



## EUROPE

### Regional Committee for Europe Fifty-seventh session

Belgrade, Serbia, 17–20 September 2007

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### Address by the WHO Regional Director for Europe Monday 17 September 2007

#### Introduction

Mr President, Ministers, Distinguished participants in the fifty-seventh session of the WHO Regional Committee for Europe, Ladies and Gentlemen,

This is my eighth report as Regional Director, and I have decided to do something a little new, a little different from the way I presented my previous seven reports.

Although I generally leave the Secretariat until the end of my report, I would like today, exceptionally, to mention it first. A number of important events have affected the life of the Organization over the past year, and I think it useful to talk about them first of all. They have had, and will continue to have, significant repercussions on the services that WHO provides to Member States.

Since our last session, the World Health Assembly has appointed a new Director General, Dr Margaret Chan. She took up her post in January of this year. Her vision and her first accomplishments have visibly altered the roles of the regions and of headquarters within the Organization.

The Member States and the regional offices have long said that they would like to see better integration between the different levels of WHO and a new balance in the various roles and responsibilities.

Over this year, with impetus from the new Director General, a very clear movement has appeared, a movement from the bottom up, as well as from the top down.

The regional offices and headquarters have been working together on a number of important issues, including the International Health Regulations, intellectual property, the migration of health personnel, strengthening health systems and relations with WHO's main partners, including the Organisation for Economic Co-operation and Development (OECD), the European Union and the European Commission.

And the whole Organization, under the aegis of the Director General, has also been working on one very important subject this year: the reform of the United Nations system.

Dr Chan will tell you more about these subjects tomorrow morning when she gives her address. However, I can say now that the collaboration and cooperation we have seen this year have strengthened WHO's relations, both within and outside the Organization. They have been a real stimulus to the Regional Office for Europe, which had been hoping for something like this for many years.

These global issues, and their regional dimension, will be dealt with at length throughout this session of the Regional Committee. The main discussions this year will concern the health workforce and strengthening health systems, particularly to help mothers and children, in the context of the Millennium Development Goals. Another global issue that has very strong European dimensions is food and nutrition policy, and we will be hearing about the results of the Ministerial Conference on Counteracting Obesity, held in Istanbul last November.

In my report, I have mentioned most of the aspects raised in last year's paper on the future of the Regional Office for Europe. So it is, to a certain extent, a first update on the implementation of that programme, which covers the period to 2020.

## **1. The Balkans: peace, human rights and health**

This is the first time that we have held a session of the Regional Committee in Belgrade, right at the heart of south-eastern Europe, which, until recently, was the centre of bloody confrontations, and so I would like, as I have done at previous sessions, to mention the programme known as the Stability Pact for South Eastern Europe.

The programme was launched six years ago in Dubrovnik and has seen many more developments over this past year. It was set up as a joint initiative of the Council of Europe and the WHO Regional Office for Europe; since 2001, it has brought together the governments of countries that had just emerged from a ten-year period of conflict: Albania, Bosnia and Herzegovina, Croatia, Serbia and The former Yugoslav Republic of Macedonia, together with their neighbours, Bulgaria and Romania. The Republic of Moldova and, more recently, Montenegro have also joined the programme.

The original idea was simple. Some people even said it was too simple. The hypothesis was that public health programmes common to the different countries could help them to work together and lead to reconciliation.

A simple idea indeed, and one that reflects the values of the United Nations and puts WHO's expertise in the area of health and its independence at the service of the countries involved.

The process began and it found a number of donors immediately: initially four – three countries and the Council of Europe Development Bank. Today there are nine: the Bank, and eight countries as well.

Public health topics of common interest to all the countries were chosen: mental health, prevention of communicable diseases, and nutrition; then came public health services, maternal and newborn health, information systems and tobacco control.

As I told you last year, the initiative was extended in 2005 in Skopje, with a second four-year phase.

This past year has seen the programme broadened and extended, notably with a study on the effectiveness of the public health services in the nine member countries.

We consider this to be an exemplary initiative that has brought science and politics together, and has so benefited the people's health.

I would also like mention to another situation that occurred quite close to where we are today and that I also spoke about last year. It was in Kosovo, where WHO and the other United Nations organizations, under the political aegis of the United Nations Mission in Kosovo (UNMIK), provided assistance to 530 people, including 250 children, of Roma origin. Under a large public health programme, they were helped to move to a healthier and more hygienic environment.

They were also provided with psychosocial support and health education programmes, their blood lead levels were monitored and appropriate treatment was given.

A year and a half later, the results are surprising. They are soon to be published in a scientific journal. They demonstrate not only the need for and effectiveness of preventive measures and medical interventions, but also the limits of those measures.

And, to conclude this section on human rights and humanitarian action, I would like, of course, to mention the recent release of the Bulgarian nurses and doctor.

Without going into the political background, I can say that the Regional Office for Europe is delighted with the final outcome of the affair, with which it has been involved since 2000.

We were in regular contact with the Bulgarian Government, and worked closely with WHO headquarters to ensure that both scientific truth and human rights were respected.

I would like most particularly to thank our goodwill ambassador, Sylvie Vartan, who worked without respite to get everybody she could involved to ensure a positive outcome to the affair. This is a good, if somewhat exceptional, example of intersectoral work that managed to mobilize the world of entertainment, the arts and the media. It was something that the health sector could not have achieved by itself.

Ms Vartan, thank you so much for what you have done to help us; I know that you will continue to give your support to our teams working for better health for the children of our Region.

## **2. Action and countries**

A lot has been done over the past year in collaboration with and in the countries of the Region. The objective is still to improve the services WHO provides to the 53 countries of the Region and adapt them to the countries' specific requirements.

Today, I would like to give just a few especially important or representative examples of what has been achieved this year.

The report that will be presented at the next session of the Regional Committee will give more details of this work.

Our prime concern is to meet the expectations and needs of each of the countries in our European Region, particularly through implementation of the agreements we sign together every two years.

First of all, I will talk about immunization and communicable diseases. Despite everything that has been done, vaccine-preventable diseases still kill 32 000 children under the age of five in our Region each year. And 600 000 newborns are not given the routine immunizations during their first year of life.

Moreover, many parents and health professionals are no longer aware of the danger these preventable diseases represent; indeed they are sometimes more worried about the vaccine than the disease itself. Something has to be done now to meet this challenge. The introduction of new vaccines is another issue, of particular importance in reducing the health gaps between the east and the west of the Region.

I will give you a few examples to show what the Regional Office has been doing about immunization.

First of all, European Immunization Week has been organized for the second time. It attracted more participation this year, with 25 countries actively involved, and much more visibility in the media.

There was also a meeting held in April with 46 national counterparts for measles and rubella control; the goal is still to eliminate these two diseases by 2010.

On the same subject, an immunization campaign was organized in Azerbaijan, targeting 2.5 million people, with the support of 6 countries. Its objectives were: epidemic surveillance, the identification of high-risk groups, and strengthened immunization policies and programmes on the two diseases.

Although it is no longer found in the European Region, poliomyelitis is still a matter of great concern, as there are four countries in the world that have not yet managed to get rid of it.

The Director General has made its elimination a priority for the Organization, and a way of demonstrating that public health really works. She has called on the regions that are free of the virus to help the other regions that are not.

As a response to this, during the World Health Assembly, the regional offices for Europe and the Eastern Mediterranean signed an agreement on strong collaboration between their two regions.

I would like briefly to respond to a question I was asked about the European Region's involvement in the Board of the Special Programme for Research and Training in Tropical Diseases. The members of this global Board are elected by the regions. And at our private session on Wednesday, we will be filling a seat left vacant by Greece.

The answer to the question is in the news right now. This summer, for the first time, the European Region was affected by chikungunya, a disease more usually found in Africa, south-east Asia and the Philippines. Two hundred cases were reported in north-eastern Italy, on the Adriatic coast. This epidemic is one more illustration of how pathologies, particularly communicable ones, are becoming globalized.

Avian influenza is another illustration of this globalization. The Regional Office has continued to support Member States in their preparations for fighting a possible pandemic.

Because of the resources it has, notably in the field of vaccine production, the European Region is playing a global role in these preparations.

Since the World Health Assembly adopted a resolution on the subject in 2007, WHO has made progress in promoting the rapid sharing of the virus, on the basis of transparency, with the aim of assessing the pandemic risk and developing vaccines. Establishing an international stockpile is one part of this process.

In the coming months, the Regional Office will be approaching Member States about preparations for an intergovernmental meeting on intellectual property in November. This will be discussed in greater detail during this session of the Regional Committee.

To conclude this section, I would like to mention the Ministerial Forum "All against tuberculosis" to be held in Berlin next month. The objective of the Forum is to decide on the action to be taken to halt the spread of the disease. In a letter I sent to ministers of health in 2005, I drew their attention to the rapid spread of tuberculosis in the Region.

I would also like, as I do each year, to draw your attention to the development of the AIDS epidemic in the Region and its rapid growth, despite all the efforts that have been put into prevention and treatment. There are 2.5 million people living with HIV/AIDS in the Region, and 850 000 who are on extended treatment.

Our commitment in this area for the year 2010 is to achieve equitable, effective, danger-free and economically affordable access to prevention and treatment.

The main problem is still to work out how health systems can cope with the disease and its costs.

I would like now to turn to the area of noncommunicable diseases.

These diseases are responsible for nearly nine-tenths of all deaths in the Region and more than three-quarters of the disease burden in DALYs.

Cardiovascular diseases alone are responsible for half of all deaths. They also contribute significantly to the 20-year difference in life expectancy between countries in the Region.

This year, the Regional Office has been working with a group of eight countries on the further development and implementation of the European Strategy adopted by the Regional Committee last year. There has been good collaboration with WHO headquarters, the European Commission, the European Heart Network and the European Society of Cardiology.

To illustrate the direct support given to Member States, I would mention the cancer surveillance programme in Albania, the strategy review related to cardiovascular diseases in Estonia, and the noncommunicable disease policy update in the Russian Federation.

Another area of action for the Regional Office has been reproductive health. More than 30 000 women die each year in Europe from cervical cancer, although it is a largely preventable disease. With the aim of bringing down this high figure, representatives of 44 countries in the Region met in May to look at ways of improving prevention management, notably through the use of the new vaccine.

There have also been some interesting developments in multinational collaboration on a national cervical cancer control programme in Armenia that being supported by Lithuania, Iceland, Norway and Finland, as well, of course, as by experts from WHO.

Many countries in the Region have put reproductive health on their agenda in different ways: policy reports in Azerbaijan and Kyrgyzstan, vocational training in Turkey and Turkmenistan, and sex education on the programmes of the 27 countries that took part in the Cologne meeting in November 2006.

Finally, 26 countries in the European Region are involved in the SAFE network that promotes the sexual health and rights of young people.

In conclusion of this section, I would like to give you, as I do each year, a quick report on what has been happening in the mental health programme.

Since the Regional Committee last year, we have worked together with the European Commission on the continued implementation of the action plan adopted in Helsinki, particularly in the area of data collection. We will be publishing the data in the coming months, and this will give us a far clearer picture of the state of mental health services in the Region.

The assistance we give to Member States in this area relates primarily to the integration of mental health into primary health care, and training for family doctors in the diagnosis and treatment of mental illness. The central Asian countries are especially interested in these initiatives.

I would like now to look as the subject of health systems as one of the essential determinants of health. In application of the Regional Committee's 2002 resolution on poverty and health, the Venice centre has built up its activities to be able to increase the help it offers Member States in the Region.

A total of 25 countries representing the different parts of the Region are working on specific activities in this field. For instance:

- Germany is working on improving the health of migrant populations by integrating social services and health services;
- Montenegro is aiming to improve the health of Roma refugees by encouraging better use of the health services; and
- Sweden has a health protection and promotion programme for the unemployed.

The Regional Office has worked with many Member States in the area of health systems governance and stewardship. There are, for instance, the health systems assessments conducted in Armenia, Georgia, Kazakhstan, the Russian Federation and Uzbekistan.

Other examples include:

- the studies published in the Czech Republic and Hungary on inequalities in health care systems;
- the health policies and health system management strategies developed in Bosnia and Herzegovina, Portugal, Switzerland and Tajikistan;
- the collaboration between the Regional Office and Azerbaijan, the Republic of Moldova, Romania and Turkey in restructuring their health ministries and building up their stewardship function.

Finally, and still in the area of strengthening health systems, a European report on security and health has been published as the European contribution to World Health Day 2007.

Our work on health systems is being galvanized by the preparations for the Ministerial Conference on Health Systems, to be held in Estonia in June 2008.

Various consultations and preparatory meetings have been held in 2006 and 2007, mobilizing a large number of Member States in the Region.

Preparations for the Conference are proceeding in a very satisfactory way. You will be given the details during our different sessions here.

Given this context, it is not surprising that strengthening health systems are one of the subjects that comes up most frequently in the biennial collaborative agreements between the Office and the Member States, particularly those signed recently with western European countries, such as Belgium, Portugal and Andorra.

To conclude this presentation on the Regional Office's activities in the countries, I would like to talk about environment and health, a particularly lively area this year.

There has been support for the development of national policies from the work of the European Environment and Health Committee and the Vienna meeting in June 2007 that looked at the progress made on implementing the Budapest Declaration.

We should also note the case studies of good practice in environment and health policies, and the work with youth groups in Austria, Ireland, Norway and Sweden.

In conclusion of this section, I would to say how pleased I am to see how activities are developing at country level. This is happening as the country offices are being built up and field staff are improving their skills.

This presence in the field will need to be increased in the coming years, as it really contributes to the effectiveness of the Regional Office's action and helps it adapt its services to the individual needs of the Member States.

There are, of course, many programmes and units within the Regional Office whose task is to support the operational units and programmes. I am thinking of, among others, administration and finance, and information technology.

I would simply like to say how useful they are, and how indispensable in ensuring that the activities I have just described can actually take place.

### **3. Working with our partners**

At its last session, the Regional Committee adopted a paper on the future of the Regional Office for Europe, with a resolution asking the Regional Director to strengthen the joint activities shared with its main partners.

Here is what we have done this year on specific issues: with the Council of Europe on the health of migrants, with the World Bank on the Millennium Development Goals.

And our collaboration with the European Union and European Commission has increased to a level where, as recommended in the document adopted last year, there is now a true sharing of responsibilities.

We have, for instance, worked with the European Centre for Disease Control and Prevention (ECDC) to finalize the plans preparing for avian influenza, and with many sections within the Commission to harmonize our programmes and ensure that they are complementary, notably in the fields of health security, equity, environment and nutrition.

The European Union presidencies have been particularly auspicious periods for building up collaboration. With Finland and the health in all policies programme, which has now become a point of reference in public health; and with Germany on HIV/AIDS prevention; and currently with Portugal on health and migration. The Director General will be attending a meeting on that topic in Lisbon at the end of the month.

In terms of policy, both Dr Chan and I have met with the OECD and the main European Union leaders to harmonize our work and make it more effective.

Dr Andrzej Rys is here today to attest to the work we have done together, and I would like to thank him publicly for including us, as he did at a recent meeting in Portugal, in the preparatory work for the Commission's new health strategy.

And I would say to him again in all friendship what I said in Lisbon: it is quite legitimate for each organization to have its own strategy, but it is good if the Member States can see that the proposals made by the various bodies they contribute to do in fact work towards the same ends. And that is what we are trying to achieve together.

Here again, this collaboration with international organizations is increasing, I hope, to the greater benefit of all the Member States in the Region. And I emphasize "all the Member States".

Thus, the Regional Office for Europe is acting as a bridge, a way of transferring knowledge between the countries that are members of the European Union and those that are not, or not yet, members.

### **4. This Regional Committee**

I have already mentioned various of the sessions that will take place during this Regional Committee. I would like to add that there will be technical briefings on such important subjects as water, the International Health Regulations and citizen's participation in public health decision-making – a new and promising topic.

For the third year now, we will have a session tomorrow afternoon devoted to the follow-up to previous sessions of the Regional Committee. The issues to be discussed include environment and health, obesity, the noncommunicable diseases strategy, strengthening health systems and health security.

## **Conclusion**

In conclusion, I hope that all the participants at this session of the Regional Committee will find something of interest to their own work in their country, and feel at ease as members of WHO's governing bodies.

Your comments and suggestions are welcome, as always, and we will take them into account in our work between Regional Committee sessions.

I would like to thank most warmly the members of the Standing Committee, particularly the chairperson, Dr David Harper, for the support and encouragement they have given the Regional Office again this year, and particularly in the preparations for this session of the Regional Committee.

Finally, I would like to give special recognition to all the staff of the Regional Office. I do this each year, and each year I am more convinced than before of the luck that I have to be leading such an exceptional, devoted and competent team, that is proud to serve the noble cause of WHO.

Thank you for your attention, and I wish you an excellent session of the Regional Committee.