



EUROPE

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

Vienna, 8–11 September 2003

**Report of the Regional Director
Monday, 8 September 2003**

Madam President, Ladies and gentlemen, Participants in the fifty-third session of the WHO Regional Committee for Europe,

First of all, I should like to pay homage, on behalf of all of us, to the victims of the bomb attack in Baghdad, and especially to our friend and colleague Mrs Nadia Younes and to Mr Ahmed Shukry. I extend this tribute to Mr Bacquerot, who was with us last year, and to Dr Urbani, our Italian colleague, killed by the disease he was engaged in fighting. His words, “Get closer to the victims”, could serve as our watchword.

Introduction

There is no doubt that the past year, between the fifty-second and the fifty-third sessions of the Regional Committee, will leave its deep and lasting mark on public health. It will also be remembered as a historic year for WHO. I have singled out four events to illustrate this exceptional year.

First, the SARS epidemic. The initial phase of this health crisis, at least, has been won thanks to intense mobilization of efforts and international cooperation. Of course, we will need to remain vigilant long into the future, but it has been proven that the best results in terms of public health are secured through transparency and scientific cooperation between all countries in the world.

The same conclusions can be drawn from another success achieved this year: the adoption by the World Health Assembly of the Framework Convention on Tobacco Control, the first international treaty on public health. I should like to thank the Member States in the European Region and express my admiration of the determination and courage they have shown in this difficult undertaking. But here, too, there is still a long way to go before the Convention is ratified and, what is more important, applied throughout the world. Only one country, Norway, has so far ratified it, and I want to make a strong appeal at this Regional Committee to other European countries to do the same as soon as possible. The European Region will continue to act as the driving force in this process, playing the role that has been unanimously attributed to it. In this way, it will contribute to international efforts aimed at ensuring that the Convention comes into force in December 2004. We must not let up now, and there can be no question of putting off taking action until the end of the ratification process. You can count on continued support from your Regional Office here. Through this long-term commitment and intense mobilization, the global community will continue to demonstrate its ability to cooperate in the defence of public health, by refusing to consider the 5 million people who die each year from smoking as unavoidable fatalities.

These two events, among others, have made WHO more visible and more credible. We have Dr Brundtland to thank for this. The expectations placed on our Organization are now greater than ever before. The lessons we have learned this year will help us to fulfil them more effectively. This is true not only of the global level but also for the Regional Office. We are now becoming better at analysing the needs of our Member States. We are continuing to match our services to their needs more effectively and more quickly, both in health crises and with our long-term programmes. Better communication, both internally and with the countries of the Region, has helped a great deal here.

The conclusions we can draw from the way in which the SARS epidemic has been handled and how the Framework Convention on Tobacco Control has been adopted also apply to the third issue that has been a feature of the European Region in the past year. There is no doubt that people have now become fully aware of the seriousness of the epidemic of AIDS and tuberculosis in many countries in the Region. This heightened awareness, transmitted by UNAIDS' partner organizations, has found practical expression through the allocation of considerable resources from the Global Fund to Fight AIDS, Tuberculosis, and Malaria. The Regional Office has contributed to this mobilization. I am pleased to see that senior representatives of the Global Fund are attending this session of our Regional Committee. Here, too, there is an immense amount of ground still to cover, especially because the health systems of the countries concerned are in the throes of transition in a very difficult economic context. The solidarity being shown by the European Region is essential to help these countries strengthen their health systems, so that the funds targeted on AIDS, tuberculosis and malaria are used in the best possible conditions. It would be disastrous for all countries if the situation, instead of improving, were to deteriorate further.

Lastly, I should like to mention a fourth event which, while perhaps more internal to WHO, is nonetheless very important for the future. You have elected a new Director-General, Dr Lee Jong-Wook, who will join us tomorrow. It is clear that the approaches proposed by the new Director-General are very much in line with the ones you have adopted for the European Region, especially regarding the high priority given to country support. My recent visit to Geneva, during which I met many members of the new management team, convinced me that our objectives and projects are well matched. Cooperation has started from a sound foundation, which ensures that our Member States will benefit from one single organization which respects the diversity of its regional dimension.

Cooperation with countries in the Region

In this report on the work of the European Office in the past year, I will mention not only activities carried out by the Regional Office for the Region itself but also the Region's involvement in global initiatives.

This report will consist of three parts: the first devoted to our work with countries; the second on technical programmes; and the third on some areas of major work in progress and future activities.

I should like to begin by emphasizing the close cooperation we have with the Standing Committee, both in preparing for the Regional Committee itself and in carrying out the resolutions it has adopted. I thank the members of the Standing Committee and especially its chairman, Professor Jarkko Eskola, for their advice and support. This was particularly valuable to me in following up the evaluation presented to the Regional Committee last year.

One of our joint decisions about how to organize this session of the Regional Committee was to integrate the issue of partnerships into each major agenda item, depending on the topic under discussion, rather than devoting a separate item to this aspect, as was done in the past. I therefore have the honour and the pleasure to introduce the three invited speakers and partners for this item: Mrs Gabriella Battaini-Dragoni, Director-General of Social Cohesion at the Council of Europe, Mr Fernand Sauer, Public Health Director at the European Commission, and Mrs Mirta Roses, the new WHO Regional Director for the Americas. I would also like to welcome the representatives of our other partners attending this session, some of whom will be invited to speak under other agenda items. In line with the Committee's Rules of Procedure, they

will take the floor either during the presentation of the item or after the comments and questions by Member States.

In 2000, the Regional Committee adopted the strategy to be followed by the Office in working with countries in the Region. The document setting out this strategy, entitled *Matching services to new needs*, has since served as a framework for most of the Regional Office's work. A detailed report on this subject will be presented to you tomorrow morning. Here, I will confine myself to giving a few examples illustrating the fundamental principle underlying this strategy: considering all the countries of the Region in their diversity.

Consider all countries in the Region in their diversity

In addition to horizontal programmes, such as those on mental health, smoking, nutrition or the environment, in which all the countries are involved, we offer our Member States increasingly diversified and specific services. To illustrate this, I will now give a few examples covering the various parts of the Region.

In countries where WHO has no country office, broadly speaking those in the west and south-west of the Region, we have launched the "Futures Forum" programme, as set out in the country strategy document. After a slow start, this programme is now better structured. One over-arching theme has been chosen: Tools for public health decision-makers. At each of the Forum's two annual sessions, one particular aspect of this theme is taken up: evidence for public health, the health impact of political decisions, communication on health crises, etc.

Apart from this programme, which is aimed at all countries in this group, the Office is responding to increasing demands for individualized interventions. For us, this is a good indicator of the interest shown by the most developed countries in the Regional Office's activities. This category includes the Office's work alongside the Finnish government on developing its health promotion policy, and its active involvement in the design of new health policies in Portugal and France. We have also responded to requests for help in crises related to SARS, of course, but also to an industrial waste problem at the request of Andorra, and an oil spill at the request of Spain. Another form of support that we think will develop in the future relates to the role we have been asked to play by the Austrian government in the context of the health assistance that country is developing in Iraq. We have placed the technical resources of the Organization at Austria's disposal, by fostering cooperation between the country and the two Regional Offices concerned. Our Austrian colleagues will cover this point in more detail during their presentation at lunch time on Wednesday. They will invite the countries in the Region to join this movement to support countries in major difficulties. These few examples are a sign of increasing demand for the Regional Office's services from this group of countries. Of course, these requests are an honour for us, and we will meet them as specifically as possible. However, they must not obscure the problem of the scarcity of the Regional Office's financial and human resources. We need your expertise and your experts to carry out these missions, and together we must find innovative ways of achieving this mix for the benefit of all countries.

For the countries of south-eastern Europe, I have already described at previous sessions the Office's involvement with our partners from the Council of Europe in the Stability Pact programme for the Balkan countries. Trying to forge specific links between health and the peace process in this war-torn area is a risky and uncertain task. After only three years it is much too early to say whether this challenge has been successfully met, but four public health programmes are being developed in the countries concerned, with the support of Greece, Italy, France and, more recently, Slovenia and Sweden. The programme on mental health, which is essential to break the cycle of violence, is the most advanced. Those on communicable diseases, public health training, and nutrition and food security are progressing well, and funding for them has been identified. For this group of countries, too, we are meeting specific requests, such as determining the etiology of a disease that affected certain population groups in The former Yugoslav Republic of Macedonia.

For countries that are candidates for accession to the European Union, and especially those in central Europe, our support has been long-standing and was strengthened by the EUROHEALTH programme in the 1990s. In the past year, we have emphasized the various forms of assistance that we can give these countries at such a special period in their history, inevitably one that will have repercussions on their health systems and so also on the health of their populations. We have worked with our colleagues in the European Commission to extend the benefits of the Commission's new public health programme to the accession countries. More specifically, staff from the Regional Office have participated in meetings with representatives of these countries, and we have organized ourselves to clearly understand their needs and expectations. With them, we have decided to focus on practical implementation of health system reforms, looking in particular at funding options, health service management, continuing education of professionals and monitoring the development of health systems. Like for the previous groups of countries, we have responded to specific requests, such as those made by Bulgaria in the context of its new public health law.

Lastly, **for the countries in the Commonwealth of Independent States**, our support is also becoming increasingly specific. The very close relations we have maintained with each of them for more than 10 years have given us a clearer understanding of their needs and enabled us to meet them in increasingly appropriate ways. The process of negotiating priorities has improved and now takes more account of the results already achieved, those that are likely to be achieved and the work of other organizations and the international community. One very tangible result in recent years has been the cooperation we now have in these countries, especially with the World Bank. This cooperation enables us to be more effective and better coordinated. A good example in the past year is given by Kyrgyzstan, where the international community, with the support of the President of the Republic and the government, has been able to take forward the health system reform launched several years ago, a process in which the Regional Office is playing a role that is regarded as very important.

These are just a few illustrations of our increasingly specific activities in the various parts of the Region, but I would also like to emphasize that while cooperation at national level is our main approach, it is not the only one. I am pleased to note that we have forged closer links this year with the members of the Healthy Cities and Regions for Health networks.

To conclude this first section of my report, I would note that all the Regional Office's technical and administrative services have helped to give effect to the Office's new country strategy. Much of the progress we have made has also been thanks to our country offices and to the increasingly high quality of the staff in those offices, located in 28 Member States. Stringent recruitment procedures and upgrading of their responsibilities are all well advanced and will continue in future. A major programme of on-the-job training is being developed to strengthen the administrative and technical competence of these offices. The appointment of international staff is another step in the same direction.

Public health programmes

Our country work can only be effective if the Regional Office maintains its scientific competence in public health and contributes, at its level, to the development of this discipline. Here, too, it will be difficult to give you an exhaustive list of activities, and I will therefore limit myself to a few examples: areas in which the Regional Committee has adopted resolutions; areas that will be more prominent in the years to come, especially the topics of forthcoming ministerial conferences; and lastly, areas covered by global programmes.

HIV and AIDS

As I said in my introduction, two features of the past year have been a heightened awareness of the seriousness of the situation in some countries of the Region, and the financial investments in these

countries made by the Global Fund. The Regional Office has contributed, especially within UNAIDS, to mobilizing efforts to ensure that the situation in the European Region is better known and acknowledged

In its resolution EUR/RC52/R9, the Regional Committee requested the Regional Director to report on the Region's response to this epidemic. In the past year, the number of people in the European Region infected with HIV has risen from 450 000 to 520 000. In the same period, 15 000 people have developed AIDS, and more than 4000 have died from the disease. Within the larger United Nations response to the epidemic, and in close collaboration with UNAIDS and other partners, the Regional Office has focused on helping Member States to expand and scale up national programmes for the prevention, treatment and care of HIV/AIDS, guided by the principles of the resolution.

As part of the global effort to provide antiretroviral treatment to 3 million people by 2005, WHO has developed model clinical protocols for HIV/AIDS treatment and care in partnership with Ukraine and the CIS Council, thereby making it possible to scale up antiretroviral therapy. These technical documents will be used as model for developing national policies in the Caucasus and in the central Asian republics before the end of 2003. Intensive work in other technical areas – such as targeted interventions and harm reduction, surveillance, blood safety, diagnosis and treatment of sexually transmitted infections, voluntary testing and counselling, and the prevention of mother-to-child transmission – was also possible due to the expanded technical capacity of the Regional Office and of country offices, thanks to the generous support from Germany, France, the United Kingdom and the United States.

In the next five years, 12 countries will receive more than US\$ 120 million from the Global Fund and more than US\$ 200 million from the World Bank. Despite its limited resources, the Regional Office is helping all the countries concerned to submit applications that are likely to be successful. The Office considers that ensuring proper use of these funds is part of its mission and one of its responsibilities towards both countries and donors. As called for in the resolution, I will present a new report to you next year, which I hope will be more favourable, thanks to your support. As you know, the Global Fund is also designed to tackle tuberculosis and malaria.

The tuberculosis situation in some countries of the Region is extremely serious, as reported to you at the Regional Committee session last year. However, all the parties involved are now cooperating more closely in an increasing number of countries. One example of the progress we are making here is in the Russian Federation, where the programme at the WHO office has, among many other activities, trained 3000 professionals and specialists in tuberculosis surveillance.

Still on the subject of communicable diseases, you will recall that poliomyelitis was eradicated from the European Region last year. We have now taken up the objective of eradicating measles, in line with this year's World Health Assembly resolution. Some countries, such as Turkey, have launched mass campaigns of immunization against this disease, which kills 7000 children in the Region every year.

Alcohol

In resolution EUR/RC49/R8, the Regional Director is asked to report on implementation of the alcohol action plan that was adopted in 1999. The action plan and the Stockholm Declaration, the outcome of a ministerial conference in 2001, form the basis of the regional strategy to respond to the disaster caused by alcohol abuse, which accounts for 9% of the global burden of disease in the Region. Thanks to contributions from Norway and France, and with the cooperation of the Member States, we have set up a European information system to monitor, assess and strengthen alcohol control policies. The second phase of this project will soon incorporate more extensive information on lifestyles, risk factors, good practices and legislation, especially laws designed to protect young people. We now need to move forward, both at global level and regionally, drawing on all the positive and negative lessons from our fight against smoking. I appeal to all countries in the Region to strengthen their policies in this area, based on the conclusions of the Stockholm conference. I would also ask them to provide assistance to the

Regional Office, so that our financial and technical resources match the ambitions of the Member States in this field, which is unfortunately far from being the case at present.

Environment and health

Environment and health is always a priority topic for our cooperation with you. The Budapest conference next June will certainly be a strong link in the chain of ministerial conferences on the environment. A great deal of attention is being paid to preparing for this conference, and a large number of partners are involved. Mrs Jakab, Chairperson of the European Committee on Environment and Health, will take the floor at the end of my address to report to you on the work done by that Committee to prepare for the conference. There is no doubt that, thanks to the highly effective and sustained work it has been doing, the conference will produce important results in the form of an action plan on children's environment and health, the central topic of the conference, and a more general declaration on the environment. A progress report will also be presented at the conference on the implementation of recommendations made by the previous conferences. An indicator-based monitoring system will be proposed, so that each country can evaluate its own situation and compare it with that of other countries. The studies and documents produced for World Health Day 2003, as well as the round-table discussions at the World Health Assembly on "Children's health and the environment", are of course valuable contributions that will be extensively used for the Budapest conference. Close links are also being developed with the European Commission's new strategy on environment and health. Lastly, I would point out that the next World Health Day in 2004 will have as its theme "Traffic accidents", which was one of the main topics at the London conference in 1999. This convergence does not happen by chance – it demonstrates the extent of the concerns about health and the environment, both in Europe and throughout the world.

Health systems

As I have already said, many countries are asking the Regional Office for advice on reforming their health systems. We have begun to set up a unique mechanism for providing expertise matched to demand. This mechanism will be developed to enable a relevant and useful response to be made, on the basis of the most recent experience. In the past year, we have re-established links with national associations of nurses and midwives, to stimulate attainment of the objectives proposed by the Munich conference in 2000.

The elderly

Recent events in some countries have highlighted the precarious situation of the elderly and the vital necessity of adapting health systems to the needs of this increasing population group. The Regional Office's programme in this area is under-resourced. However, we have decided, at the request of Standing Committee, to make this a cross-cutting theme in our work and to integrate it as much as possible in all our activities. This interim solution will, I hope, result in the establishment, in the near future, of a separate programme on this public health topic that is essential now and will become even more so in the future.

Noncommunicable diseases

Under the heading of positive news, I should also like to mention our efforts in the area of noncommunicable diseases, where a new post has just been created. In actual fact, the Office's work in this area is more extensive and diversified than it might appear. Apart from the specific programme on countrywide integrated noncommunicable disease interventions (CINDI), we are also working on health promotion, especially in schools, through the health promoting schools network. We are also engaged in tackling health determinants and risk factors such as alcohol, tobacco and dietary imbalances. These numerous and diversified activities mean that we will be able to incorporate a wide and integrated approach in the strategy to control noncommunicable diseases that we will present to the Regional

Committee at its next session. The adoption this year of the Framework Convention on Tobacco Control will probably be one of the most important steps ever taken to prevent noncommunicable diseases. We have already entered into commitments with WHO headquarters to step up our cooperation in this field, aware that the European Region is not only particularly affected but also highly experienced in this area.

Violence and health

This is a new topic, which has been launched at global level. I should like to mention it here, first of all because of its importance as a risk factor for health, secondly because of the extensive and coherent approach proposed in the report issued by WHO headquarters last spring, but above all as an example of good linkages between a global programme and the Region. As many of you know, we have worked closely with our colleagues from headquarters on launching the report in many countries of the Region, adapting it to the specific conditions in Europe. Launches have already taken place in Belgium for the European Union countries, in Croatia for the countries of south-eastern Europe, in Germany and in the Russian Federation, and similar events will shortly be held in the Netherlands, France and England.

The millenium development goals, poverty and its repercussions on health

In his very first statements, the new Director-General reaffirmed WHO's priority commitment to helping countries attain the millenium developments goals. In the past year, we have analysed the regional situation with regard to the eight goals, to see what the Region's position could be with regard to this major global programme. That analysis, being carried out by our Venice Centre with the support of a scientific committee, will be finalized next spring and then of course presented to you. The work also includes an analysis of the regional situation in the areas covered by the report on macro-economics and health that was submitted to the World Health Assembly in 2002.

It is already clear from this work that some of the millennium development goals, especially those related to AIDS and tuberculosis, are perfectly valid for the European Region. The focus on maternal and infant mortality, on the other hand, is too restrictive for the Region, and targets on excess mortality among young adults and on healthy life expectancy among the elderly should be added.

The fight against poverty occupies an important position both in the global report on macro-economics and health and in the millenium development goals. The Region is of course contributing to global efforts to mitigate and its health repercussions. This issue has already been taken up at the two previous sessions of the Regional Committee, and new case studies have since been added to those presented last year and now available in a publication. This update is accessible from our web site. Here, too, the work under way in Venice shows the need to take account of the specific features of the European Region, which has not been spared by poverty – far from it – since it affects all countries to differing degrees. As I emphasized at the Regional Committee session last year, some countries of the Region are in a very difficult but probably only transitory situation, since they can build up their reforms on the solid foundations that already exist. Assimilating them to developing countries, as is all too often done, is a serious mistake. The other countries in the Region have an obligation and an interest in giving them rapid and effective support, to help them weather this difficult turning point.

Over and above that, the European Region also owes it to itself to assist those countries outside the Region, who are often suffering more than it is from the scourge of poverty.

I have intentionally not mentioned two major fields of our work, mental health and the health of children and adolescents, because specific meetings during this session will be devoted to them.

Update on some major work in progress and future activities

To conclude this report, I should like to bring you up to date on some major areas of work in progress that I have already mentioned on several occasions at previous Regional Committee sessions.

Adjusting information systems

Information is more than ever a priority for the Regional Office. It is one of WHO's basic missions and a vital service that the countries expect of us. Our ambition is still to provide each country in the Region with analysis and information that are useful to, and usable by, decision-makers. During the year we have also made progress towards the objective of ensuring that all the Regional Office's work is evidence-based. I should like to thank the members of the European Advisory Committee on Health Research and its Chairperson, Professor Banta, for their contribution in this area. We have distributed to you a very interesting document stemming from their work.

During the Regional Committee session this year, we are launching the Health Evidence Network or "HEN", a system of operational, evidence-based information designed to answer public health practitioners' questions and meet their needs. HEN takes the Advisory Committee's concept and definition of evidence and puts them into practice. Two services are now available: the first gives easy access to the databases and web sites of selected and, to a certain extent, accredited organizations; the second gives summary responses, based on current evidence, to frequently asked public health questions. We hope you will try out this system, which has been set up in the Congress Centre, and that you will let us have your comments, suggestions and criticisms. The system belongs to you; it has been designed in cooperation with numerous national and international partners, in particular the European Commission. This partnership will be expanded as quickly as possible, so that the system becomes a unique, value-added entry point to multiple sources of information, as recommended by a participant in last year's session of the Regional Committee.

In the area of information, the past year has been one of intense activity, especially for European Observatory on Health Systems, which is working more and more specifically with and for the countries of the Region, notably those that are candidates for accession to the European Union. The Observatory has also taken forward the work on the private sector presented to you last year, incorporating this subject into the various studies it has been making.

We also hope you have received and appreciate the Office's recent publications, and that they are useful to you. Do not hesitate to tell us if this is not the case, and please do give us your comments and advice, which will help us to improve our work.

Adjusting the management of the Regional Office

During the past year, we have continued and intensified the process of adapting the organization of the Regional Office, its working methods, its administration and its staff management practices. Since he took up his post, the new Director of Administration and Finance, André Laperrière, has given fresh impetus to projects designed, on the one hand, to strengthen administrative support to programme implementation in the Office and, on the other, to ensure harmonious and stimulating management of human resources. With the appointment of Mr Laperrière and the confirmation of Gudjón Magnússon as director of one of our technical divisions and of Nata Menabde as director of country support, our management team is now up to full strength. It also includes Roberto Bertollini, Anca Dumitrescu, Anne-Marie Worning and Yves Charpak, and therefore consists of four men and three women. This highly motivated group shares the conviction that the Regional Office must continuously strive both to maintain its technical competence and to adapt its operational capacity on an ongoing basis.

The changes in the work that you expect the Regional Office to do mean that particular attention must be paid to continuous training of the staff and the development of new skills in areas as varied as public

health, communication, administration, consulting, evaluation, geopolitics and many others. The executive management team in the Office are aware of the need for such changes, and they see the area of skills development as one of their priority responsibilities for the years ahead, so that the Regional Office is always capable of responding better to the needs and requests of the Member States.

In this connection, I should like to pay a sincere and sustained tribute to all the staff at the Regional Office – in the countries, in the centres, and in Copenhagen. Throughout the year, I have clearly seen how competent and devoted they all are. They are deeply committed to their work and to the missions entrusted to their Organization, and they prove it every day. I know that you share this view, because I have heard you say so.

During this session of the Regional Committee, in addition to the subjects I have already mentioned – the country strategy, mental health, and the health of children and adolescents – you will be discussing two essential components of the Regional Office's policy for the years ahead: the revision of the policy for health for all, where the final text will be submitted to the Regional Committee in 2005, and the question of coordinating the work of the Regional Office in every country of the Region. Your comments and suggestions on these two issues will be essential in helping us define our policy and approaches for the years ahead.

Conclusion

Before concluding, I should like to remind you that it is of great importance to the Region that every country takes the necessary steps to ratify the amendments to the WHO Constitution, and in particular I should like to draw your attention to the amendments to Articles 24 and 25, which will allow us to have eight instead of seven seats on the Organization's Executive Board.

I should also like, on behalf of all of us, to extend a welcome to Cyprus, our 52nd Member State. We will do our best to ensure that this transfer is to everyone's benefit. At this point, I would ask our new Member State to accept the Secretariat's apologies for the fact that Cyprus has not yet been included in some of our lists and maps of the Region. This inevitable delay will be rectified as soon as possible.

At this session, the Regional Committee will be taking up some major technical and political issues. We, the staff at the Regional Office, expect much of it because we all regard the Regional Committee as the body that judges our work and sets the directions for us to follow. We also hope that you will find this session interesting and of value for your own work. We have planned it with that aim in mind.