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Report of the Regional Director Monday, 14 September 2009

Mr President, Your Royal Highness, Distinguished ministers and representatives of Member States and other organizations, Madam Director-General, Ladies and Gentlemen,

For my last report, I have tried to present the work done by the Regional Office in the past 12 months from two points of view: first of all, in the light of the 10 years since I took office in 2000 (and a document has been submitted to you, outlining the main events, activities and priorities during that period); and second, from a perspective that I have always defended, reflecting a set of specific regional characteristics within the overall framework of WHO's general programme of work.

1. Salient features of the past year

It will certainly come as no surprise to you when I say that the year since our last meeting in Tbilisi has been an eventful one. I will begin (not in chronological order) with a topic that concerns us all: H1N1 influenza. As you have already decided this morning, we will devote part of our meeting this afternoon to this subject, and we will take it up again during a technical briefing tomorrow.

Pandemic (H1N1) 2009

Rarely in history has a disease aroused so much emotion among the public and been the subject of so much media coverage, especially in developed countries. It is also the first time since the new International Health Regulations came into force in 2007 that an event has been classified as a public health emergency of international concern.

People often ask whether the situation has been over-dramatized, but that is not the real question. The pandemic exists, and there is no doubt that it will develop rapidly and last for a long time. Of course, there is still some uncertainty about how it will evolve: at present, it is impossible to say what will happen in terms of the mutation and virulence of this virus. What we do know is that it is unpredictable, and that it affects younger population groups than seasonal influenza.

The history of pandemics teaches us that we must be particularly vigilant and not be caught up by the idea that this virus is not very aggressive. Faced with an event as extensive as this, it is right and proper that WHO, like national authorities, has chosen transparency and truth over an approach based on secrecy that would be held against them even more. As a natural consequence of this choice, however, people have been concerned and the media have focused on the issue. On the other hand, the response to the current pandemic benefits from the national preparedness plans drawn up following the recent epidemics of avian influenza and SARS. Our mission is to maintain close surveillance, to provide accurate information and reassure people while encouraging them to follow the health guidance given, and to prepare very carefully the essential phase of vaccination that we are currently entering.

In the months ahead, we are going to face a large number of problems that we must anticipate if we are to take the right decisions. These have to do with the priority groups for receiving the first doses of the vaccine: health personnel, pregnant women, people with chronic diseases, especially respiratory ones, and the obese. And we will have to think about the messages to give to the “worried well”, people who are not in priority groups but who will want to be vaccinated while there are not enough doses available. The same problem will be faced at global level, between those countries that can purchase large amounts of vaccine and those who will be excluded from this market. Questions of solidarity and inequity become even more acute in times of crisis.

Another uncertainty concerns the ability of health systems to carry out mass vaccination programmes. Once again, this underlines the importance of having efficient and well-managed health systems.

The meeting this afternoon and the technical discussion tomorrow will give us the opportunity to take up all these issues and perhaps to harmonize, to some extent, our views of this crisis, looking in particular at the repercussions of health measures on the ways in which our societies operate.

More than an individual risk, H1N1 influenza now poses a collective threat, owing to the economic and social repercussions it will have. Their effects can further endanger populations that are already in an extremely precarious position. We must break this vicious cycle by both individual and collective measures.

The financial crisis

As soon as the first tremors of the crisis were felt, WHO sized up the event and created a working group which I have had the honour, on a proposal from Dr Chan (whom I thank), to co-chair with Dr Asamoah-Baah.

We have kept Member States regularly informed about the risks to health systems posed by the crisis and about the responses that could be considered, especially for countries facing economic difficulties and their well-known repercussions on people’s health. A document on this subject was drafted in preparation for the consultation held before the opening of the Executive Board session in January this year, and the report of the consultation was also widely disseminated.

In the European Region, a high-level meeting took place in Oslo in April. Apart from exchanges of information and experience, the meeting saw the emergence of a fighting spirit. The health sector can no longer agree to be held accountable just for exorbitant levels of expenditure; on the contrary, it must assert its contribution, including its economic input, to the development of society. Another point forcefully made at the Oslo meeting was that the policies drawn up by ministries of health in recent years, often in conjunction with WHO, are good responses to the crisis. This is true in particular of the primary health care approach. Of course the crisis, with its attendant social and health problems, cannot in any way constitute an opportunity, but it can be an exceptional moment for taking decisions and drawing on experience to deepen our knowledge.

The Gaza crisis

I should to mention briefly here the modest but positive role that the Regional Office played last winter when, thanks to its contacts in Israel, it facilitated the shipment of drugs supplied by Turkey to the population of the Gaza strip.

2. Follow-up to the Tallinn Conference on Health Systems

The Tallinn Conference in June 2008 launched a new dynamic for health systems and raised people's hopes of making progress in health, so it was essential that the closing ceremony was followed up by action on the ground.

In the measures taken at national and regional level, special attention has been paid to performance assessment and strengthening of "stewardship". We have initiated activities in these two areas at regional level, thanks to support from the United Kingdom's Department of Health.

At the same time, we have joined several Member States in the Region (notably Estonia, Georgia, Kyrgyzstan, Latvia, Portugal and Tajikistan) in carrying out evaluations of the performance of their health systems and analysing the effects of certain reforms.

With a similar aim in mind, we have encouraged training by organizing sessions that brought together several countries, such as the Baltic states and Poland.

A first formal follow-up meeting was held in February 2009, at which the Member States from the Region exchanged views on how to give effect to the Tallinn Charter in the new economic climate.

The topic of health systems is sufficiently extensive and all-encompassing to give unity and perspective to a large number of actions in the health field. Here I would like to mention **World Health Day** on making hospitals safe in emergencies. This event gave rise to a large number of activities in many countries in the Region. Personally, I took part in a real-life test on this subject in the Republic of Moldova. I must say I was impressed by the serious and motivated involvement of participants from a range of sectors. My conclusion from this was that health systems should learn to cope better with the crises now threatening the world and adopt the training, testing and simulation methods that are extensively used in other sectors.

I would also like to link the Tallinn Conference to our ongoing work in the area of **health workforce migration**, stimulated by our Member States and especially Norway. As in the other regions of WHO, one item on the agenda of this session of the Regional Committee is devoted to this subject. The European Region has contributed and will contribute to adoption of the Code that is currently being drawn up. As a member of the Global Council on this subject, I have contacted my fellow regional directors in order to stimulate and harmonize the involvement of the regions in this process.

Celebration of the **thirtieth anniversary of the Declaration of Alma-Ata** last October brought together participants from all over the world in this famous city of Kazakhstan. For WHO and its Director-General, this was an opportunity to reaffirm the continuing vital importance of primary health care for health systems. The report distributed on that occasion defines the modern approaches and policies concerning this level of service, which is the closest to individuals and communities.

Lastly, I should like to mention the essential role and the universally acknowledged very high quality work of the **European Observatory on Health Systems and Policies**. This institution, led by Dr Josep Figueras, is a fine example of a cooperative structure and was instrumental in the Tallinn Conference itself. Its publications (“policy briefs”), its summer school and its support to reform programmes in numerous countries (such as Belgium, Latvia, Poland, the Republic of Moldova and the United Kingdom) make this programme an essential tool for ensuring continuity and making sustained progress after Tallinn. The work it does in partnership with other bodies enjoys extensive coverage, even beyond the European Region.

3. Activities in various fields of public health

Communicable diseases

While much energy has been channelled towards influenza, especially in recent months, other activities in this field have continued, notably organization of the **third European immunization week**. Thirty-six countries in the Region took part in this event between 20 and 26 April. Modern methods of communication such as YouTube, Facebook, VKontakte and StudiVZ were used to disseminate our messages. Anti-vaccination propaganda continues to be put out, especially via the Internet, and it was essential to respond using the same media channels.

Unfortunately, the goal of eliminating **measles** and **rubella** from the European Region by 2010 will not be reached. The remaining pockets of these diseases correspond to areas where vaccination is rejected by some population groups.

The strong commitment to tackling **tuberculosis** made in Berlin two years ago has been maintained and strengthened. Particular attention has been paid to the problem of multidrug-resistant tuberculosis in the most severely affected countries, especially the 18 countries in the Region that are classified as high priority. Eligible countries have been given specific assistance with obtaining resources from the Global Fund, the Green Light Committee, the Global Drug Facility and UNITAID.

Real progress is being made towards eliminating **malaria** from the Region. However, six of the 53 countries (Azerbaijan, Georgia, Kyrgyzstan, Tajikistan, Turkey and Uzbekistan) are still reporting locally contracted cases. Turkmenistan is in the process of certifying the elimination of malaria and Armenia will do so very shortly. Thanks to support from the Global Fund, malaria elimination will contribute to the development of industry, tourism and trade in the countries still affected by the disease.

Noncommunicable diseases

These diseases continue to be priorities for the work of the Regional Office, especially with regard to controlling risk factors, notably tobacco, alcohol and obesity. The Office is also investing considerable efforts in the area of maternal and child health.

Selection of the head of the new **Athens Centre** and of its principal staff members is under way, in full conformity with WHO's rules. The Centre will be operational at the end of 2009, which will strengthen the Office's capacity in this area and stimulate implementation of the European strategy for control of noncommunicable diseases and their risk factors.

In the area of **mental health**, the year was marked by the launch of a European report in London on 10 October 2008. This report, produced jointly with the European Commission and supported by the Department of Health in London, presents new data on mental health policies and practices throughout the European Region. It opens the way for new possibilities of making comparisons between countries on the basis of specific indicators.

Preparation of the **Fifth Ministerial Conference on Environment and Health** is continuing. This conference will be held in Parma from 10 to 12 March 2010, with the support of the Italian government, as decided by the Regional Committee at its fifty-fourth session. Preparatory meetings have been held thanks to support from Andorra, Austria, Germany, Kyrgyzstan, Luxembourg, Serbia, Spain and Tajikistan. I would remind you that a technical briefing on this subject will be held at lunchtime on Wednesday.

Society and the determinants of health

The report of the WHO Commission on Social Determinants of Health, previewed at the Regional Committee session in Tbilisi, gave rise to a resolution of the World Health Assembly which sets out the approaches to be followed to give effect to the Commission's recommendations. The report was presented and discussed on numerous occasions this year, at meetings bringing together academics, policy-makers and representatives of international organizations. The meeting in London in November, attended by Prime Minister Gordon Brown, is a good example of the practical and lively debate that this report is generating.

On 13 November 2008, the Regional Office organized a conference on **women and prison** in Kiev, Ukraine. This is in line with WHO's commitment to equality between the sexes, as defined in the strategy adopted by the World Health Assembly in 2007. The conference concluded with a declaration that was also adopted at the 18th session of the Commission on Crime Prevention and Criminal Justice. An international

conference is to be held in Madrid in October on the main communicable diseases in prisons.

I have pleasure in announcing that Dr Alex Gatherer has received a very prestigious award from the American Public Health Association in recognition of his leadership in promoting prisoners' health within the context of the WHO Health in Prisons Project.

4. Partnerships

As an essential strand of the country strategy adopted in 2000, partnerships with other organizations (whether or not they are part of the United Nations family, or governmental or nongovernmental bodies) have also been of importance this year.

Relations between the Regional Office and the institutions of the European Union continue to develop in a spirit of seeking to derive mutual benefit. The most recent review of this cooperation – made, as each year, on the occasion of the high-level meeting between officials from WHO and the European Commission – clearly shows that our collaboration has been strengthened and deepened, both at strategic and technical levels and on the ground.

The Commission's Directorate-General for Health and Consumers (SANCO) is our main partner but links are also being developed with other directorates, such as those for employment and social affairs, agriculture, environment and the regions. We are also working with six technical agencies involved with health. This is true in particular of the European Centre for Disease Prevention and Control (ECDC), with whom we have collaborated intensively this year, on other areas as well as the H1N1 pandemic.

During the year, we have also continued to collaborate with **successive presidencies of the European Union** (France, the Czech Republic and Sweden). This joint work has been taken forward in a number of areas, especially the control of microbiological hazards, health system financing, human resources for health, prevention of accidents and violence, alcohol and, of course, the H1N1 pandemic.

Our office in Brussels has been strengthened and an initiative was taken to train all staff at the Regional Office, in order to improve our knowledge of the institutions and actors involved in the European Union.

Collaboration with our **other international partners** has continued, especially in the field, notably with the World Bank on strengthening of health systems, with the United Nations Children's Fund (UNICEF) on immunization, nutrition, accidents and violence, and with the United Nations Population Fund (UNFPA) on reproductive health. We are working with the Organization for Economic Co-operation and Development (OECD) on the harmonization and dissemination of health data and analyses. Our Office now has the necessary internal structures to help Member States obtain funds from the GAVI Alliance and the Global Fund to Fight AIDS, Tuberculosis and Malaria.

Of course, we also take part in brainstorming and efforts aimed at improving coordination of the strategies and actions of the **United Nations (One UN)**, both generally and on the ground (especially in Albania, which is one of the pilot countries for this process).

5. The internal life of the Office

We have taken the findings from the survey of Member States' satisfaction with the work of the Regional Office, carried out this year, as encouragement to continue our commitment to and engagement with countries. The results are also an interesting guide for developing our services in the future. A document summarizing these findings has been distributed to you.

Without going into detail, I would simply say that we have continued our efforts to strengthen the **delegation of authority** to staff closest to the activity in question, especially in our country offices. This trend towards more delegation of authority has been accompanied by continued extension of training of staff at all levels. I have personally attached considerable importance to the development of a spirit of enterprise and initiative in the Office. Once again, I should like to express my gratitude to all the staff and my admiration for their competence and devotion to duty. I know that you share my opinion of them.

As you certainly know, we are introducing WHO's **Global Management System**. This represents a very significant change in the way we do our work, a change that does not happen without some difficulties and "gnashing of teeth". But, thanks to everyone's good will and with the help of extra training and information, we should get through the transition period of several months without too many problems.

Here I should again like to bear witness to the very considerable progress made in recent years within our Organization thanks to the political determination and diplomatic skills of Dr Margaret Chan. My dream of an organization that is both unified and decentralized, working smoothly at the service of its Member States, is coming true under her leadership.

The regular meetings between the **Director-General and the regional directors** have continued throughout the year. Major issues related to the Organization's policies have been tackled openly and frankly, with the sole aim of improving the management and efficiency of our Organization. The most recent of these meetings was held in Tirana, Albania. I had the great pleasure and, I must say, a certain amount of pride in presenting to my colleagues the achievements of the Regional Office at country level and demonstrating the respect and credibility earned by our presence in the field.

In conclusion

On 31 January next year I will hand over to my successor the responsibilities that you entrusted to me ten years ago. Whoever you select, I consider it my duty to make the transition phase as smooth as possible.

I should like to conclude this last report by once again thanking the Member States for their trust, their support and the opportunity they have given me to carry out a thoroughly exciting function. Again, I would like to thank the staff of WHO for their unshakeable attachment to their organization and for the support that they have always given me over the past ten years. Lastly, I thank the Standing Committee for the support it gives to the work of the Office and to me personally as Regional Director.

My final words are to its current Chair, Dr Björn Inge Larsen, for his courage and scrupulously honesty in discharging his duties. I am very happy that our working relationship has been transformed into one of friendship. After all, that remains the most important thing, once the work is done.

Thank you for your attention.