

Address to the Regional Committee for Europe,  
fifty-fifth session  
Bucharest, Romania, 12 September 2005

Mr Chairman, Honourable Ministers, Mr Kyprianou, European Commissioner, Dr Gezairy, Distinguished representatives, Colleagues,

Last Friday, several of the governments represented in this room launched the International Financing Facility for Immunization - IFFIm. A cornerstone of the Millennium Development targets is the pledge to reduce the child mortality rate by two thirds, by 2015. Until that day in London, there had been a question mark hanging over how that pledge could be financed. Now we have a partial answer. However, IFFIm's significance is not only in the scale of its funding - which is about 4 billion dollars over the next 10 years. It goes beyond the great increase in the numbers who can be protected by vaccination, or the children saved from death by diarrhoeal or respiratory diseases, as new immunizations against rotavirus and pneumococcal disease come on stream. IFFIm is important for all these reasons, but also because it is a massive united commitment to protecting health. That goal of health security, with all its associated benefits to our societies, has brought us all here today. Your ability to work together, and with counterparts across disciplines, is critical to tackling the current threats to health.

Good early warning and defence are fundamental to health security. Health systems need to be capable of prompt detection and response. Experience with natural disasters in Romania, and elsewhere, (Bulgaria, Moldova, Germany, Switzerland, Austria etc) has shown how vital it is to have the right resources in place to respond quickly, not just to the immediate crisis, but to the subsequent public health consequences.

We are closer to a pandemic of flu than at any time since 1968. The warning signs are clearly there. Avian flu virus is already firmly entrenched in poultry in parts of Asia. In late July this year the virus was carried here, with outbreaks in poultry and wild birds reported in the Russian Federation and Kazakhstan.

So far, a total of 112 human cases have been confirmed in four countries: Cambodia, Indonesia, Thailand and Viet Nam, with 57 fatalities. Fortunately, so far the virus has not crossed easily from birds to people, nor has it spread easily among humans. But the geographical range of the virus increases opportunities for human cases to occur. These in turn increase opportunities for the virus to become more contagious.

WHO has recently produced and sent out guidelines to help countries prepare effectively for a pandemic. They detail the strategic actions to take, in three phases. What we have to achieve now, in the pre-endemic phase, is the reduction of opportunities for human infection and a strengthening of the early warning system. This tactical response goes together with taking the best medical precautions available.

Rapid deployment of assets and resources contain outbreaks at an early stage. That means availability of health care workers, antiviral medicines like Tamiflu, vaccines against influenza, and other measures such as the creation of quarantine sites, and

closing schools and other public places. Trained health workers are needed, to deal with the pandemic and educate the public in epidemic response.

Rapid increases are needed in the overall production capacity of the vaccine sector, in both developing and developed countries. We know that the demand far outstrips supply. We have therefore to find a way to avoid this bottleneck and expand vaccine manufacturing sites. Currently fewer than 10 countries have domestic vaccine companies engaged in work on a pandemic vaccine.

Poorer countries will not be able to protect themselves as effectively as the wealthy. In the past, developing countries have usually received vaccines after the pandemic has passed. This must not happen this time. We have an opportunity here to live up to our ideals of health for all. We must make sure, as best we can, that there are sufficient supplies of medicine and vaccine for everyone.

Massive international cooperation is needed now to contribute towards advance preparation of global antiviral stockpiles and pandemic vaccine development. Decisive action is needed now by donors and international partners to help the countries affected to limit the scale of the bird flu outbreak and to reduce the risk for humans.

Planning the public health response goes beyond the immediate medical needs to include the political, social and economic consequences and ramifications. The pandemic we anticipate has an additional important aspect: in its current stage of development, H5N1 virus has a vast potential animal reservoir. Over 140 million birds have already been culled, with estimated associated economic losses of between 9.7 and 14.6 billion dollars.

The horrors of mass slaughter of livestock are already well known here, as are the social and financial implications of the loss of livelihood, of quarantine, and market disruption. We need to think about incentives for poultry farmers to cooperate in the event of outbreaks. They will need support and compensation. Even the measures taken so far, of sheltering poultry from possible contact with infectious migrating birds, have already had economic implications. However, daunting as the losses are for those compelled to kill their herds or flocks, the alternative, of inaction, of hoping that the worst will not happen, is not an option.

This is a critical moment for you, the health leaders in your countries, to interact decisively with your counterparts in agriculture, finance, education and industry, to share information and plan strategically. Commissioner Kyprianou, I welcome your presence here today, and ask you to take these messages to your fellow Commissioners in Brussels. We must rapidly evolve the levels of communication and coordination that we will need, and ensure equity of access to life-saving vaccines or medicines. I would welcome the opportunity to meet with you to take this forward. Universal access is a central goal in our efforts to combat disease. The "3 by 5" initiative has made a start in changing the global mind set that access to drugs is only for those who can afford it. The G8 recently set an even more ambitious target at Gleneagles. This was to get "as close as possible to universal access to treatment for all those who need it by 2010". Access for everyone to the treatment they need is now recognized as not only absolutely necessary for people who live with HIV, but entirely feasible, if everyone plays their part.

Disease outbreaks in one country are everyone's business. The International Health Regulations 2005 recognized this. It will be increasingly important to coordinate information and activities on disease prevention and control. You are already doing this successfully with your close neighbours in the Eastern Mediterranean Region, in several areas. I am delighted to see here today Dr Gezairy, the Regional Director. Your presence here is testament to a determination to connect our efforts.

Our work in polio is a good example of this. This Region has already been certified as polio-free. Yet your neighbours in both the Eastern Mediterranean and African Regions are still struggling with ongoing transmission, and even re-infection. It is vital to maintain high population immunity and strong disease surveillance to minimize the risk of polio importation. The resources to keep these protective barriers in place are needed not just for polio but for all potential outbreaks of disease or infection. The prompt sharing of information is an essential part of this. So is a recognition that gains made in one country benefit us all. The generous financial support given by European governments to get the task finished, and to protect the investment already made, is a crucial part of the global effort and I recognize the £ 60 million donated by the Government of the United Kingdom.

The current battle against tuberculosis would benefit from a similar level of commitment. The burden of disease in the countries of Eastern Europe and Central Asia is contributing significantly to the global burden of tuberculosis. Control is threatened from several sides, from multidrug resistance and the HIV co-epidemic.

The vulnerability of our young people is a particular concern. The European Strategy for Child and Adolescent Health and Development is an excellent initiative in this regard. I welcome its emphasis on strengthening national immunization systems through work on measles and rubella elimination.

Our current social and cultural environments are resulting in unacceptable health consequences. Obesity is growing, and with it rising levels of chronic diseases like diabetes. Europe continues to record the highest level of alcohol consumption in the world, with increasing binge drinking in both East and West. There is no simple solution to changing these behaviours, which have deadly effects.

Normal adolescent risk-taking behaviour, under the influence of drugs or alcohol - or both - translates into life-threatening activities, such as drunk driving or unprotected sex with infection-carrying partners. The number of people living with HIV in Eastern Europe has risen rapidly in just a few years, fastest in Ukraine, with the largest epidemic in the Russian Federation. Eighty per cent of people living with HIV are less than 30 years old. The epidemics are mostly concentrated among intravenous drug users. Young people are the largest group of those newly infected with HIV through injecting drug use. Sexual transmission of HIV is increasing, as is co-morbidity with other sexually transmitted infections and tuberculosis.

Some of the highest injury rates in the world- from road traffic injuries or from interpersonal violence - are found in Europe. Alcohol is one of the contributing factors to both these. Overall, it accounts for more than 10% of disease burden in Europe. This is more than twice the world level. You are leading the way in discussion of these extremely difficult issues.

Europe also has some of the lowest injury rates in the world. There are success stories here that can be replicated: in the use of seatbelts, efforts to control speeding, programmes to prevent child abuse through home visits and to prevent violence against women through promotion of gender equality. Your success provides lessons in multisectoral collaboration; scientific approaches supported by good data collection and evaluation; the value of services for victims; and activities to tackle the root causes of violence and abuse. It is an uncomfortable truth that many of the factors that are importantly influencing health outcomes are not under our control. We must face squarely how much the profile of health has changed and how consequently our own roles and responsibilities have changed. These concerns underlie our strategic planning for the next 10 years. There are significant gaps in how we are able - or willing - to work together to take responsibility for changing these outcomes.

There are other gaps too - in the ways that systems are working, the ways that we are using the knowledge we gather, and the ways in which we are reflecting considerations of equity, human rights and gender in our work. This overall perspective is driving how we approach and plan our work. On your timetable for this week is a challenging draft general programme of work. The proposed global agenda in that document, that you will review and discuss, proposes that the future of public health demands a wider frame of reference through constructive and purposeful relationships with those outside the conventional health sector. For example, patent issues have brought public health concerns directly into high-level international trade negotiations. The World Health Assembly this year recognized the danger of bilateral free trade agreements restricting flexibility. These issues require specialized knowledge of the sort that WHO - and the health sector in general - have not traditionally had. That expertise is now becoming part of the technical support that we are able to offer countries wishing to enter into such agreements. For example, Estonia and Latvia are now facing rising numbers of patients who need ARV treatment. These countries will need to review their options for making ARVs available through lowering prices and reviewing the patent issues, but in accordance with their EU obligations.

The Framework Convention for Tobacco Control is a positive example of how we can gather international consensus on damaging health behaviours, and work collectively on solutions. I thank all of you here who have already ratified. In February 2006, the first meeting of the Conference of the Parties to the FCTC will be held. I urge all of you who have not yet signed or ratified, to do so.

The adoption of the International Health Regulations 2005 by the World Health Assembly this year was also a historic step towards building improved health security and improving global coordination. These frameworks set up the structures and the expectations for better collaboration and communication. It is you, here in this room, who have the power to bring these paper agreements to life. The global environment of threats to health security will not change unless we make it change. The challenges are clearly there before us. I wish you well in your discussion of them this week.

Thank you.