



## EUROPE

### Regional Committee for Europe Fifty-eighth session

Tbilisi, Georgia, 15–18 September 2008

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Monday, 15 September 2008

### Report of the Regional Director Fifty-eighth session of the WHO Regional Committee for Europe

#### From Belgrade to Tbilisi

Mr President, Prime Minister, Ministers, representatives of the Member States and other organizations taking part in the Fifty-eighth session of the WHO Regional Committee for Europe, and most especially Ms Sandra Roelofs, First Lady of Georgia,

Allow me, first of all, to express my sympathies for all those who have lost their lives, or been wounded or displaced recently in this part of our Region. I would also like to thank each of you, individually, for having made the effort to be here this morning. And, on your behalf, I would like to thank the Government of Georgia for having fulfilled its commitments and made it possible for us to be here today.

My report this morning covers the period since the Regional Committee session held in Belgrade last September. It will go over in part, but only in part, the written report that has been distributed, that covers the two years of 2006 and 2007.

#### 1. The major events of the year

If I were to describe this year in just a few words, I would say that it has been a true illustration of the activities and the issues in the European Region of WHO since the turn of the century.

Quite clearly, and I think we all feel this, the Tallinn Conference on health systems was a major turning point in the evolution of public health. In fact, although it was the Conference that gave both visibility and credibility to the subject, the event alone could not have achieved that. It is actually the extensive preparatory work prior to the Conference and the follow-up to come that are the main driving forces. The days in Tallinn made it possible to finalize all that preparatory work, to breathe life and impetus into it, and to work out ways of putting it into practice.

The central idea of the Conference reaffirms the need to strengthen and to modernize the way that health systems are managed. We all believe in it, as we believe in the need to assess the performance of health systems in order to improve them. The tools to do that work are under development now. Their finalization and their generalized use are the current and future phases of this long process.

I would also like to emphasize the need to include the human dimension in the concept of performance, for it lies at the heart of the field of health. The idea of performance must be understood in its broadest sense, to include all activities that help to improve health, without, of course, forgetting those contributed by other sectors.

This broad vision is that of the *Health for All* policy.

Personally, something that affected me particularly this year was the suffering I saw in one of our Member States in the Region, Tajikistan. Tajikistan's health system was severely disrupted by a particularly long and harsh winter. Of course, I tried to help the Government to mobilize the international community.

I must say that I saw things there that I am not going to forget. Mothers trying in vain to ease the pain of children who had been burned by makeshift heaters. Another thing I will not forget is the psychiatric care centre that had no electricity and no heating, where the patients squeezed together into the few rooms left open, the others all closed off because of lack of funds. But I also remember the motivation of the staff there who were doing their very best in those exceptional conditions. The human warmth and the smiles made up a little for the harsh temperatures.

I am also very pleased with the positive response that came from the international community, both in the country and abroad, to the appeal I made on behalf of WHO. The support given by Norway proved to be essential.

I would like to take this opportunity to make that appeal once again. It is an appeal for solidarity but also an appeal for realism because, as was emphasized in Tallinn, when health crises happen, the malfunctioning of a health system puts the health of the world at risk.

Taking another event from this year to illustrate the work of the Regional Office, I would like to mention one particular situation that highlights the complex nature of our field of work and the need for our actions to be based on solid evidence.

The Region has embarked on the difficult fight to eliminate measles and rubella but, in the course of that, an unfortunate event occurred in Ukraine. The consequence has been a slowdown in our progress towards the objective of elimination by 2010 hoped for by our Member States; indeed, that objective is now severely compromised.

Ukraine was the most important stronghold of these diseases in the Region, so we recommended a mass immunization campaign for the whole population between the ages of 15 and 29 years. We were convinced that only such a campaign could help to eliminate the two diseases.

Unfortunately, at the beginning of the campaign, a young man died 15 hours after being vaccinated. The press and the competitors of the laboratory that produced the vaccine, as well as one part of the scientific community, rushed to tell the public how certain they were that the death was a consequence of the vaccination. A wrong diagnosis, for the hundreds of millions of vaccinations carried out using that same product may indeed have caused a number of adverse events, including a very few fatalities, but none of those showed symptoms comparable to the case in question, or death after a similar length of time. Convinced by the evidence, the Regional Office called for the campaign to be resumed, giving a guarantee that all measures had been taken to ensure the greatest possible safety of the vaccine.

And today we hope that the campaign will be resumed. We will work with the Ministry of Health towards that end. However, a special effort is needed now more than ever to win back the confidence of the public and the media; we are doing all we can to help.

I would also like to mention this morning how we have stepped up our activities in the area of health worker migration. Discussion on the issue during our session in Belgrade encouraged our active

involvement in the worldwide movement on this subject, which is of vital importance to the future of health systems.

A guide to good practice in the area is under development. The Regional Office and some of the Member States in the Region, particularly Norway, have become involved in the initiative and, at a meeting in Uganda last December, they showed that, far from being indifferent, the European countries are extremely concerned by the subject. I was very pleased to be able to counter the doubts of the other regions regarding both the intentions and the interests of our own Region. Immediately after this Regional Committee session, I shall be going to London to attend a meeting of the Global Policy Advisory Council on health worker migration, chaired by Mrs Mary Robinson.

I said at the beginning that this was a representative year in terms of what we have undertaken. It was also representative in terms of continuing the different types of activity begun in previous years.

## **2. Continuing commitments**

### **2.1 Technical work**

At lunchtime tomorrow, Professor Marmot will present his report on the social determinants of health. Our discussions will certainly contribute to the decision that will be taken by the World Health Assembly on the follow-up to be given to the report. In this regard, I would like, as I am sure Professor Marmot will also do, to highlight the important contribution of the European Region to the drafting of the report, notably through the work of the Venice centre on health determinants.

I would also like, at this point, to talk about a number of areas in which we have continued our technical work towards operational ends. Under our work on tuberculosis, a European ministerial forum was held in Berlin in October 2007. The main result of the forum was the strong wish expressed by the Member States in the European Region to fight to halt the rapid rise of the epidemic and to cope with the increasing numbers of drug-resistant cases. In 2006, 433 000 people in the Region contracted tuberculosis, and 66 000 died of it.

Climate change was the theme of World Health Day this year. It mobilized a lot of energy in the Region. You will have the opportunity to discuss it during the information session at lunchtime on Wednesday.

Our work on nutrition has continued since the Istanbul conference on obesity. We will be taking measures together with the food industry to address the presence of sodium in foodstuffs. The objective is to reduce sodium intake and to improve consumer information. For our part, cooperation with the private sector involves trying, without being naive, to achieve a “win-win” situation, where the prime beneficiary must, of course, and will be the citizen.

More detailed information on these subjects can be found in the written report. I would like to draw your attention, in particular, to the sections on HIV/AIDS, tobacco and alcohol consumption and, more broadly, noncommunicable diseases.

Under the latter, I would stress mental health and the need to maintain and strengthen our activities. We will present the results of a study on mental health policies in Europe at a meeting in London next month. Under the heading of upcoming activities, I would particularly mention the conference on accident prevention and safety to be held in Paris on 9 and 10 October.

### **2.2 Work with the countries**

It is, of course, at country level and in positive and practical terms that all the work of the Office finds its ultimate expression. I have chosen a few examples to illustrate this objective.

First of all, there was the assistance provided for the drafting of a reproductive health strategy, 2008–2015, for Azerbaijan, in collaboration, notably, with the United Nations agencies. Another example is the mission with the European Centre for Disease Prevention and Control (ECDC) to assess the risk of chikungunya in Italy.

A further example of activities with the countries was the follow-up to the study on the consequences of toxic oil syndrome in Spain. The study, conducted with the European Commission's Directorate-General for Research, is intended to place the subject in the wider context of evidence-based environment and health policies.

The drafting, together with the Ministry of Health, of the 2008–2010 plan for the elimination of malaria in Turkmenistan is another good example of cooperation, as is the follow-up to the assessment of the National Institute for Clinical Excellence's (NICE's) programme of clinical guidelines in England.

### 2.3 Partnerships with other organizations

The Tallinn Conference was an opportunity for us to strengthen and translate into practice our links and collaboration with many governmental and nongovernmental organizations.

The European Commission was very actively involved in the preparations for and running of the Conference. I should like to thank Ms Vassiliou for the support given by her team, and for her own contribution. In the other direction, the Regional Office contributed to the consultative process organized by the Directorate-General for Health and Consumers (DG SANCO) to draft the European Union's health strategy.

During our annual meeting with the Commission, we reviewed our areas of cooperation. The main areas are: **health security... alcohol control ... tobacco control ... obesity ... intellectual property ... the International Health Regulations... occupational health and ... the social determinants of health.**

The Regional Office has stepped up its active participation in the initiatives launched by the successive European Union presidencies this year, with the themes of health in all policies during the Finnish presidency, cancer during the Slovenian presidency, and health security and Alzheimer's disease now during the French presidency.

We have also, of course, continued our work, notably in the field of avian influenza, with the European Centre for Disease Prevention and Control (ECDC). A review and planning meeting was held in Stockholm in February. The conclusions reached included: a positive assessment of our cooperation; a mutual wish to step up that cooperation; and the adoption of a work plan for 2008–2009.

Elsewhere, we continued our partnerships with the World Bank, the Council of Europe and the Organisation for Economic Co-operation and Development (OECD), and these too benefitted from the impetus created in Tallinn.

### 2.4 Collaboration within WHO

The favourable climate for joint work between the various parts of the Organization under Dr Chan's leadership continued over the past year. I think that the Director-General will confirm that in her speech tomorrow.

For our part, we can attest to the strong, positive and stimulating relationship that exists between us, to the benefit of our services to the Member States. We work hand in hand, and are making progress on subjects such as the architecture of health and partnerships. Of course, the budget and programme are discussed at each of our meetings. We have also talked at length about the modernization of WHO and the new Global

Management System, delegation of authority, our human resources policy and the reform of the United Nations system.

On that subject, the pilot study in Albania has shown both the opportunities for and the challenges to improving the results of our work through better coordination within the United Nations system.

The regular meetings of the regional directors with the Director-General are fascinating and thorough. I firmly believe that they help to improve the performance of the Organization.

## **2.5 The internal life of the Office**

Following the discussions in Belgrade on opening a noncommunicable diseases unit in Athens, talks have continued with the Government of Greece. A report was submitted to the Standing Committee at each of its sessions. The contract between Greece and the Regional Office was put to it before being signed. In the middle of last month, we visited the premises of the new unit. We are in the process of discussing how they should be set up.

I would like to remind you that, in accordance with the document adopted by the Regional Committee in 2004, the new centre will be a unit of the Regional Office. As with other units, it will come under the Regional Office's programme, hierarchy and internal functioning. The contract signed fully meets these conditions.

I would like to conclude my presentation this morning by saying that the staff have been working in somewhat exceptional and difficult circumstances to ensure that this session of the Regional Committee should be held in the best possible conditions. I had no doubt as to their capacity for adaptation and their desire to do things well. I would like to take this opportunity to pay tribute to each and every one of them. I am sure that you will join me in doing so.

And finally, I would like to thank the Standing Committee for all the intensive work it has done to determine the content for our Regional Committee session. But, in addition this year, it played a major role in deciding to maintain the session in Tbilisi on the planned dates. Thank you to all the members of the Committee and particularly to Ms Annemiek van Bolhuis, its chairperson.

It only remains for me now to wish us all a good session of the Regional Committee, one that will stay in our memories and will contribute to our work for the good and for the health of our fellow citizens.

Thank you for your attention.