



**EUROPE**

**Regional Committee for Europe  
Fifty-fifth session**

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**Report by the Regional Director  
Monday 12 September 2005**

Mr President, participants in the fifty-fifth session of the WHO Regional Committee for Europe, distinguished representatives of Member States and other organizations, dear friends and guests, Dr Lee, Director-General of WHO, Mr Kyprianou, European Commissioner for Health and Consumer Protection, and Dr Gezairy, my colleague and Regional Director for the Eastern Mediterranean,

I have the honour, as I have done for the last six years now, of presenting the report on the work done by the Regional Office in the last year, since September 2004.

This year once again, our work has been dictated by the WHO programme for 2004–2005 that you adopted, and the comments and recommendations you made at past sessions of the Regional Committee. We have also followed the vision of the way that the Office should develop that I put to you when I was reappointed. The objective was, over the five years of my mandate, to make the Office a modern, credible organization, recognized in the world and capable of adapting to changes in the Region.

However, our main guide has been the heart of our mission as contained in the strategy adopted by the Regional Committee in 2000: matching the services of the Office to the needs of the countries in the Region. But we need to know what those needs are and to interpret them, and hence the importance we set on research and the application of evidence in public health. The work that led to the publication of the *European health report*, which is now available, also helped build up our knowledge of the situation in the countries of the Region.

So my presentation today will focus on responding to countries' needs and the themes I have just outlined.

## **Responding to countries' needs to deal with health crises**

Responding to the needs of countries means, first and foremost, providing them with support and assistance in dealing with the health crises that are sadly becoming increasingly frequent throughout the world, including in our own Region.

### **The tsunami and the floods**

I will begin with the catastrophe that shook us all at the end of 2004 and beginning of 2005: the earthquake and the tsunami that followed it in Asia. As soon as we heard about it, I offered our support to Dr Samlee, the Regional Director for South-East Asia. Members of our Office staff joined the WHO teams working there.

We also helped to coordinate the response of European Union (EU) countries to the call made by Luxembourg, which then held the EU Presidency. I should like particularly to mention the work done by Luxembourg and its minister of health, Mr Mars di Bartolomeo.

Then, this summer, very many fatal catastrophes hit our own Region. Above and beyond the immediate human tragedies they caused, they also put great pressure on the health systems of the countries affected.

Romania, where we are meeting today, was severely affected by the floods, as were Bulgaria, the Republic of Moldova, Germany, Switzerland, Austria, Kyrgyzstan and Tajikistan. We also remember the earthquake in Turkey and the fires in Portugal. In each case, the Office offered its assistance and put its knowledge and know-how, sadly built up from a wealth of experience, at the service of the national governments.

The fact that there have been so many catastrophes has led us to strengthen our humanitarian aid programmes. In addition to the technical publications on climate change, the health consequences of floods, and crisis communication, we are also working on some very practical recommendations that include situational exercises and adaptability trials.

A case-by-case response is completely inadequate, and we must make sure that the systems are ready to produce a quick, adapted reaction to crisis situations that are unexpected by definition and highly variable by nature.

Preparing health systems for health crises has become an unavoidable priority for public health.

### **Influenza**

This outlook has also guided our work with headquarters and the other regions of WHO in responding quickly and appropriately to the potential influenza pandemic that is causing concern throughout the world.

We are collaborating in this context with the European Union and the European Commission, the European Centre for Disease Prevention and Control (CDC), the United Nations Food and Agriculture Organization (FAO) and the World Organisation for Animal Health (OIE). Practical exercises are being drawn up in six countries in the Region, and a coordination meeting is to be held in Copenhagen in October, for not only the European Union countries, but all 52 countries in the European Region.

Our main objective is that each country should have a sound national plan, consistent with those of the other countries in the Region. We are also ensuring that the surveillance and response structures are ready to function properly.

According to the most recent information we have, there have not been any human cases of avian influenza in the Region, and the animal cases found in Russia and Kazakhstan have been restricted to limited geographical zones that are being monitored by the governments concerned, in collaboration with FAO and OIE. The aim is to minimize the risk of transmission to humans.

However, we must remain vigilant, because if a pandemic were to occur, it would take at least 10 weeks before a vaccine could be developed from the virus responsible; though we hope that that period could be reduced to 6 weeks. It would then take several months for the production and large-scale distribution of large quantities of the vaccine.

There would be similar problems in gaining rapid access to large quantities of antivirals.

So, despite the encouraging models and the means that are already being put to use, it would be not be correct to think that we have a 100% chance of controlling a pandemic at source.

Good preparations, leading to a rapid response, adapted to the situation, are the only way of minimizing the health consequences of a pandemic.

That is why the Office and the countries in the Region consider this issue to be the most urgent priority today.

## **Responding to countries' needs through the regional contribution to global initiatives**

### **HIV/AIDS and the 3 by 5 initiative**

The European Region has fulfilled its commitment to provide treatment for 100 000 more patients by the end of 2005.

However, this encouraging result should not obscure the need for universal access, the next world objective for 2010. Universal access, of course, means the provision of treatment and care for those in need, but it also means prevention. For the Region, it means providing treatment for another 300 000 people, an ambitious but, in human terms, quite incontestable objective. It may be difficult to achieve, particularly in the very large countries, like Ukraine and the Russian Federation, where our teams are working in close collaboration with the Joint United Nations Programme on HIV/AIDS (UNAIDS) and all its co-sponsors, particularly the United Nations Children's Fund (UNICEF).

But treatment for all those in need is only one part of the solution. In particular, we must not forget the need to scale up prevention. Since 2002, the number of new cases of HIV/AIDS has increased in 30 countries in both the east and west of the Region.

This worsening of the epidemic means that we need to scale up prevention campaigns, including risk reduction efforts.

WHO has supported many countries in developing proposals to be submitted to the Global Fund to Fight AIDS, Tuberculosis and Malaria. Lower prices to ensure better access to treatment is one of the fundamental themes of our collaboration with the countries in the Region that request our support. In the case of the Russian Federation, the result has been to bring down the price of antiretrovirals to one third of its previous level.

Once again, I would call on every country in the Region to join in this work because, beyond the technical and scientific aspects, we must have solidarity if we are to beat this devastating disease.

Here again, strengthening health systems is fundamental to the issue, for buying drugs may be important, but getting those drugs through consistently to the people who need them is even more so.

We will come back to this issue tomorrow morning during the session on country health systems.

### **Tobacco control**

Tobacco control is another illustration of our regional commitment to a global fight.

This year saw the coming into force of the Framework Convention on Tobacco Control. The European Region continues to maintain the determination it has shown since the beginning of the process.

Twenty-two countries in the European Region, representing 30% of the global figure, and the European Union, have already ratified the Convention.

Ratification is a first step, and now both WHO and the Regional Office for Europe must follow up on implementation.

We therefore support and shall continue to support all the countries in the Region, helping them to establish their own action plans, to share their experiences with others and to evaluate and publish their results.

By way of example, a meeting on the subject is to be held in Sofia later this month for eight countries in the south-east of the Region.

The process used in the case of the Framework Convention on Tobacco Control was taken as a model in the work on the International Health Regulations. The Regulations, which were adopted by the World Health Assembly, represent a new type of tool that can be used in public health to take account of emerging threats. As in the case of tobacco control, the Office was able to stimulate regional commitment to help achieve the positive outcome we all are aware of.

### **The Millennium Development Goals**

To conclude this section on regional activities in support of global programmes, I would like to mention the Office's work on the Millennium Development Goals.

This United Nations programme covers health and development very broadly in areas such as poverty, maternal and child health, HIV/AIDS and the environment. It involves the Region's different countries in different ways.

Current information indicates that the weaker countries in the Region will find it difficult to achieve the expected outcomes by 2015. Disaggregation of geographic, ethnic and social data reveals pockets of poverty where the goals will be more difficult to achieve than in other, better off, parts of the Region.

It has not been easy to find the right position for the Region to adopt, taking account of all its particularities, but we do now have a suitable strategy. The Office would like to help all the Member States in the Region, whether in their efforts to achieve the Goals or by encouraging exchanges of information and solidarity.

A document showing the areas in which the Office plans to provide assistance has been produced for this session of the Regional Committee and is available to you.

A programme called MDG+ is currently being discussed. It proposes an approach and goals that are relevant to the European Region; it should not, however, be seen as an alternative to the Millennium Programme, but rather as a complement to it for our Region.

Finally, in a closely related area, I should like to mention that, through its Venice centre, the Region contributed to the global Commission on the Social Determinants of Health, chaired by Professor Marmot.

## **Responding to countries' needs through more specifically regional activities**

This year, the Regional Office has continued to work in the various areas of its activities. You will have the opportunity to discuss many of these subjects over the next few days. I cannot discuss them all in detail, and so shall mention only those of particular current or continued interest.

### **Mental health**

This year 2005 began with the Helsinki Conference on mental health, which emphasized the need to raise awareness in different parts of society, to do away with discrimination and to support the people affected and their families:

- for health officials, this means better inclusion of mental health in health systems and in health policy;
- for health professionals, it means improving their technical competence in the area;
- and finally, for the patients and carers, it means recognizing and making use of the knowledge born of their experience.

### **Environment and health**

We also paid particular attention this year to the follow-up to the Budapest Conference on environment and health.

Professor Dab, chairman of the European Environment and Health Committee, will give you the details tomorrow afternoon. In the area of environment, we should note with satisfaction the recent entry into force of the Protocol on Water and Health to the 1992 Convention on Protection and Use of Transboundary Watercourses and International Lakes.

### **Tuberculosis**

Tuberculosis is a matter of great concern in our Region today. As the *European health report* points out, the number of cases has grown by more than 50% in 12 years. The main factors behind the epidemic are poverty, multidrug resistance, coinfection with HIV, and its spread within prison populations.

In February, I sent out an alert on the tuberculosis situation to all the ministries in the Region. We must reverse the trend in the Region in this primarily social disease. In particular, it must benefit from the progress achieved in development in the transition countries.

## **Activities in preparation: Immunization Week and the Ministerial Conference on obesity**

The first European **Immunization** Week is to take place from 17 to 23 October 2005. The objective is to raise public awareness and political commitment in order to guarantee the right of every child to be immunized against vaccine-avoidable diseases. I am sure that all the countries in the Region will take part in the Week, an event that has proved its worth in other parts of the world.

The subject of **obesity** is also a priority issue of great current interest. It is not surprising that both WHO and the European Union have included it in their own programmes and in their cooperative work. I proposed a European ministerial conference on the subject, and it is to be held in Istanbul from 15 to 17 November 2006. The European Union will be a partner, but we also plan to include the Council of Europe, FAO, UNICEF and perhaps the World Bank and the Organisation for Economic Co-operation and Development (OECD) in the partnership.

Consultations and pre-conference meetings have already been planned for next month in Denmark and June 2006 in the Netherlands.

After the Conference, at the Regional Committee session in 2007, we will be able to submit a revised version of the European action plan for nutrition.

As you can see, our activities cover many different areas but there is an inescapable need today to ensure that they are based on reliable, sound health systems. Progress in health depends to a large extent on the capacity of countries to sustainably strengthen their health systems. For our part, we are strengthening our programme and will present you our strategy tomorrow morning.

## **Responding to countries' needs by making our support more effective**

We have stepped up our activities within countries this year, making them more systematic, better planned and better evaluated. This has concerned all the countries in the Region.

For the 28 countries in which we have an office, we have gained good experience from the negotiations on the biennial collaborative agreements, which now include some very practical activities and funding for them. We also have plans to mobilize resources for each of them.

During the year, we have scaled up the training for field staff, of whom we now have 245, and we are in the process of recruiting 8 heads of office at international level.

The quality and efficiency of the country teams are often acknowledged by other international organizations and appreciated by the local authorities.

The Futures Forum programme has continued its activities with the 24 countries more to the west of the Region, and has produced a series of reports on crisis communication, unpopular decisions, and patient safety management. We also have specific activities for these countries, such as the work on drafting a law on public health in Greece, that on air pollution in Germany, on health insurance legislation in Cyprus, and on health promotion policy in Luxembourg, and a review of health systems in Switzerland.

The opening of an office in Germany this year brings a new type of Regional Office presence to the group of countries in the west of the Region that did not have one before. We hope that it will serve as a model for other countries in the same group.

## **The Stability Pact**

In this section, I would like to update you on the programme for the Balkans launched in collaboration with the Council of Europe in 2001 after the conflicts that affected that part of the Region. A second phase of the programme, much appreciated by the countries concerned, is to be launched in Skopje in November.

The initiative currently covers seven areas: mental health, nutrition, communicable diseases, public health training, tobacco control, blood products and drugs.

The programmes are active in eight countries and funded by nine countries and four international organizations.

## **Kosovo appeal**

To conclude this section, I would like to draw the Regional Committee's attention to the tragic situation of a population in Kosovo who have to live in unacceptable and inhuman sanitary conditions with lead emissions in the environment.

These are serious health threats for the many pregnant women and children. The United Nations Secretary-General's envoy and head of mission in Kosovo asked me for the Regional Office's support to help bring an end to this situation and transfer these people out of the camps they are living in today.

I appeal for your support and your generosity to help us fulfil our duty of technical aid and solidarity.

This is a good way of promoting the equity we consider so important to the health of our Region.

We need one million dollars to strengthen our team and build up a rapid and effective programme.

## **Responding to countries' needs through partnership**

This year, we have continued, and indeed strengthened, our cooperation, particularly in the field, with the Council of Europe, the World Bank and with other United Nations organizations, notably UNICEF.

We have expanded our work with the national development agencies, in particular the GTZ of Germany and the agencies of the Nordic countries and the United Kingdom.

However, we still do not have a clear policy or an action plan for our collaboration with nongovernmental organizations.

In our cooperation with the **European Union**, we are becoming increasingly involved in the programmes proposed by the country that holds the presidency. This was the case with the Netherlands and Luxembourg in the areas of pharmaceuticals and mental health. We are now working closely with the United Kingdom on patient safety, health inequalities and, of course, influenza.

We are already preparing for the Austrian and Finnish presidencies, with the topic of health in public policy, a subject our Health Systems Observatory in Brussels is working on.

With the Commission itself, there has been a significant and visible increase in collaboration in the area of mental health in connection with the Helsinki Conference. Environment and health is another field where we have had a strong partnership since the Budapest Conference.

The Ministerial Conference on obesity, nutrition and physical activity in 2006 will provide us with another opportunity to collaborate on a subject fundamental to public health.

Alcohol, which we are going to discuss tomorrow, is a further area in which our cooperation has grown throughout the year and will, I hope, continue to do so in the years to come.

The Regional Office was very closely involved in the setting up of the **European Centre for Disease Prevention and Control** in Stockholm in May of this year. We have already established good collaboration with this new body, particularly in information collection and analysis. We have just signed a protocol on collaboration with the Centre.

We are determined to continue in this direction, and the appointment of Ms Jakab, a former member of our team, as director of the Centre will certainly facilitate our joint work.

In addition to the European CDC, we also collaborate with other agencies of the European Union, notably the European Environment Agency in Copenhagen. It would also be useful to establish closer links with the Food Safety Authority and to renew our protocol on collaboration with the drugs agency in Lisbon.

I would particularly like to thank Mr Kyprianou for accepting my invitation to be with us here this morning. You are the first European Commissioner to do so, and I can only interpret your presence as demonstrating your clear wish to collaborate with WHO, at both global and regional levels.

Without being restrictive, our collaboration with the European Union is a priority for us, in addition to being a way of achieving efficiency that is not confined to 25 countries, but also makes it possible to build bridges with other countries in the Region so that they too benefit from the results of our work together.

For we consider each country as important as the next, whether it is a member of the European Union or not.

To conclude this section, I should like to pay tribute to my friend Fernand Sauer who is soon to leave his post and who, for many years now, has done much to facilitate our work together.

Our work in collaboration with other organizations that are interested in health and share our values is always the mainstay of the Office's strategy.

There is enough room in health, particularly in the field, for each of us to find our own place and avoid pointless competition.

With this in mind, we shall continue to build up our cooperation with groups of countries, particularly the Commonwealth of Independent States and the member countries of the Stability Pact that I mentioned earlier.



## Conclusions

Visible progress has been achieved this year in our technical collaboration with most of the divisions at headquarters and in the other regional offices.

Dr Lee, I am extremely happy with the support you have always given us and your constant accessibility. I know what a great asset it is for me as a regional director to know that our discussions are always down-to-earth and friendly.

Dr Gezairy is also here today, a sign of our determination to maintain unity within the Organization so as to be able to provide our Member States with the best possible services from the whole of WHO. There are many examples of the collaboration between us, of course made much easier these days by the modern means of electronic communication that we are using more and more.

I would like to thank the members of the Standing Committee, and particularly the chairman, Dr Thiers, for their support and accessibility.

We have looked at many different topics during the SCRC meetings this year, and you will have a chance to discuss them when the report is presented. I would like, in particular, to mention the setting up of a working group on the future of the Regional Office, in response to a request from the Regional Committee last year.

The working group includes experts from various disciplines, and will draw up a report to be submitted to you next year.

The report will propose a position for the Office to adopt for the 2020s, based on hypotheses of developments in public health and the international context.

Finally, I am sure you will allow me, and join with me, to thank the staff of the Regional Office for their devotion and their contribution to the work I have described.

Quite clearly, the main and perhaps the only asset of a technical organization like WHO is its human resources, its staff.

And I must say that, in this respect, the Regional Office is very well off, however limited its budget may be.

I hope that this report has given you enough information to provide a fairly clear and complete picture of our activities since the last session of the Regional Committee. I would be very happy to add to it by answering any questions you might have with the help of the teams from the Regional Office and headquarters who are here this morning.

I hope that this session of the Regional Committee will be both an active and a productive one because, as you know, we set great store by your comments and suggestions. I wish you and ourselves fruitful discussions over the next few days, and thank you for your attention.