



## EUROPE

### Regional Committee for Europe Fifty-sixth session

Copenhagen, 11–14 September 2006

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### Address by the Regional Director Monday 11 September 2006

#### Introduction

Your Royal Highness, Mr President, Distinguished participants in the fifty-sixth session of the WHO Regional Committee for Europe, Representatives of other organizations and of WHO headquarters, Ladies and Gentlemen,

My speech this morning will mainly focus on the events that have taken place since our meeting in Bucharest last September. It will both illustrate and supplement my report on the work of the Regional Office in 2004–2005, which has already been sent to you.

This year was deeply marked by the sudden and unexpected death of Dr Lee. His death shocked the international community, people in the health sector, WHO's Member States and, of course, the Organization itself. Memories of his character and his contribution will long remain rooted in our Organization. The current period is, for all of us, one of both continuity and change.

Our Region has also mourned the death this year of three staff members in a car accident in Turkey. I should like to pay tribute to their memory here by citing them by name: Missimiliano Di Renzi, Anders Truel Nielsen and Orhan Sen.

I would also like to extend a welcome to Montenegro, the fifty-third Member State in the WHO European Region.

In my address in Bucharest, I drew the Committee's attention to the dramatic situation of a population in Kosovo who were exposed to lead emissions and living in unacceptable and inhuman sanitary conditions. In close coordination with the United Nations Mission in Kosovo, the Regional Office for Europe has deployed its technical skills and mobilization capacity, in order to put an end to this disastrous health situation.

Today 600 people, including 250 children, are living in a more favourable environment and receiving appropriate medical follow-up and treatment. I should like to thank the Serbian Minister of Health for his determined and courageous support.

Among the important events that have occurred during the year, I would emphasize our close cooperation with WHO headquarters and other organizations in dealing with human cases of avian influenza, especially in Turkey and Azerbaijan. In these two countries, the combination of technical competence, international cooperation and the political will to be transparent resulted in a rapid and effective response that yielded positive and practical results.

Another example of the Regional Office's capacity to react is given by the mission we sent to Cyprus, as early as July of this year, to help the Government deal with the situation created by the influx of displaced persons and refugees as a result of the conflict in the Middle East. This mission has since been transformed into a temporary office located in Nicosia.

Within the Regional Office itself, we have moved towards more transparency and increased monitoring of programme implementation, the use of funds, internal management procedures and the information we provide to our governing bodies. The Standing Committee of the Regional Committee, and in particular its chairman, Dr Gøtrik, has given us continuous, solid and effective support in this undertaking.

Our drive towards greater transparency is reflected in my report on the work of the Regional Office in 2004–2005.

## **1. Cooperation with countries in the Region and strengthening of health systems**

Since the adoption of the country cooperation strategy in 2000, constant efforts have been made to improve and make more specific the services that the Regional Office provides to the 53 Member States in the Region. Since 2005, this strategy has placed emphasis on the strengthening of health systems.

In the 28 countries where there is a WHO office, progress has been made in upgrading competences, responsibilities and resources. The proportion of Regional Office staff working in the field is now 40%, an increase of 5% over the previous biennium. The priorities for joint work are set out in a biennial agreement that is negotiated with the country concerned and regularly evaluated.

In 2004–2005, the programme implementation rate amounted to 98%. The areas most commonly covered in the agreements are communicable diseases, health systems, mental health, and maternal and child health. With regard to the latter area, I would point to the stimulus given in many countries by the adoption last year of the strategy on child and adolescent health.

It is at field level, too, that cooperation with other organizations is most practical and specific. We are currently working out a strategy for strengthening partnerships by fostering consistency in the international cooperation aimed at supporting countries' priority programmes. Our main partners in the field are the World Bank, the European Commission and many bilateral development agencies, as well as bodies in the United Nations system and nongovernmental organizations.

We are beginning to extend the concept of biennial agreements to other countries in the western part of the Region that do not have a WHO country office, such as Andorra, Belgium, Germany and Portugal.

Successive presidencies of the European Union have pointed up the need for national action on such important public health topics as the environment and health, patient safety, equity and “health in all policies”. Some of these topics have also been taken up at the two annual meetings of the Regional Office’s Futures Forum.

In another part of the Region, the Stability Pact programme (launched in 2001 to help south-east European countries re-establish links by sharing public health programmes) has this year entered phase 2 with the common themes “Investing in health” and “Public health systems”.

One area where cooperation with countries is particularly important nowadays is that of strengthening health systems. This has increasingly become a priority for the future of health, and hence for the Regional Office, too. At last year’s Regional Committee session in Bucharest, we presented a programme setting out the mechanisms that the Office would use to support Member States in this area.

Since then, the Regional Office has worked on service integration, health system financing, primary health care reform and improving the quality of care in Georgia, Kyrgyzstan, the Russian Federation, Turkey and Uzbekistan.

In addition to emergency response interventions, the Regional Office has been investing efforts in preparing health systems to handle disasters.

It has supported specific programmes, such as the design and implementation of health policy in Portugal; a review of the Swiss health system, in close cooperation with OECD; the organization of training programmes in public health for health personnel in Greece; the preparation of clinical guidelines in the United Kingdom, in collaboration with the National Institute for Clinical Excellence (NICE); and the new programme for disease prevention and health promotion in France.

To cite another example that demonstrates the diversity of our collaborative work, I would mention Kyrgyzstan, where we have helped to set up a centre for monitoring health system reform. This unique initiative could serve as a model for other countries, even outside this eastern part of the Region.

On a more personal note, I would point to the celebration of World Health Day, which this year was on the theme of health personnel. Topics discussed in that connection included the migration of health personnel, the quality of teaching, and the availability and distribution of health workers, as well as the forecasting of future needs.

At the invitation of the Russian Federation, I was able to visit the country and see for myself the devotion of health personnel and medical students. It is essential to support them and to regard the goal of upgrading their status and management as a high-priority task for health systems. Subjects such as the migration of health personnel call for a genuinely international policy, where WHO is of course deeply involved. Work is under way on this subject, which will be one of the priority themes of a future presidency of the European Union.

As part of the preparations for the ministerial conference on health systems, scheduled to be held in 2008, an extensive consultation with Member States has already been launched on subjects such as health system financing, health service organization and integration, governance, human resources, and access to drugs and health technologies.

These same subjects are also themes running through the Office's work in 25 countries of the Region, but there is diversity here, too. For instance, the Regional Office is supporting Armenia, Estonia and Kazakhstan in setting up performance evaluation systems, it is helping the former Yugoslav Republic of Macedonia and Portugal with developing their national health policies and programmes, and it is facilitating Estonia's access to the European Structural Fund.

The area of health system financing has given rise to many activities this year, and a technical briefing on this subject is scheduled for Wednesday afternoon.

## **2. Communicable and noncommunicable diseases**

The most visible aspect of the Office's work in the area of communicable diseases has of course been on the cases of avian influenza in Turkey and, one month later, in Azerbaijan. Efficient and transparent cooperation was quickly established with the countries concerned, in close collaboration with WHO headquarters. The Regional Office acted simultaneously as an adviser to governments and a coordinator of international support, presaging the forthcoming application of the new International Health Regulations. These human cases in Europe have stimulated the Region's capacity to respond in an appropriate way to this type of health crisis. To some extent, they have also given impetus to the plans prepared by each country in the Region. During the year, with the active support of the Regional Office, the European Centre for Disease Control (ECDC) and the European Commission, all the Member States in the Region have met in Luxembourg, Copenhagen and Uppsala. The European Region is now seen as being relatively well prepared for a possible pandemic. However, preparations must continue, and national plans must be better tested. This will be a priority in the months ahead. A briefing session on this subject is scheduled for tomorrow evening.

The AIDS situation in the Region continues to be worrying: some progress has been made, but there are still grounds for concern. Access to appropriate treatment has clearly been improved. In two years, 120 000 new patients have received appropriate treatment. In our Region, the coverage rate of people requiring such treatment now stands at 70%. However, considerable efforts need to be made if we are to reach the goal of universal coverage by 2010. On the negative side, one concern is the increase in the number of cases and countries affected by the epidemic. According to UNAIDS and WHO estimates, 2.3 million people are infected with HIV in the European Region, with 250 000 new cases occurring each year. In 2005, more than 30 countries in the Region reported an increase in the number of cases. It is now essential to maintain treatment efforts while stepping up preventive actions. To respond more efficiently to this situation, the Regional Office has increased the number of experts in field posts in the 12 countries most affected. There are currently 40 people in this field team. All these activities are of course closely coordinated with UNAIDS and its cosponsoring organizations. I would also invite you to attend the technical briefing that will be held on this subject.

At Bucharest, I drew the Regional Committee's attention to the very worrying situation caused by the spread of tuberculosis in the Region. Despite the efforts made, there is no

evidence of progress yet. To achieve this, there must be a stronger political commitment to action, not just in the 25 countries concerned but throughout the Region. It is surprising, to say the least, that we still have today the same level of cases of tuberculosis as we did in the 1970s, thirty years ago.

As you know, an immunization strategy has been adopted at the European level, and I informed you about the launch of the first European Immunization Week, which was held in October 2005. Evaluation of this pilot effort has clearly shown not only that it gives impetus to parents but also that it heightens people's awareness of the solidarity dimension of the subject. Ten countries participated very actively in this event, which we will of course continue in the years to come.

As you also know, one of the important topics on the agenda of this session of the Regional Committee is the European Strategy for the Prevention and Control of Noncommunicable Diseases, including mental health, which will be discussed this afternoon. The strategy has been drawn up over a two-year period, features of which included in-depth consultation with all Member States and cooperation with other nongovernmental organizations, as well as with numerous experts. I will therefore not dwell on this subject, but let me just mention the area of tobacco, where the Region has made progress in at least two main directions: a comprehensive ban on advertising in 45 countries, and a ban on smoking in public places, where several countries have set an example that will no doubt be followed by others. Fourteen of the 53 countries in the Region have still to ratify the WHO Framework Convention on Tobacco Control. This is already a good result, but I would urge those countries that have not yet done so to take this step.

Lastly, nutrition is another subject that is very important for the Region and the Regional Office. Vigorous preparatory work has been done for the conference to be held in Istanbul in November this year, with the title "Counteracting obesity". As with previous ministerial conferences, it is being jointly organized with the European Commission. Extensive consultation with Member States and nongovernmental organizations is under way. Numerous high-level experts are also cooperating on preparations for this event. The aim of the conference is to make recommendations on the policies that need to be put into effect in order to reduce the prevalence of obesity. The health sector is far from being the only responsible body in this area, and it is essential to mobilize other sectors. A briefing session on this subject is also scheduled to be held on Thursday morning.

### **3. Health and the environment**

It is now two years since the Environment and Health Conference was held in Budapest. The importance of the work done at that conference, and its outcomes, has meant that the Office has had to focus its efforts on implementing the recommendations made there, as contained in the Conference Declaration and the Children's Environment and Health Action Plan for Europe.

In eight countries (Bulgaria, Cyprus, Estonia, Kyrgyzstan, Lithuania, Malta, Serbia and Slovakia), the Regional Office has joined with the national government to give effect, in the medium term, to all the commitments made in Budapest.

In addition to that approach, the European Environment and Health Committee (EEHC) has selected a number of themes each year, to act as a stimulus for action throughout the Region.

Following air pollution, the subjects of violence and accidents, together with chemical products, have been chosen for this year.

One important date for follow-up of the Budapest Conference will be 2007, when a mid-term review will be made and presented at a meeting in Austria.

Later in the session Professor Dab, Chairman of the EEHC, will give you further details of the work done during the year by this very active programme.

While the Budapest Conference has been the top priority for work on the environment, other one-off interventions have also been made, in particular to respond to extreme weather events, such as heat waves and flooding, which are no doubt linked to climate change.

#### **4. Information production**

Since 2000, the Regional Office has constantly striven to provide decision-makers with targeted information that is carefully tailored to meet their needs. This work is done by all the Office's technical programmes, and their communication skills have clearly improved in recent years. The hub of the Office's information arrangements consists of the activities of the Health Evidence Network (HEN) and the European Observatory on Health Systems and Policies. In addition to producing its own publications, the Observatory has this year organized innovative meetings in countries, at their request, bringing together all the actors involved in work on priority themes.

In addition, analysis of the requests for information sent in to the Regional Office has led us to critically review our products and has highlighted the need for more accessible communication that nonetheless retains its technical and scientific quality.

Lastly, I would note that the Regional Office is increasingly visible in scientific journals (more than 100 articles published) as well as in the mass media.

#### **5. Management and governance**

The discussion of the proposed programme budget later in the session will give us the opportunity to come back to the management of the Office and the instruments that have been developed this year to improve transparency and the preparation of the 2008–2009 budget.

Here I would just like to mention a recently launched initiative that will bear fruit in the years to come. This is an action plan designed to improve human resources management, with the aim of promoting a stimulating working environment and ensuring that the Regional Office's competences are always matched to the countries' needs.

This gives me the opportunity, in your presence and, I have no doubt, on your behalf to thank all the staff of the Regional Office for the quality of their work, their devotion to duty and their competence. I see evidence of this every day and I am sure that at country level you do, too.

Lastly, among the innovations this year, I am sure you already know that, acting on a proposal from me, the Director-General has appointed Dr Nata Menabde as Deputy Regional Director.

## **Conclusion**

In this necessarily selective address, I have placed emphasis on the most visible and recent aspects of the work of the Regional Office. My printed report is of course more comprehensive.

I have already mentioned several sessions of this Regional Committee. I should, however, like to draw your attention to the importance of an item that we will consider tomorrow, on the future of the WHO Regional Office for Europe. During the meeting at which this topic is taken up, we will have the opportunity to discuss our partnerships with other organizations, in particular the European Commission; that is why I have not devoted a special section of my speech today to this subject. But, as you will have certainly noticed, I have referred to it several times, because it is an essential direction for the work of the whole Office.

Nonetheless, I would like to recall once again that the mission of the Office is to serve all the 53 Member States of WHO in the European Region.

I hope that this Regional Committee will be not merely a session of one of WHO's governing bodies but also, and more importantly, of value in moving public health forward, both throughout the Region as a whole and in each individual country.