic had underlined the importance of public health, but that it had sometimes been unclear how its role was distinct from that of government. Despite its successes, public health had faced some negative comments due to restrictions of public freedoms, the interruption of other programmes and the growing backlog of unmet health and social needs. The pandemic had sharpened appreciation of many societal problems and also prompted new ways of responding to them. Governments now faced major choices, for example on how to prioritize economic recovery against further efforts to limit spread of the disease, and other challenges such as real and perceived financial pressures, scapegoating and push-back from the population and politicians against public health measures, and distrust of leadership and science. Public health needs to prioritize planning for these challenges and prepare for the inevitable post-pandemic reviews to maximize the chance of supporting measures that promote resilience and reduce health inequities. No health system had performed perfectly and social safety nets in many countries had been weak.

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4 The Pan-European Commission on Health and Sustainable Development, chaired by Professor Mario Monti, former Prime Minister of Italy, is an independent and interdisciplinary group of leaders convened by the WHO Regional Office for Europe to rethink policy priorities in the light of pandemics.
Looking ahead, there are three main areas for action. First, there is the need to respond early and effectively to further waves of COVID-19 and new variants and strengthen immunization locally and globally. Secondly, there is the challenge of dealing with the backlog of treatments and worsening chronic disease and mental health, improving disease prevention and health promotion, and sharpening the focus on social/environmental determinants of health. Thirdly, there is the need to reinforce the public health system through changes in governance and funding, setting national public health goals and targets, and improving data and information sharing and access.

**Box 1. Looking ahead**

All the issues exposed by the pandemic must be confronted and action taken to face further threats. Drawing on the successful initiatives reported in the meeting, lessons need to be learnt and implemented in seven broad areas.

1. Regions must ensure that their existing services and networks are built on firm foundations and are capable of rapidly and flexibly responding to new crises.
2. All services should be constantly reviewed before, during and after crises to ensure they are working effectively and are fit for future challenges.
3. Every system needs to be prepared in the face of a crisis to demonstrate flexibility, innovation, strong intersectoral cooperation and the ability rapidly to draw in additional capacity, responding appropriately to different phases of the crisis.
4. It is of vital importance to have in place a system for promoting and monitoring equity and to ensure that equity is maintained in an emergency situation.
5. Achieving universal vaccination requires careful analysis of what groups are likely to be missed by the standard service and carefully tailored services to ensure that those groups are protected.
6. Risk communication and community engagement is one of the most important public health interventions; it should form a vital part of any emergency plan, be capable of adjustment during different phases of the crisis, build on behavioural science and make full use of credible journalists and social influencers.
7. To be resilient, people need reliable data and information, and an understanding of health and what harms them; the system must provide information that will enable them more independently to manage themselves and their circumstances as the situation develops.

**Session III. The challenge of climate change**

While COVID-19 was new and unexpected, climate change has been a long maturing crisis that recently has attracted increasing concern. Indeed, there is now a strong sense that decisive global action is overdue and urgent. The meeting aimed to:

- understand the impact of climate change and environmental conditions on human health in regions;
- equip regions to take integrated action on climate change; and
- clarify the role that regions have in achieving COP26 goals.
The climate change threat

Dr Bettina Menne, Regional Advisor on Healthy Settings in the WHO European Office for Investment for Health and Development, referred to the 2021 report of the Lancet *Countdown on health and climate change: code red for a healthy future* (17), which confirmed that all regions in the world are affected and that “compounded with insufficient adaptation measures, the most vulnerable people are the worst affected, and climate change is already exacerbating inequities”.

Professor Dr Josep Antó from Isglobal (Spain) spoke on the main risks to human health of the global environmental crisis. He said that the world was approaching significant tipping points, prompting an increasing sense of urgency. He gave powerful examples of where agendas merged and possible co-benefits from carefully planned interventions, citing studies where these benefits had been calculated. One modelled the difference between the current public health approach with one based on achieving the goal of the Paris Agreement of 2015 and the SDGs, finding that millions of deaths due to air pollution, travel and physical inactivity could be avoided. Adapting the approach further to include health in all policies reduced the deaths even further (18). Concluding, Professor Dr Antó suggested that the future might see a fuller integration of thinking about society and the biosphere, with a focus on sustainability and equity.

Professor Maria Nilsson, Professor of Public Health Sciences at Umeå University in Sweden, also spoke on how climate change will affect human health in the WHO European Region. First of all, she stressed the many and interrelating ways in which greenhouse gas emissions affect human health via, for example, changes in the air, the sea and the weather, and through affecting food and working patterns, the natural ecosystem, social effects such as forced migration and changing patterns of disease. She said in recent years there has been an exceptional number of heatwaves in Europe. Even in a medium-emission scenario, projections suggest that European land temperatures will increase. Health consequences will include cardiovascular, respiratory and kidney problems, birth complications, and emotional and psychological issues. Very severe heatwaves may become more frequent later in the current century. Vector-borne diseases, such as dengue, or water-borne and food-borne diseases will likely become more common. The economy will be directly affected through the inability of workers, especially those in agriculture, to tolerate extremely hot working conditions. New measurement systems will better monitor the situation.

She quoted the WHO Director-General, Dr Tedros Adhanom Ghebreyesus, who said, “Every fraction of a degree hotter endangers our health and future. Similarly, every action taken to limit emissions brings us closer to a healthier and safer future.”

International, national and subnational responses to the climate crisis

Dr Revati Phalkey, Head of Climate Change and Health Group in Public Health England (United Kingdom), spoke on action in support of the Zero Regrets policy (19). She said that the window of opportunity to deal with global warming is extremely narrow. To limit warming to 1.5 °C, there needs to be a 45% reduction in emissions by 2030, but current commitments from governments imply a rise of only 16% by then. In this connection, she referred to the newly released nationally determined contributions synthesis report of the United Nations Framework Convention on Climate Change (20). Alignment with ambitions such as the SDGs requires strong strategic delivery alliances and good governance arrangements. The opportunity should be taken to align COVID-19 recovery plans with climate action. Monitoring of risks must be undertaken at national and subnational levels through a comprehensive all-hazards approach done systematically over
time and in a usable form. Economic analysis and investment should be undertaken early because costs will mount if delays occur. As the health sector is responsible for some 5% of greenhouse gas emissions, it has a duty to act and also to lead by example and advocate high ambitions. Its high-profile and strong connections across society can inspire others and prompt wider efforts. Action must be taken across the health system, with equity at the core of every approach (21,22). Funding must be found, monitoring will be vital, and every opportunity should be taken for mutual learning.

Mrs Sonia Roschnik from Health Care without Harm expanded on health systems’ responses, agreeing that they have a duty to take action by decarbonizing their systems and catalysing wider society. Boards of health-care bodies and staff can set targets and take action to this end. Some 11,000 hospitals in 53 countries had committed themselves to the zero target by 2015, working with WHO and linking to the United Nations Race to Zero campaign (23). It would be valuable if each country linked this to a national target. Action is possible in almost every part of the business. In the construction of buildings, carbon use can be reduced through the choice of cement and steel used, and in carefully choosing the site. Support for active travel and sustainable food choices can provide a model for wider society. Medicine substitution will be important, with greater emphasis in mental health treatments given to use of green spaces and physical activity. In equipment design, more thought should go to reusable materials and reducing plastic, perhaps aiming at a circular health-care model with sustainability as its core principle. The model of care might be refocused on positive health, resilience and well-being, prioritizing the needs of those who are more vulnerable and reducing the need for high-intensity interventions. The need is to decarbonize aggressively and now, setting commitments and making plans today so that the opportunity for net zero does not slip away. Some countries are already well ahead.

Mrs Emmanuelle Pinault, Director of City Diplomacy in the C40 Cities Climate Leadership Group, spoke on climate action in major cities, especially with regard to air quality and transport, with electrification and active transport as important aspects. Cities were working closely with government and industry. The arrival of COVID-19 had created a further shock and prompted more urgent thinking, with many mayors now favouring a green and just recovery. Mayors had started to look at decarbonization and other ways of transforming their cities through employing concepts like the clean economy, giving streets back to people and the 15-minute city. A constant concern is the need for action on both climate and equality.

Dr Evgenia Semutnikova, Deputy Head of the Department of Nature Management and Environmental Protection of the City of Moscow (Russian Federation), noted that some 25% of morbidity is related to environmental factors. She described the enormous effort put into making Moscow a greener, more modern, more comfortable city. There were three pillars to the strategy – improving ambient air quality, accessibility to green spaces and uptake of physical activities. The city ran 14 state programmes, seven aimed at improving environmental factors and the others at social issues. Moscow had particular challenges because of its size – over 2500 km² with 12.5 million people. Yet it had natural advantages – 49% of its area is green space and 34% is still natural habitat that could be used for sport and recreation. To promote a healthy lifestyle, it had developed pedestrian spaces and a network of bike lanes, parks and outdoor sports facilities. Modernization of industrial production had reduced air pollution and unpleasant smells and improved energy production and use. A major focus had been transport, aiming to create a modern, comfortable, efficient system with new underground lines and electric buses replacing old diesel vehicles. The whole area was subject to careful and comprehensive environmental monitoring. Concluding, she noted that to promote sharing of experience at local and subregional levels, Moscow is part of both the C40 network and the U20 association of cities.
Strengthening societal resilience to deal with COVID-19 and climate change

Dr Bettina Menne, Regional Advisor on Healthy Settings, WHO Regional Office for Europe

Food safety, agriculture and the One Health agenda

Dr Leon Gorris, an independent food safety expert from the Netherlands, reported on a project of the Food and Agriculture Organization (FAO) and WHO aimed at further strengthening food safety (learning lessons from the crisis while recognizing that COVID-19 is not a food-borne infection). The study produced two main findings. First, system vulnerabilities existed at local, regional and global levels, but most stakeholders could amend their processes and did so when necessary, with stakeholders who adopted international standards maintaining better business. Secondly, food safety had not been unduly badly affected. The restrictions on physical and social contact and international travel, along with strict personal hygiene measures, had typically reduced the burden of food-borne illnesses during the pandemic, while regulatory flexibility had kept communication, enforcement and food safety assurance processes running. The recommendations from the study were to use the findings to help build systems that are better prepared for food-borne pandemics and food supply-chain disruptions. This should create an evidence-based approach to risk management, risk assessment and risk communication and properly implemented laws and regulations reducing food safety risks, while greater foresight capacity can assist in preparedness and responses to threats, throughout making best use of digital capabilities.

Mrs Oksana Kuznetsova described scientific work at the Gorbatov Federal Scientific Centre for Food Systems in Moscow (Russian Federation) related to sustainable food systems. Statistical data showed that COVID-19 had an impact on food safety, especially with regard to consumers’ views on food accessibility and food hygiene safety. They also became more aware of the ways in which food, health and the environment interact. Detailed studies have led to the conclusion that sustainable food systems are about the balance between economic, industrial, agricultural, transportation, consumption and waste management aspects.

Dr Alberto Chaves, the Chief of Food Safety at the Regional Ministry of Health and Families of Andalusia (Spain), spoke on genomic sequencing applied to food safety issues. He described the work of the Integrated Genomic Epidemiology System of Andalusia. This was established
to identify, early and precisely through genomic sequencing, pathogens associated with food outbreaks, improving surveillance and the choice of interventions. It links a range of public health, animal health and clinical analysis laboratories with a genomic sequencing unit and clinical bioinformatics centre to provide information on a pathogen’s nature and on aspects such as virulence or antimicrobial resistance. The model exemplifies the One Health approach and combines the efforts of many specialties and services.

Mr Nikolai Pushkarev of the European Public Health Alliance presented work on improving the food system, describing a large web of interactions from production through to consumption and disposal, including the broader economic, societal and natural environments. He noted that perhaps a third of greenhouse gas emissions are related to the food system, and other health impacts include antibiotic resistance, air pollution, zoonotic infections and obesity. In this field too improvements can offer co-benefits, with “consistent evidence of both positive health effects and reduced environmental footprints accruing from ‘sustainable diets’, that is, “diets ... high in plant-sourced and low in animal-sourced and processed foods” (24).

He argued for the beneficial effect of public food procurement, using public buying power to promote sustainable healthy diets, and changes in the market through positive incentives and social justice. Finally, he emphasized the creation of enabling food environments to ensure that foods, beverages and meals that contribute to sustainable healthy diets are the most available, accessible, affordable and widely promoted.

Ms Rebecca Masters spoke of an initiative in Wales (United Kingdom) to create a practical tool to help organizations everywhere take action on sustainability and health in all policies. In 2019, Kingston University London (United Kingdom), in collaboration with Public Health Wales, completed a literature review and pulled together findings from around the world on how best to apply the five ways of working identified earlier in this report in support of prevention, collaboration, integration, involvement and a long-term perspective (for the five ways of working, see summary of Dr Andrew Charles’ presentation above) (25). These findings can act as a reference document for any organization seeking to implement the SDGs. The Step change for a sustainable planet toolkit (26) was developed from examples from around the world at country, system, organization, team and individual levels and offers practical tools for taking action to implement the sustainable development principles.

Extreme weather events

Dr Gerardo Sanchez of the European Environment Agency shared insights into the available resources for, and existing guidance on, heat and health (27). This topic has been increasingly examined in recent months through, for instance, a comprehensive evidence review involving over 600 sources and a national and local survey related to heat-health action plans (HHAP) conducted by the WHO Regional Office for Europe. The European Climate and Health Observatory has noted a constant increase in heatwaves, which are projected to worsen in the future. Europe is becoming more urban and its population is ageing and more affected by chronic disease and noncommunicable diseases. In many countries, however, heat-related mortality currently is on the decline thanks to a combination of heat-protection plans to increase income/quality of life, improve health care and raise housing standards (including the provision of air conditioning). In terms of overseeing the public health response to heat, HHAPs generally are insufficiently resourced and there is a need for local governments and non-state actors to be more involved.

Dr Kristian Silver from the Climate Department of the Swedish Environmental Protection Agency provided a brief overview of action to improve air quality in Sweden. While the situation overall is good, there are some problems in larger cities, mainly due to road traffic and wood burning, and
pollution originating in neighbouring countries is also a source of concern. Swedish municipalities have considerable power and autonomy to assess their air quality and design action plans with the Swedish Environmental Protection Agency. Local authorities have acted on pollution caused by road traffic, their most important measures being subsidization of public transport and support for cycling.

Dr Boris Revich, Head of the Laboratory for Predicting the Quality of the Environment and Public Health, Institute of the Russian Academy of Sciences, gave an overview of the lessons from the heatwave of 2010 in the Russian Federation. It lasted 42 days, which was abnormally long. Its causes included specific weather conditions coinciding with wildfires in areas around Moscow. The heatwave resulted in 55 000 excess deaths in Moscow and across the country. In response, the city of Moscow has reinforced its green policies at urban level, as highlighted in previous presentations.

Dr Nicolas Buchoud, President of the Grand Paris Alliance for Metropolitan Development, underlined the need for an integrated response to crises. An important lesson learnt from the common experience of the G20 group of cities is the importance of investing in urban infrastructure and nature-based solutions, which are necessary to respond to future crises, pandemics and climate change. Many issues and actors must be brought together, including civil society, the private sector and government. Connecting health issues to local perceptions of the ecological limits (resources, carbon emissions, chemicals in the water, soil or air) is the path for the future.

Regional action on climate change

Ms Liz Green, Programme Director for Health Impact Assessment at Public Health Wales (United Kingdom), described a health impact assessment on climate change in Wales, undertaken to identify its effect on people in Wales and help future policy-making and agenda-setting. It included a literature review and various participatory events and focused on the social determinants of health, population groups affected and inequalities. Infographics would be published in November 2021 to coincide with the COP26 meeting with a full report following probably in January 2022. Among the findings were a wide range of probable impacts on the determinants of health, such as changes to food prices, affecting the whole population. Moderate-to-major negative impacts were probable in the short, medium and long terms, with increasing severity over time. There were also some possible opportunities for co-benefits in the short term in relation to the green economy, housing adaptations, active travel and nature-based solutions. She mentioned the need to better address psychosocial factors and build skills and capabilities for resilience.

Dr Sjors Aartsen, Advisor on Public Affairs, Utrecht province (the Netherlands), spoke on collaborative action on healthy urban living in the Utrecht region. The region is highly urbanized and its society is complex, leading to a focus on creating connections. Cross-sectoral cooperation aims to bring health and environmental agencies and the private sector together to (for instance) share data, while multilevel governance makes connections down the European Union (EU) levels through to local level. Two examples of tools developed using this approach were described: the Data and Knowledge Hub, through which public and private actors can share data to test policy interventions in settings that approximate reality; and the Health Hub, which connects public health, practitioners and agencies with civil society and governmental services to focus on prevention and digital health, so improving citizen knowledge and health literacy. He argued that collaboration needs to be rethought in a much more open way.

Dr Prisco Piscitelli from Puglia (Italy) presented a case study on industrial air pollution involving a large industrial steel-production plant at Taranto in Puglia located very near residential areas. The Taranto plant is among the most polluting in Europe. Air pollution is estimated to cause 500 000
deaths a year in Europe. He said that the Taranto plant may cause deaths in the next generation due to epigenetic effects. Health studies identify considerable health inequalities in the city as well as exposure to air pollution linked to the industrial plant. The Puglia region is now pushing for mobilization of the Just Transition Fund, one of the three pillars of the Just Transition Mechanism (28), which is part of the EU’s European Green Deal, and the implementation of decarbonization programmes.

Dr Evgeniy Gasho, from the National Research University in Moscow (Russian Federation), described the considerable effort deployed in recent years to monitor and mitigate the impact of human activity on air in Moscow. Power plants in the city provide both energy and heat. New houses use less energy and people’s own use is falling. Monitoring systems are based on the control of energy consumption in buildings and air quality around the city. Special meters positioned on each building allow the health and environmental authorities to monitor how energy travels through them and is consumed. In addition, Moscow has installed 60 stations to monitor the major pollutants, and these show a general improvement in the quality of the city’s air.

Dr Thomas Claßen set out the process in North Rhine-Westphalia (Germany) of empowering public health services to deal with climate-change adaptation strategies. Germany decided to adopt the WHO guidelines for heat health. The guidelines set out how to engage and coordinate different stakeholders in health-related action plans and climate-adaptation strategies. Several initiatives are planned for the coming years. The Federal Conference of State Health Ministers decided to implement and monitor heat-health action plans on different administrative levels (federal agencies, states and municipalities) and a climate adaptation act for North Rhine-Westphalia, and a dialogue process with different medical associations on climate and health is in hand.

Dr Anna Teghammar, Regional Development Officer in the Department of Environment in Västra Götaland (Sweden), spoke on the response there to the Race to Zero initiative (23). Their aim is to cut greenhouse gases by 85% by 2030 and achieve net zero by 2045. The health system shares these goals. All its transport is to be fossil-fuel-free and its energy consumption 50% less by 2030. Emissions related to textiles, metals and plastics are also to halve by 2030. Service organization is to be redesigned, with more digital services, care closer to home and concentration of services.

In taking the lessons from the presentations and discussions on climate change, perhaps there is no better statement of what must be done than that set out in the Zero Regrets paper (19), which identifies nine tasks that must be taken up (Box 2). Their full meaning and implications are explained in that document.

**Box 2. Nine key actions**

The window of opportunity is narrow and urgent action is needed at scale. Transition to a zero-carbon economy could bring a range of near- and long-term health gains, which provide a key hook to the policy debate on climate risks, mitigation and adaptation.

- Strive for “net zero by 2050” to support a sustainable future that is better for our health and the planet. The faster we get there, the better. Done appropriately, a move to net-zero economies would bring significant health co-benefits from improved air quality, from a more physically active population and from healthier diets, among others.
Box 2 contd

- Accelerate a resilient, sustainable and inclusive transition from COVID-19 and prioritize actions that optimize the multiple benefits for the environment, health and societal well-being, preferably in line with the prescriptions of the WHO Manifesto for a Healthy Recovery from COVID-19, which offer “triple win” interventions for climate, health and economies.

- “Un-silo” climate change and advocate for climate change as an integral policy consideration and responsibility in decision-making processes in all sectors, following the guiding principle of “climate change in all policies” analogous to “health in all policies”.

- Optimize potential synergies between mitigation and adaptation, raising and sustaining ambitions for mitigation and simultaneously scaling up adaptation at national and subnational levels.

- Prioritize health co-benefits and explore synergies of tackling climate change and air pollution, and minimize or avoid adverse health outcomes and address inequalities through policy coherence and implementation optimization in health and health-determining sectors. Future risks to health must be taken into account in planning urgent coordinated action to reduce greenhouse gas emissions in all sectors and countries.

- Optimize climate resilience and sustainability within health systems by scaling up adaptation action at local and national levels, and climate-proofing health protection, promotion and improvement programmes. Lead by example and proactively promote and strive for green, low-carbon health service delivery as soon as feasible, preferably by 2050.

- Facilitate community-led, people-centred decision-making approaches for all interventions for assessing and maximizing potential co-benefits, as well as minimizing unintended harms of mitigation actions.

- Strengthen the voice of health sector professionals and civil society organizations for action on climate change by engaging and expanding the community of practice for health in climate action during COP26 and beyond. Undertake capacity strengthening exercises for health and climate change at local, national and regional levels and for different target groups.

- Mobilize and sustain resources (knowledge, technology and finance) for climate change mitigation and adaptation action in the health and health-determining sectors. Repurpose financial gains from reduction in, or the elimination of, fossil fuel subsidies to support health.

Session IV. The future of RHN

Emerging themes

COVID-19 and climate change have posed huge problems. Earlier sections have identified lessons requiring both urgent and longer-term action. What is very clear is that regions must be fully engaged in tackling these crises. A number of significant themes were identified by Mrs Leda Nemer, a WHO consultant, as the 6Cs (Fig. 5):
● **crossovers**: COVID-19 and climate change interact in ways that challenge health systems as never before, demanding society-wide responses at all levels; tackling problems piecemeal is no answer – the response must match the scale of the danger;

● **co-benefits**: the plus point is that action across a broad front can bring benefits in several areas at once – for example, health and the environment benefit from an active transport policy, a well designed process to lift the economy post-COVID-19 could create green jobs and reduce social inequalities, and investment in improved health literacy and digital awareness can improve health and the economy;

● **communication**: the benefits of well designed communications were presented so clearly that it is obvious that this is an area in which investment and effort in every region is essential;

● **co-creation**: current crises have highlighted more than ever the need for everyone – authorities, services, the public and individuals – to act together to find answers; this will not just happen, and ensuring it is well managed is one of the greatest challenges facing every region;

● **capacity**: better communication and leadership are therefore vital, but so are other skills, such as planning and preparedness, monitoring, and providing good, safe services that continue to keep pace with the challenges; the system as a whole must have the capacity to act as one; and

● **creativity**: dealing with what is new and unknown requires more than just normal services: recent months have seen accelerated change, leaps in thinking and extraordinary innovation probably beyond anything in the past – understanding how this happened and how to foster it in years ahead will be a vital element in designing the future.

**Fig. 5. The 6Cs of collaboration**

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**Implementing in partnership**

The complexity of that task makes it more important than ever for those with the talent and willingness to make progress to work together. In recognition that there are others who are
supporting change in regions across Europe, the organizers invited a number of outside groups with an interest in achieving better results at subnational level to speak at the meeting. There were two major questions – how might they work better with RHN, and what lessons could they offer for working better with governments?

The **Committee of the Regions** is an institution of the EU that has a formal role in the development of legislation. It has access to more than 1 million politicians across the EU, from major developed regions to small hamlets. A formal Memorandum of Understanding between the Committee and WHO is in place, with a focus on universal health coverage, protecting against health emergencies and building resilient communities. Other strengths of the Committee in working on health are reflected in the wide range of areas in which it has an interest, from energy to culture, and its extensive network of contacts in Brussels and beyond.

The **European Regional and Local Health Authorities** is an EU network aiming to ensure the contribution of regional and local health authorities to EU policy-making. Common interests with RHN include a recognition of the need to protect ecosystems, facilitate cross-border working (where a region may have more in common with one in a neighbouring country than with other regions in its own country) and value-based health services, which share benefits fairly, provide personalized care and support action helping the whole of society.

The **European Public Health Association** is an umbrella organization for public health bodies, including 43 national associations and many other members. It has an annual conference and has been active in many fields, including diet and smoking. Its latest strategy is “Analysis, Advocacy, Action”, which supports innovative approaches in public health such as so-called serious gaming.

**EuroHealthNet**, based in Brussels, includes over 60 organizations and has a focus on supporting its members’ actions on health inequities and determinants. Its activities include creating projects and locating funding sources. It has developed a new strategic development plan, drawing on a foresight report analysing future opportunities and threats. The group works with communications experts on improving health messaging.

**Local Governments for Sustainability** is a global network including over 2500 bodies, supporting sustainability policy and low-emission, nature-based, equitable, resilient and circular development. Its interests include promoting physical, mental and social health through, for example, active travel, exploring the links between nature, biodiversity and mental health, and digital place-making.

**Healthy Cities** is a WHO network, now in its seventh phase. Its vision mentions 6Ps – people, participation, prosperity, planet, place and peace – and its members work closely together across a wide range of health issues. They have acquired a great deal of experience of working across sectors on practical action that can improve health.

The **WHO European Working Group on Health in Climate Change** acts as a catalyst in promoting implementation in the WHO European Region of high-level commitments on climate change and health. It was established in 2012 under the European Environment and Health Process. The group has produced the Zero Regrets paper as a powerful tool in messaging about climate change and health.

The **WHO European Working Group on Collaboration of Local and Subnational Authorities**, formed in 2020, is also linked to the European Environment and Health Process. Its main aims are to assist subnational levels of government in the WHO European Region to work better and more effectively on implementing goals relating to that process and in concert with higher-level national and international actors. It is currently undertaking a literature review on what improves and hampers multilevel governance.
To represent the younger generation, there was a presentation from the **European Medical Students’ Association**, which represents medical students across Europe who promote health and well-being. The contribution stressed the importance of intergenerational issues, and the case was made that younger people, with possibly a different perspective and certainly a strong stake in the longer term, should be included in planning the future. This must be done in a way that is neither tokenistic nor harmful to the interests of those taking part.

The presentations and discussion drew out a number of points. The groups identified areas of common interest as well as their own strengths and objectives. Now that recent crises have made health a much more important issue for government at all levels, there are strong reasons for sharing ideas and creating strong working alliances. Some will have longer-term aims than others, but all want some success soon, and all were created to help people make progress better and faster together.

A number of opportunities for common action were identified, summarized in Fig. 6.

**Fig. 6. Opportunities for common action**

![Diagram showing opportunities for common action]

First, there is simply **opening up to each other**. Other groups often seem a closed book. By getting to understand each other, two networks can discover common interests, points of learning and emerge as possible allies. This can be achieved by attending each other’s meetings, sharing information on priorities or routinely exchanging information by, for example, reporting to each other on ambitions, projects and achievements. Networks might sponsor exchanges of staff or exchanges between member regions.

A second strand of engagement would be **working together on specific tasks**. Where there are shared interests, this might involve organizing joint meetings on an agreed topic or working
together to bridge organizational boundaries or generate evidence, perhaps through an agreement to test a particular new tool or method. One network might help another through providing expert support for work on specific issues. This might involve establishing some sort of problem-solving help desk.

Networks might agree to collaborate on influencing others, for example through lobbying or responding to consultations or collaborating on an evidence paper. Where one group is undertaking a specific piece of work, it might agree to share the findings, with an agreement for the other doing the same at another point.

Finally, there may be an opportunity for bilateral problem-solving, where two parties are in just the right place to help resolve a problem, for example where Healthy Cities and RHN could help a city and region work better together.

Conclusions and next steps

The meeting concluded with some discussion about the role of regions and the RHN in the light of the great range of issues that had been raised. It was clear that regions have had significant achievements during recent years, but that, if anything, the challenges were increasing.

The great need was to show progress and use it to accelerate improvement. The added value of working in networks needed to be demonstrated clearly. This was the challenge.

A recent review of RHN members had identified that they valued working closely together and with WHO. Now was the time to agree the next phase in the RHN's progress. A proposed amendment to the terms of reference placed greater emphasis on results.

Working methods were also important. Options included small groups with a clear objective, drawing in expertise from within regions and WHO to create evidence and tools that others might use to address urgent tasks, such as assisting with decarbonization. The RHN might think of ways of analysing and sharing lessons from responses to COVID-19 and climate change and ways of strengthening preparedness against future threats.

There were also opportunities to strengthen the governance of the RHN. Perhaps members should make a more formal commitment to a specific set of actions? Establishing associations of regions within countries was another model that might be of value. Ways of strengthening subnational activities in the east of the European Region was a priority. The meeting had identified important areas where capacity development might offer substantial gains in, for example, communications and leadership. The opportunities were there to be taken.

RHN confirmed its willingness to take the challenge forward by developing new activities – for instance, through solution-based groups on specific thematic areas, or ad hoc training for regional health authorities – ensuring closer collaboration and direct support to its members.

Declaration of interests

Declarations of interests were collected from all external contributors and assessed for any conflicts of interest. No significant conflicts of interest were identified.
Funder

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References


* All references accessed 30 March 2022.


Annex 1. Programme

Monday 25 October 2021

Opening of the meeting

Dr Bettina Menne, Regional Advisor, Healthy Settings, WHO Regional Office for Europe
Dr Natasha Azzopardi-Muscat, Director, Country Health Policies and Systems, WHO Regional Office for Europe
Dr Hans Henri P. Kluge, WHO Regional Director for Europe
Mr Petr Biryukov, Deputy Mayor of Moscow, Russian Federation
Dr Melita Vujnovic, WHO Representative in Russian Federation
Mr Anton Kulbachevsky, Head, Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation

Nomination of Chairperson and Rapporteur

Adoption of agenda and programme

Session 1. United action for health: what can regions do?

(Chairs: Dr Evgenia Semutnikova, Deputy Head, Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation; and Mrs Elisabeth Bengtsson, Consultant, WHO Regional Office for Europe)

- RHN and its role in supporting United Action for Health (Dr Bettina Menne, Regional Advisor, Healthy Settings, WHO Regional Office for Europe)
- Well-being of the Future Generations Act (Mr Andrew Charles, Deputy Director for Sustainable Futures in Welsh Government, Public Health Wales, Cardiff, United Kingdom)

Panel discussion

- Mrs Solvejg Wallyn, Policy Coordinator, International Affairs, Agency for Care and Health, Flanders, Belgium
- Mrs Julia Winkler, EU Agenda/Healthacross, Directorate for Medicine and Nursing, Lower Austria, Austria)
- Dr Mariana Dyakova, Deputy Director and International Health Lead, WHO Collaborating Centre on Investment for Health and Well-being, Public Health Wales, Cardiff, United Kingdom
- Dr Camilla Martha Ihlebaek, Professor, Norwegian University of Life Sciences, Ås, Norway
- Mr Anton Kulbachevsky, Head, Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation

Plenary discussion

Concluding remarks (day 1) (Dr Evgenia Semutnikova and Mrs Elisabeth Bengtsson, Co-Chairs)
Tuesday 26 October 2021

Session 2. Evidence on COVID-19 health-system response
(Chairs: Dr Camilla Martha Ihlebaek and Dr Andrey Grigorov, Head, Organizational and Analytical Department, Moscow City Health Department, Russian Federation)

Summary of scope of session (Dr Bettina Menne)

Public health and social measures in response to COVID-19 (Mrs Tanja Schmidt, Technical Officer, Emergency Preparedness and International Health Regulations, WHO Regional Office for Europe)

Impact on mental health and action to be taken (Dr Ledia Lazeri, Regional Adviser, Mental Health, WHO Regional Office for Europe)

The role of One Health in future preparedness and response (Mr Peter Sousa Hoejskov, Technical Officer, Food Safety and Zoonotic Diseases, WHO Regional Office for Europe)

The role of primary health care in response and recovery related to COVID-19 (Mrs Melitta Jakab, Head of Office, WHO European Centre for Primary Health Care)

Primary care reform process and vaccination (Mr Tom de Boek, Head, Section of Specialized and Primary Care, Flanders Agency for Care and Health, Belgium)

Response to COVID-19 in Moscow (Mrs Elena Khavkina, Deputy Head, Moscow City Health Department, Russian Federation)

Plenary discussion

PARALLEL WORKSTREAMS

Workstream 1. Health equity and health-system strengthening
(Technical moderators: Dr Sara Darias-Curvo, Professor, University of la Laguna, Santa Cruz de Tenerife, Spain, and Dr Andrey Grigorov)

VÄSTRA GÖTALAND, Sweden: Access to health services for the most vulnerable groups during COVID-19 (Ms Salam Kaskas, Regional Development Officer, Department of Social Sustainability, and Ms Tina Andersson, Regional Development Officer, Centre for Equality in Health Care)

VENETO, Italy: The role of public health departments in creating networks against COVID-19 (Dr Michele Tonon, Department for Prevention, Veneto Region)

TRENTINO, Italy: Vaccinations for marginalized groups: challenges and approaches (Dr Pirous Fatehmoghadam, Department for Prevention, Trento)

EMILIA-ROMAGNA, Italy: Supporting equity governance in a regional health system during COVID (Mr Luigi Palestini, Regional Social and Health Agency)

VARNA, Bulgaria: Working with vulnerable groups and minorities during COVID: collaboration with other non-state actors (Mrs Klara Dokova, Vice-Dean, Faculty of Public Health at Medical University “Prof. Dr Paraskev Stoyanov”)

WALES (United Kingdom): Health equity and health-system strengthening (Dr Mariana Dyakova)
Discussion

Workstream 2. Strengthening public health to enhance societal resilience

(Technical moderator: Mrs Wallyn Solvejg, Policy Coordinator, International Affairs, Agency for Care and Health, Flanders, Belgium)

NORTH RHINE-WESTPHALIA, Germany. The health promotion initiative – focus on mental health (Dr Odile Mekel, Head Division Healthy Settings and Dr Thomas Claßen, Senior Researcher, NRW Centre for Health)

CANTON TICINO, Switzerland. Virus SARS-CoV-2: is it dangerous? Some simple ideas for dealing with a complex problem (Dr Ottavio Beretta, Data Analyst, Health Promotion and Evaluation Office, Canton Ticino region)

ANDALUSIA, Spain. COVID-19 and the health-care system in Andalusia (Dr Ana Maria Carriazo, Senior Advisor, Regional Ministry of Health and Families of Andalusia, Seville, Spain)

CENTRAL REGION, Portugal. Response and impact of COVID-19 on Primary Health Care (Dr Antonio Morais, Senior Medical Officer, Department of Public Health of the Regional Health Administration)

MOSCOW, Russian Federation. Assessment of the sustainability of health-care systems in a metropolis and the first results of resistance to pandemic crises (Mrs Elena Aksenova, Director, Research Institute of Health Organization and Medical Management of the Moscow Department of Health Care)

Discussion

Workstream 3. Lessons learnt from COVID-19 communication

(Technical moderator: Mr Simon van Woerden, Risk Communication and Community Engagement Officer, WHO Regional Office for Europe)

Risk communication and community engagement (Mrs Cristiana Salvi, External Relations Manager, Health Emergencies and Communicable Diseases, WHO Regional Office for Europe)

CANTON TICINO, Switzerland. Public health communication in Ticino during the crisis and beyond (Mr Giorgio Merlani, Chief Medical Officer, Public Health Division, Department of Health and Welfare)

WALES (United Kingdom): Applying behavioural science to the pandemic response in Wales (Dr Ashley Gould, Head of Behavioural Science at Public Health Wales)

COVID-19 pandemic: lessons for science journalism (Mrs Olga Dobrovidova, Vice-President, European Science Journalism Federation)

Group reporting (technical moderators)

Discussion

What happens after COVID-19? Future public health strategies (Dr Cory Neudorf, Professor, Department of Community Health and Epidemiology, College of Medicine, University of Saskatchewan – Interim Senior Medical Health Officer, Saskatchewan Health Authority, Canada)
What are the top three priorities? Key action for the future (Dr Camilla Martha Ihlebaek and Dr Andrey Grigorov, Co-Chairs of Session 2)

Wednesday 27 October 2021

Session 3. Climate change, environment and health

(Chairs: Dr Vladimir Kendrovski, Technical Officer, WHO Regional Office for Europe, and Dr Evgeniy Gasho, Member of Public Chamber of Moscow, Head, Research Laboratory of Methodological Problems of Energy Saving, Associate Professor of Federal State Budgetary Educational Institution of Higher Education “National Research University” (MPEI), Doctor of Technical Sciences, Russian Federation)

- Summary of scope of session (Dr Bettina Menne)
- Main risks and impacts of the global environmental crisis on human health (Professor Dr Josep M. Antó, Isglobal)
- The impacts of climate change on human health (Professor Dr Maria Nilsson, Umeå University, Sweden)
- European zero regret: policies and action (Dr Revati Phalkey, Head of Climate Change and Health Group, Public Health England)
- Green policies of the Government of Moscow (Dr Evgenia Semutnikova, Deputy Head, Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation)
- What can health systems do? (Mrs Sonia Roshnik, Health Care without Harm)
- C40 cities and work on climate change (Ms Emmanuelle Pinault, Director of City Diplomacy, C40 Cities Climate Leadership Group)

Questions and answers

PARALLEL WORKSTREAMS

Workstream 4. Food safety/agriculture/One Health

(Technical moderators: Mr Peter Beznec, Head, Centre for Health and Development Murska Sobota, and Dr Elvira Dovletyarova, Deputy Director for Academic Affairs, Agrarian and Technological Institute, Moscow, Russian Federation)

Impact of COVID-19 on food control and food safety risk management (Dr Leon Gorris, Independent Food Safety Expert, Netherlands)

MOSCOW (Russian Federation): Improving food safety and controls during COVID-19 (Mrs Oksana Kuznetsova, Director, Gorbatov Federal Scientific Centre for Food Systems, Russian Academy of Sciences, Moscow

ANDALUSIA (Spain): Genomic sequencing applied to public health (Dr Alberto Chaves, Chief, Food Safety Unit, and Dr Carla Lozano, Food Safety Unit, General Directorate for Public Health and Pharmacies, Regional Ministry of Health and Families of Andalusia, Seville

Food systems for public health: exploring co-benefits (Mr Nikolai Pushkarev, Policy Coordinator on Food Systems and Noncommunicable Diseases Prevention, European Public Health Alliance.)

**Discussion**

**Workstream 5. Extreme weather events**

(Technical moderators: *Dr Vladimir Kendrovski*, Technical Officer, WHO Regional Office for Europe)

**Heat** (video introduction)

**Heat guidance** (*Dr Gerardo Sanchez*, European Environment Agency)

**Lessons learnt from heatwaves in the Russian Federation** (*Dr Boris Revich*, Head, Laboratory for Predicting the Quality of the Environment and Public Health, Russian Academy of Sciences, Moscow, Russian Federation)

MADEIRA (Portugal): **Lessons learnt from addressing the pandemic with a medical response to major incidents and disasters methodology** (*Dr Pedro Ramos*, Regional Health Secretary)

**Actions to improve air quality in Sweden** (*Mr Kristian Silver*, Representative of the Climate Department of the Swedish Environmental Protection Agency)

**The G20 group of cities and the importance of integrated responses to crisis** (*Mr Nicolas Buchoud*, Urban20 Expert, President of the Metropolitan Development Alliance “Greater Paris”)

**Discussion**

**Workstream 6. Climate change action**

(Technical moderator: *Dr Bettina Menne*)

WALES (United Kingdom): **Welsh health-impact assessment of climate change** (*Mrs Liz Green*, Consultant in Public Health, Policy and International Health, Programme Director for Health Impact Assessment, Public Health Wales)

UTRECHT (Netherlands): **Collaboration in the field of healthy urban living in the Utrecht region** (*Dr Sjors Aartsen*, Advisor on Public Affairs, Healthy Urban Living, Province of Utrecht)

MOSCOW, Russian Federation: **Monitoring and mitigating the impact of human activity on air pollution in Moscow** (*Dr Evgeniy Gasho*, Member of the Public Chamber of Moscow, Head of the Research Laboratory of Methodological Problems of Energy Saving, Associate Professor of the Federal State Budgetary Educational Institution of Higher Education “National Research University” MPEI “, Doctor of Technical Sciences)

PUGLIA (Italy): **Air quality and health: the case study of Taranto** (*Dr Prisco Piscitelli*)

NORTH RHINE-WESTPHALIA, Germany: **Empowerment of public health services in dealing with climate change adaptation** (*Dr Thomas Claßen*, Centre for Health)

VÄSTRA GÖTALAND, Sweden: **Race to Zero** (*Dr Anna Teghammar*, Regional Development Officer, Department of Environment, Region Västra Götaland)
Discussion

Group reports. What are the top three priorities?

Thursday 28 October 2021

Session 4. Collaboration and partnership with other networks

(Chairs: Dr Bettina Menne and Dr Evgenia Semutnikova)

- **Summary of previous days’ work** (Mrs Leda Nemer, consultant, WHO Regional Office for Europe)

- **Panel discussion:**
  - Mrs Dorota Tomalak, Deputy Head of Unit, European Committee of Regions
  - Mrs Joan Devlin, Chief Executive, Belfast Healthy Cities representing the Healthy Cities Network
  - Dr Luis Saboga, President of the Health promotion section, European Public Health Association
  - Mr Giovanni Gorgoni, European Regional and Local Health Authorities
  - Professor Dr Inge Heim, European Health in Climate Change working group
  - Mrs Alice Reil, Coordinator Green Infrastructure and Biodiversity, International Council for Local Environmental Initiatives Europe
  - Mrs Caroline Costongs, Director, EuroHealthNet
  - Mrs Alexandra Archodoulakis, Vice President of External Affairs, European Medical Students’ Association
  - Mrs Brigit Staatsen, Collaboration of Local and Subnational Authorities (CoLSA).

- **Reflections** (Mrs Christine Brown, Head, European Office for Investment for Health, WHO Regional Office for Europe)

- **Summary of results** (Dr Evgenia Semutnikova, Deputy Head of the Department of Nature Management and Environmental Protection of the City of Moscow, Russian Federation and Dr Bettina Menne)
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Additional sources


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6 All sources accessed 30 March 2022.
The WHO Regional Office for Europe
The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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