

Address to the Regional Committee for Europe,
fifty-seventh session
Belgrade, Serbia, 18 September 2007

Your Excellency, President Tadic, Mr Chairman, honourable ministers, distinguished delegates, Dr Danzon, our Regional Director, ladies and gentlemen,

First let me thank the government of Serbia for its hospitality in hosting this Regional Committee in this city.

In the late 1980s, public health looked to this region for guidance on how to address the unique health problems that were emerging, or at least becoming visible, in wealthy, highly developed countries.

This was the most uniformly affluent region, with high standards of living matched by long life expectancies. Health ministers aimed to make good health even better.

This region looked broadly at the determinants of health, and closely at preventive and health-promoting measures.

This office produced pioneering work on health and the environment, and in so doing, pioneered ways of making multisectoral approaches work.

European countries led work on the prevention of chronic diseases and made the importance of lifestyle factors a priority on the health agenda.

This region promoted healthy diets, healthy cities, healthy schools, healthy workplaces, and the health of immigrant populations.

Early on, this region took a comprehensive look at the special health needs of the elderly, and predicted that demographic aging would become one of the biggest problems in the near future.

These were bold steps at the time.

Who would have imagined that these problems, that some people called “luxury items” on the agenda of wealthy nations, would become the burning health issues, worldwide, during this first decade of the 21st century?

Ladies and gentlemen,

More and more, health problems all around the world are being shaped by the same powerful forces.

More and more, public health is being challenged to address a shared set of very complex problems.

Urbanization is a burning issue, with population density in urban areas growing fastest in the developing world.

As the demand for energy and transportation increases, suffocating urban air and the consequences of greenhouse gas emissions are issues of urgent global concern.

The effects of climate change are already being felt.

Globalization has helped spread lifestyle changes, often to the detriment of health.

Chronic diseases, long considered the companions of affluent societies, have changed places. Low- and middle-income countries now bear the greatest burden from these diseases.

Obesity, which has reached epidemic proportions in Europe, is now a global problem. No region is spared.

Health needs of the elderly are a burning issue. Each month, one million people worldwide will reach the age of 60. Of these people, 80% live in the developing world.

Health financing has become a burning issue, and an especially hot one.

This is partly because of the new demands, on health systems and family finances, created by the rise of chronic diseases.

It is partly because of the renewed emphasis, embodied in the Millennium Development Goals, on equity and poverty reduction.

The logic is simple. If we want health to work as a poverty-reduction strategy, we cannot let the costs of health care drive impoverished households even deeper into poverty. In just the past few years, the need to strengthen health systems has become a burning issue, taking centre stage in the development debate. I will have more to say about this later.

As for multisectoral approaches, pioneered when European ministers of health and the environment joined hands, this approach is now at the heart of the Millennium Development Goals.

These goals attack the causes of poverty at their roots, and acknowledge that these causes interact in intricate ways.

Most importantly for us, they champion the role of health as a key driver of economic progress, and thus elevate the role of health.

Health is no longer a mere consumer of resources. It is a producer of economic gains. Despite the complex problems we face, this elevated role of health gives us great cause for optimism.

Ladies and gentlemen,

Health in Europe has also been influenced by powerful geopolitical forces.

Health problems associated with an advanced level of development are still present, but the overall situation in Europe is dramatically different than it was in the late 1980s.

Not so long ago, the international community tended to think of gaps in health outcomes as divided, more or less neatly, along North-South lines.

Here in Europe, you have discrepancies between East and West, and discrepancies nearly everywhere between the rural poor, the urban poor, and the residents of wealthy urban suburbs.

As one document before this Committee notes, Europe has areas and subgroups where mortality rates for mothers and babies are just as serious as those seen in sub-Saharan Africa or southern Asia. Countries in the eastern part of this region have some of the world's highest rates of multi-drug resistant tuberculosis.

These countries are also seeing an even more alarming trend: the emergence of extensively-drug resistant tuberculosis, or XDR-TB. This form is virtually impossible to treat, with mortality rates approaching 98%.

Our vulnerability to these threats is shared. Our response – whether in self-defence or out of respect for our common humanity – must be one of collective action, based on shared responsibility.

Infectious diseases spread. XDR-TB spreads. Air and water pollution spread.

The global reach of marketing and distribution spreads lifestyle changes, and these speed the rise of chronic diseases.

The labour market is globalized. You have before you an item on health workforce policies.

All regions are seeking ways to address the universal shortage of appropriately trained, motivated, and skilled health workers.

We are all working to solve similar problems.

And here is one of the rewards of all our shared efforts. Good health contributes to stability, and is a foundation for prosperity.

A stable and prosperous region serves the interests of every country.

Ladies and gentlemen,

In retrospect, it is good for international health that leadership here in Europe has had a head-start in understanding these issues and formulating plans of action for addressing them.

With its head-start, Europe is in a good position to lead international health on many of today's most pressing global issues.

Without question, political leadership in Europe is having a strong impact on health policy internationally.

This is especially true because of the traditional focus of this region: on preventive approaches, on health-promoting behaviours, on multisectoral action, and on the link between health outcomes and the performance of health systems.

This experience will hold us in good stead, globally. This is good currency to have in our pockets, and I believe its value can only increase.

Needless to say, solutions to many of the problems you are working on in Europe, including issues before this Committee, have global significance.

If you find a way to reduce reliance on hospital-based care, all the world will benefit.

This applies, most especially, to home-based care for the elderly, and primary health care for mothers, infants, and young children.

If you can find a way to improve urban design to counter the health consequences of sedentary lifestyles, all the world will benefit.

If your plan of action for food and nutrition policies reduces the incidence of diet-related and foodborne diseases, all the world will benefit.

Let me assure you: I know how difficult this issue is, how hard it is for health to have the most convincing voice when so many other sectors are involved.

In this regard, this region has another great advantage on its side: its skilful use of the strategic and persuasive power of evidence.

Next year, this office will convene a ministerial conference on strengthening health systems. If this conference can define effective strategies and good practices for improving the performance of health systems, all the world will benefit.

Having said all of this, there is one important downside.

I am referring to the perception, sometimes seen at the international level, that Europe is perfectly capable of managing all its health problems on its own.

When development assistance is allocated, some countries in eastern and central Europe may be overlooked.

The international community has a duty to pay attention to unmet health needs anywhere in the world they occur.

As so clearly stated in documentation before this committee, traditional health systems in some parts of this region have simply collapsed.

They have not yet been replaced by alternative systems capable of addressing vast unmet health needs, in a comprehensive and fair way.

Ladies and gentlemen,

The report before this Committee on the Millennium Development Goals gives particular emphasis to maternal and child mortality.

It provides an insightful analysis of health systems and their inadequacies.

This is absolutely in line with thinking at the global level, when we assess overall progress towards the attainment of the goals.

Globally, the achievement of the goals for maternal and child health represents the greatest challenge. To meet these goals, the importance of a well-functioning health system is absolute.

Deaths from complications of pregnancy and childbirth have remained stubbornly high, despite more than two decades of efforts.

The number of these deaths will not go down appreciably until more women have access to skilled attendants at birth and to emergency obstetric care.

Last year, coverage with routine childhood immunization reached record highs, thanks to the commitment of health ministers and support from the GAVI Alliance.

But child mortality will not go down significantly until more newborns, infants, and young children have clinical care for premature birth, asphyxia, pneumonia, and diarrhoeal disease.

Again, the need for a well-functioning health system is absolute.

The document before this committee makes a particularly striking statement. It says:

“Experience at the regional level has shown that insufficient capacity in the area of health systems is an insurmountable barrier to achieving the health-related MDGs.”

Yes. Insurmountable, unless things change quickly, dramatically, and in the right direction.

The performance of a health system – however you want to define this system – is measured by its impact on health outcomes. Let me remind you: our ability to attain the health-related Millennium Development Goals will not be measured by national averages.

It will be measured by how well we are able to reach the poor, with comprehensive care, on an adequate scale.

This is where we fail. The poor tend to live in hard-to-reach places, in Europe and everywhere else in the world.

They live in remote rural areas or urban slums or have no homes.

The insufficient capacity of health systems to reach these people is, indeed, the barrier.

The health-related Millennium Development Goals, focused on maternal and child health, HIV/AIDS, tuberculosis, and malaria, are the least likely to be met.

These are precisely the goals that make the most immediate life-and-death difference for millions of people.

These are the goals that have powerful tools – first-rate vaccines, drugs, and other proven interventions – to support their attainment.

How can we fail? Is the barrier really insurmountable?

I see some encouraging signs that things are, indeed, changing quickly, dramatically, and in the right direction.

Earlier this month, I attended the launch of the International Health Partnership in London, together with prime ministers Gordon Brown and Jens Stoltenberg of Norway, and heads of the other major agencies and foundations working to improve health.

This partnership was launched in response to slow progress in meeting the health-related Goals. It addresses head-on the two major barriers to success: inadequate systems for delivering interventions, and ineffective aid.

This is the test of true commitment. When progress stalls, step back, assess the reasons, shift gears, and accelerate action. This has happened.

On this occasion, international agencies expressed their commitment to work together in a more coordinated way, with clearly defined roles for reaching shared targets.

This fits well with the larger agenda of UN reform, where WHO is fully engaged.

Ladies and gentlemen,

In my eight months in office, I have been impressed by the commonality of health problems in all regions, and the common aspirations of health leaders.

Public health around the world is engaged in basically the same struggles on three fronts.

First, we struggle against the constantly changing microbial world.

Second, we struggle to change human behaviours.

Third, we struggle for attention and resources.

At the international level, commitment to the Millennium Development Goals has given health unprecedented attention and resources. Commitment to these goals has unleashed the best of human ingenuity.

It is appropriate for me to mention some recent innovations, especially as European leadership has played a critical role in their creation.

I am referring to UNITAID, a drug purchasing facility which draws funds from a tax on airline tickets.

I am referring to the International Finance Facility for Immunization, which will fund the immunization, by 2015, of 500 million children.

I am also referring to the use of Advanced Market Commitments as an incentive to develop new vaccines for the developing world.

We all know that the issues surrounding the development and pricing of new products for the developing world are enormously complex.

I want to take this opportunity to thank European countries and the European Commission for their contribution to the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property.

In our struggle against the constantly changing microbial world, we have support from the greatly strengthened International Health Regulations, which came into force this past June.

The revised Regulations move away from the previous focus on passive barriers at national borders, to a strategy of pro-active risk management.

This strategy aims to detect an event early and stop it at source, before it has an opportunity to become an international threat.

This strategy greatly strengthens our collective security, and raises the preventive power of these Regulations to new heights. We must never again allow a disease such as HIV/AIDS to slip through our surveillance and control networks. We have lived under the looming threat of an influenza pandemic for four years.

I am often asked if the effort invested in pandemic preparedness is a waste of resources. Has public health cried “wolf” too often and too loudly?

Not at all. Pandemics are recurring events. We do not know whether the H5N1 virus will cause the next pandemic. But we do know this: the world will experience another influenza pandemic, sooner or later.

Recent concern has stimulated enormous research, and we know much more about influenza viruses and pandemics than we did four years ago.

Most importantly, preparedness for a pandemic has strengthened national and international capacities in fundamental ways.

Last month's outbreak of Marburg haemorrhagic fever, in Uganda, was stopped dead in its tracks, before it had a chance to become a national or international threat.

As the minister of health informed me, the outbreak was promptly controlled by activating the preparedness plan for pandemic influenza. All the procedures were in place, and worked flawlessly.

In the struggle to change human behaviours, we have another powerful international instrument.

The Framework Convention on Tobacco Control has become one of the most widely embraced treaties in the history of the United Nations.

This is preventive medicine, on a global scale, at its best.

European leadership played an influential role in crafting both of these instruments, with the European Union providing a role model.

First, it made a strong, coordinated and unified contribution to the preparatory processes. Second, it made a strong commitment to implementation, by adapting global policy to the specific situations of the European Union and its member states.

International instruments, such as these, derive from our shared vulnerability to threats that are increasingly global in nature.

They embody our collective responsibility, and express our solidarity in matters of health.

These are the qualities, I do believe, that will become increasingly important as this century – with all its complex health challenges – continues to advance.

Ladies and gentlemen,

As my final point, I must refer to climate change. The world's best scientists tell us: human activities have committed this planet to climate change.

The effects are already being felt.

Even if greenhouse gas emissions were to stop today, the changes we are already seeing will progress throughout this century.

The emphasis is now on the ability of our human species to adapt to changes that have become inevitable.

Climate change will affect, in profoundly adverse ways, some of the most fundamental determinants of health: food, air, water.

The warming of the planet will be gradual, but the increasing frequency and severity of extreme weather events – intense storms, heat waves, droughts, and floods – will be abrupt and the consequences will be acutely felt, and most especially so for health.

We have all heard about the devastation caused by the worst rains in large parts of Africa seen in 35 years. The consequences for health are both immediate and long-term, and they are enormous.

Just as we fought so long to secure a high profile for health on the development agenda, we must now fight to place health issues at the centre of the climate agenda.

I personally believe that the inevitability of climate change makes it all the more imperative for us to reach the Millennium Development Goals.

Countries that have achieved a basic standard of living, supported by adequate health infrastructures, will be best able to adapt.

They will be best able to cope with dramatic changes that are already on their way.

Again, we are grateful that European leadership has such a solid head-start in addressing the impact of environmental conditions on health.

Again, all the world can benefit from your experience on this issue, which may turn out to be the most challenging of them all.

Thank you.