



EUROPE

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**Regional Director's speech at the sixtieth session of the WHO
Regional Committee for Europe:**

**Better health for Europe: adapting the WHO Regional Office for
Europe to the changing environment**

Madame President, honourable ministers, excellencies, distinguished delegates, colleagues, ladies and gentlemen,

Let me start by thanking you again for the trust you placed in me exactly one year ago. You called my aspirations ambitious, but necessary. Today I stand in front of you to reassure you of our full commitment to meet the manifold challenges and to earn your respect and support. Please allow me to share with you what we have achieved to date and what are our plans. Your guidance in this Regional Committee is vital for us to move ahead and to shape our work for the years to come.

WHO as an organization is known for its public health work all over the world. In Europe, just as in many other parts of the world, the Regional Office needs to earn leadership and ensure excellence in addressing health and public health issues.

I will therefore do my utmost to strengthen the Regional Office in the unique role of WHO in the European Region, to support you in your important work to continue to improve the health of the European population and ensure a high standard of agency governance, together with scientific quality and excellence in our technical work.

The new challenges that we are facing in the European Region make us stop to take stock, to renew our vision, to earn recognition of our leadership in health and to further strengthen our collaboration with you, the Member States, and to make it more strategic. We need to renew and revitalize our partnerships for better policy coherence in Europe, and we need to build further on the tremendous technical and professional capacity, as well as the institutional capacity, that exists throughout Europe.

In order to achieve this, my main objective is to further strengthen the Regional Office for Europe, and for this reason I have set out seven main strategic directions and priorities for discussion at this and future Regional Committee sessions. We have started our work on all of them, but your active involvement as European Member States is crucial to their successful implementation. Allow me to lead you through some of the main ones already at this stage and seek your guidance.

Seven new strategic directions and priorities

A **new European health policy – Health 2020** – will be developed through a participatory process involving Member States and other partners. The objective is to ensure an evidence-based and coherent policy framework that will address the recent challenges to health and health equity and develop evidence-based and cost-effective policies and strategies to respond to them in an effective way. This policy will be informed and underpinned by evidence – among other things – a European study on social determinants.

Health 2020 will provide an opportunity to renew the commitment of the Regional Office to public health, an area with long and proud traditions in many European countries. Renewed emphasis on the further development of public health systems, capacities and functions in Europe, along with adequately trained human resources to promote public health effectively, are of the greatest importance. Investment in prevention must be stepped up to decrease the disease burden and the pressure on health care systems.

Through Health 2020, we will aim to further clarify the strategic linkages between public health and health care systems, in particular primary health care, as foreseen in the holistic approach to health systems articulated in the Tallinn Charter. The new policy will also position health as a critical domain in development, demonstrate how far the territory of health has expanded and make linkages with the other sectors and settings, thereby promoting health as a governmental responsibility advocated and led by ministers of health.

Health 2020 will also be an inspiration to Member States to develop, renew and update their national health policies and strategies. The Organization as a whole is committed to working with countries to do this and this is a project directly led by the Global Policy Group (GPG), chaired by the Director-General, to which I am fully committed.

Work in this field has already started internally to devise the process. I am looking forward to your guidance tomorrow in the ministerial panel.

Governance of the WHO Regional Office for Europe will be continuously strengthened. WHO is a coalition of Member States and therefore its **governing bodies** play a crucial role in formulating policies and strategies of a regional character.

A strong and well-supported **Regional Committee** (RC) is the arena for the important policy dialogues and decisions that shape the work of WHO in the Region. Several proposals will therefore be put forward to you in the afternoon during the session on governance. The aim is to find ways to attract high-level decision-makers, and make the agenda both relevant and interesting enough for them, for you, to attend future sessions of the Regional Committee. Active participation of Member States will be fostered, to ensure ownership and commitment for implementation.

Ministerial conferences on common priority issues have been very successful and will continue, mainly in areas that require intersectoral collaboration.

I also envisage the establishment of a **high-level forum of government officials** to ensure full engagement in the development of a number of policies and strategies, including Health 2020, the European study on social determinants, a renewed commitment of the Region to noncommunicable diseases, public health development and disease prevention and other issues.

In order to strengthen the oversight function of the RC, I recommend using the **Programme Budget** as a strategic tool to ensure accountability for the delivery of jointly agreed results and outcomes.

The role of the Standing Committee of the Regional Committee (**SCRC**) also needs to be further developed to effectively deal with items delegated to it by the RC; to be the advisory body for the Regional Director (RD); and to help the RD to effectively prepare the RC sessions and also to play its oversight function. We also have to ensure increased transparency around the work of the SCRC. I suggest an increased membership to ensure an adequate geographical representation of the Member States in the Region.

The **Regional Office will be a centre of technical excellence**, with all core technical, strategic and health diplomacy functions integrated at the office located in Copenhagen, and with the technical centres (geographically dispersed offices – GDOs), as well as the country offices, fully integrated. Corporate core functions – like policy, strategy and technical programme development, strategic relations with you, Member States, partnerships, work of the governing bodies – will be guided from Copenhagen.

The **GDOs** will continue to play an important role by providing technical evidence and knowledge, advice on policies and technical programmes, and by building capacities in countries and – following agreement with the Regional Office – supporting implementation of our work in Member States. To further improve the full integration of such activities, a review of the GDOs is under way – building on the excellent work done in this Region 10 years ago; the results will be presented to the RC in 2011.

The Regional Office will also renew and revitalize its **networks** and establish new ones where required: the health-related networks within the settings approach are alive but dormant. The collaborating centres approach needs a fresh look, and efficient relations with public health institutions, schools of public health and other institutions need to be established and renewed. The potential is great and the gain is huge if we engage fully with existing capacity and expertise in Europe.

Further strengthening collaboration with Member States is a key role of WHO. Different parts of our Region need different types and levels of support. All countries need WHO's normative and standard-setting work, as well as its evidence-based policies, strategies and programmes. Some countries also need advocacy and partnership. However, not all countries need technical cooperation.

WHO will support every country in the Region in its national health policy and health system development. Technical cooperation should continue with the Commonwealth of Independent States (CIS) and south-eastern Europe (SEE) countries in a spirit of solidarity. A training programme for high-level decision-makers, as well as technical experts, on commitments in international health and global and regional policy issues, is also envisaged, together with training in health diplomacy.

A review of the work of the Regional Office with and for the Member States, including a review of the work of our country offices, has already started and will be presented to the RC in 2011, where a new country strategy will be put forward. During this review we are also exploring options such as subregional arrangements, using the model of the SEE Health Network and the experience of other organizations. For this reason, during the ministerial lunch today I have decided to describe to you the advantages of such networks.

Strategic partnerships for policy coherence are vital today in Europe, with all the many players actively involved in health development. WHO has to position itself in this complex environment, and has to progressively strengthen its cooperation with all partners. A partnership strategy will therefore be developed and submitted to the RC next year. A first but very important step is foreseen this year: to launch a joint declaration on a shared vision for health with the European Commission. The WHO Regional Office for Europe will continue to

strengthen relations with other European Union (EU) institutions. Discussions have also started with the Global Fund and the Organisation for Economic Co-operation and Development (OECD) and these will continue in the coming months.

Regarding **information and communication technology**, I see this is one of the most vital strategic assets that the Regional Office must develop in order to work efficiently and to facilitate an integrated delivery of results. We must embrace the new technologies, and explore how they can be adopted to further the public health agenda in the Region. We have already started actively working on this.

A core element of our new information and communication strategy – which will be presented at one of the forthcoming RC sessions – will be the vision of a common health information system, with joint data collection, analysis and dissemination shared between international partners.

Moreover, there are certain key communication technologies that I see as changing the way we work, for example:

- social media as a platform for exchange of knowledge, ideas and opinions;
- an increased and interactive web presence for the Office, coupled with a strong communication function; and
- a suite of consolidated databases to support evidence-based decision-making.

We have made a major step forward with a comprehensive redesign of the Regional Office web site earlier this year, and further work will continue intensively in this area.

Creating a positive, supporting and empowering working environment and sustainable funding for the Regional Office is one of our strategic priorities. We have set up several working groups to improve the effectiveness of the Office and to help it adapt to the new priorities and ways of working. A new organigram was put in place on July, flattening the structure of the Office and creating a more efficient division of labour.

In June, we held an Office-wide review of our technical work, in which senior management and technical programme managers studied their progress to date, identified gaps and bottlenecks, and proposed the way forward. The new priorities will be integrated into our workplans after the RC.

To ensure sustainable financing for the Regional Office, I considered it an urgent priority to strengthen our fundraising capacities. A new dedicated unit was set up to look after budget planning and resource mobilization. This work is aligned to the Director-General's initiative on the future of financing for WHO.

Priorities

Priorities for our work will be further considered during the course of the development of Health 2020. Please, allow me at this stage, however, to highlight the most pressing priorities for our Region.

A number of **emergencies and public health crises** have hit our Region since I took office in February. This will continue to be the case and therefore WHO must be prepared for this, both in its work with its Member States but also internally.

- During the **volcanic eruption in Iceland**, we regularly monitored the situation and issued risk assessment, advice and guidance on the potential health consequences of possible exposure to the volcanic ash.
- Following the **civil unrest in Kyrgyzstan** and the mass displacement triggered by ethnic violence, donor appeals were launched in **Kyrgyzstan** and **Uzbekistan** and we mobilized support to health authorities in both countries to provide essential health services to the affected communities.
- Following the **severe floods that hit parts of the Republic of Moldova** in July, WHO supported the damage and needs assessment and, with very generous financial support from the Italian Government, we mobilized essential medical supplies and pharmaceuticals to cover the health needs of flood-affected communities.
- During the **heat-wave and wildfires in the Russian Federation**, we compiled situation reports and, using the excellent resources of the Russian Ministry of Health and Social Development, disseminated public health advisories with key recommendations, which we updated daily, on the WHO European web site.

Flooding at the Regional Office headquarters was another, more recent emergency that hit us. On Saturday, 14 August, following heavy rainfall, our premises in Copenhagen were flooded. All our basement and ground-floor offices were filled with dirty water, which entered with enough force to displace our furniture and to destroy parts of the buildings. The power supply, telephone and e-mail services, as well as our Internet connectivity, were all disrupted. Everything stored in the basement (including equipment and documents for the RC, books from the library and our print shop) was destroyed. An emergency committee was immediately set up and worked round the clock to make the Office safe and clean to enable staff to return as quickly as possible. From the beginning, I gave instructions that made clear that the first priority was the safety and well-being of our staff. We were extremely lucky that the flood happened on a Saturday night, when there were no staff in the building, and thus no one was hurt.

I am very proud of the excellent work that has been done by all, round the clock, to respond to these exceptional challenges, and I would like to express my gratitude to my staff. I would also like to thank WHO headquarters and the United Nations in Copenhagen, as well as the Danish authorities, for all their help and support.

Our Region has been polio-free since 2002, a status that we are all determined to maintain by all means. In response to **the poliomyelitis (polio) outbreak in Tajikistan**, which also required preventive responses by neighbouring countries, WHO, the United Nations Children's Fund (UNICEF) and other partners acted swiftly and effectively to support the Government in the implementation of supplementary immunization campaigns targeting 2.7 million children aged less than 15 years. Fifth and sixth rounds are due to take place over the coming months.

Since 4 July, no new acute flaccid paralysis (AFP) cases have been detected. I visited the country myself, as soon as the first polio cases were reported, to work out a joint response strategy with the Minister of Health, Mr Salimov, and to launch the first round of the immunization campaign. I would like to thank the President and the Government of Tajikistan, and you, Mr Minister, for your openness, transparency and leadership in taking immediate and appropriate action in close collaboration with WHO and for the active communication to reach out to every family and child in the country.

I also visited **Uzbekistan**, with the Deputy Regional Director of UNICEF, to launch the second round of the immunization campaign with the Minister of Health, Dr Ikramov. In Uzbekistan, 2.85 million children aged less than 5 years were targeted with 3 rounds of supplementary immunization activities. The campaigns and the communications around them were conducted very professionally. I would like to thank Dr Ikramov for his leadership.

I would like to take this opportunity to thank the Government of the Russian Federation for all the support it gave to us throughout this outbreak through the quick and efficient work of the regional polio laboratory, to which all the samples were sent for analysis.

However, despite all those efforts, but also thanks to effective surveillance systems in all countries, imported polio cases have been detected outside Tajikistan, including 3 cases in Turkmenistan and some cases in the Russian Federation, for which control measures have rapidly been put in place.

As to polio outbreak and response ... “It’s not over till it’s over”. This polio outbreak in Tajikistan and the cases detected in neighbouring countries show the Region’s vulnerability, and it is a clear signal to us that we have an unfinished agenda which needs full commitment and determination. The Region therefore needs strong public health systems/functions, **strong surveillance, high immunization coverage and full transparency and compliance with the International Health Regulations to avoid similar outbreaks.** Countries’ full political commitment and leadership are of utmost significance to maintain the polio-free status of the European Region, which we have enjoyed since 2002! I am looking forward to a more in-depth discussion with you on this subject later in the agenda, together with Professor Salisbury, the Chairman of the European polio certification committee.

In communicable diseases (other than polio) – we also have an unfinished agenda! For measles elimination in Europe, 2010 was the target, but we did not manage to reach it! There are several main challenges: unequal vaccination coverage in countries leads to outbreaks; some vulnerable population groups are not covered by immunization programmes; anti-vaccination groups have been active in many countries. Today nearly 1 million children born each year in our Region are not fully immunized. A renewed commitment to measles and rubella elimination will be on our agenda on Thursday: I would like us to set a new elimination date of 2015 and for us to do everything we can to reach it! This is doable!

I also have to mention the highly successful and participatory **European Immunization Week**, in which 47 countries participated this year, with a broad range of activities. Many partners joined the new EIW online social network site, which encouraged an interactive dialogue across the Region.

On the invitation of the WHO Regional Office for Africa, the Regional Office for Europe will be actively assisting with the planning of the first African vaccination week. We are also advising the Regional Office for the Western Pacific on initiating a vaccination week in that region next year.

I also have good news for you: we are making good progress towards **malaria elimination in 2015.**

Since 1995 there has been a substantial reduction in the number of reported malaria cases: from nearly 91 000 in 1995 to only 285 cases in 1999. In 2005 we had 9 affected countries; in 2009, only 5. The transmission of malaria was interrupted in **Armenia, the Russian Federation and Turkmenistan.** The last cases of locally acquired malaria in **Kazakhstan** were reported in 2001.

It is quite likely that **Turkmenistan** will be certified as a malaria-free country by the end of 2010, and **Armenia**, by **the end of 2011.**

Good collaboration with the Global Fund is taking place: the Global Fund fully supports the Tashkent Declaration and the malaria elimination efforts of WHO. Our collaboration with the Global Fund in the field of malaria is an outstanding model for other areas, as well.

During **the influenza pandemic** that started in 2009, our collective efforts did bear fruit: all the countries in the Region prepared well, and we were also collectively better prepared due to the International Health Regulations (IHR). We therefore have to build IHR core capacity with great vigour. WHO is truly committed to support you in this task!

WHO is undertaking a formal review of the global response to the pandemic and the functioning of the IHR, by the IHR Review Committee. In the European Region, the Regional Office has initiated, in partnership with the European Centre for Disease Prevention and Control (ECDC), a review in 7 countries: **Armenia, Bosnia Herzegovina, Denmark, Germany, Portugal, Switzerland and Uzbekistan.**

Preliminary results suggest that crucial factors in a country's ability to respond are the presence of well-informed health care professionals in primary and secondary care, close links between public health professionals and the professionals of the health care systems, and coordination at the local level.

We also learned other lessons: it is important to be prepared for multiple scenarios, to envisage the worst but also to be ready to rapidly adapt to a much better situation. Flexibility must be embedded in our preparedness plans.

The pandemic showed us clearly how crucial and difficult communication can be. Communication, which today widely involves social media, should inform the public of possible difficulties ahead, but also prepare the public for changes in risk assessment and create acceptance for measures taken, especially vaccination.

Following long negotiations between the Regional Office and ECDC in September 2009, the two organizations managed to find a solution to avoid double reporting of influenza surveillance data. I am sure this will come as good news to you.

Multidrug-resistant/extensively drug-resistant tuberculosis (M/XDR-TB) is a global health threat in Europe and therefore I made it a regional priority! Out of the 27 high-burden MDR-TB countries that collectively account for 85% of the cases globally, the first 15 are in the European Region. We are now in the process of preparing a comprehensive action plan to fight M/XDR-TB in the WHO European Region in 2010–2015.

Continued support from the Global Fund for all the countries in the world affected by M/XDR-TB is vital to counteract this global threat!

Another global threat is **antimicrobial resistance (AMR)**. We are happy to announce, with the Director-General, that the topic of the next World Health Day in 2011 will be AMR. In the European Region we have started preparation by developing a regional AMR strategy in close collaboration with our partners, in particular the EU/ECDC, who have done so much to move this agenda forward. The focus on AMR is timely, in view of the emergence and spread in the Region of resistant bacteria including the recent cases of NDM-1 (New Delhi metallo- β -lactamase-1), which are of serious public health concern. The "superbug", which has received considerable press coverage, shows the pressing need for coordinated international response in surveillance and research, building on strong national initiatives for AMR surveillance, the prudent use of antibiotics and effective programmes against health-care-associated infections.

HIV/AIDS remains another major public health challenge in our Region, with rapidly increasing transmission in many European countries. Eastern Europe now has the fastest-growing HIV epidemic in the world, and is the only region where the annual number of reported cases of HIV is still increasing. There is a need to stabilize and decrease the epidemic in the east and prevent re-emergence in the west.

To achieve universal access to HIV prevention, treatment and care requires approaches that sometimes go against well-established policies and practices in Member States. This represents a challenge and requires additional efforts to mobilize political commitment for evidence- and human-rights-based prevention measures, such as harm reduction interventions, including opioid substitution therapy for injecting drug users.

Under these circumstances it is a challenge to halt the spread of HIV by 2015, as set out in Millennium Development Goal 6. Sufficient scientific evidence is available; what is needed is political commitment! A regional strategy for HIV/AIDS, aligned with the 2011–2015 Global Health Sector Strategy that is under consultation, will be developed.

The Region has achieved one important goal: in 2008, 90% of HIV-positive pregnant women in low- and middle-income countries received antiretroviral therapy for prevention of mother-to-child transmission. This was possible due to integration of HIV prevention into maternal and child services.

Moving to another area, the environment and health have always been an important and highly visible part of our work.

The Fifth Ministerial Conference on Environment and Health, held in Parma, Italy in March this year, has been a major event of the year in our Region, and a milestone in the European environment and health process.

For the first time, measurable and time-defined targets that can be worked towards and monitored have been set. Also, a new governance structure has been proposed to strengthen implementation at the national and European levels. A ministerial board will be the political face and the driving force of international policies in this field.

The European environment and health process has been going on for over 20 years. It is one of the best examples of a cross-sectoral partnership and I am strongly committed to the further successful development of this process and its use as a model for other sectors and other areas.

Lastly, I mention climate change, which is a real and serious matter of concern, vividly illustrated by severe weather events in our part of the world. The framework for action on climate change that was endorsed in Parma will provide appropriate guidance for our continuous work in this area, and for our work on greening health services, to maximize our contribution to reducing greenhouse-gas emissions.

The main disease burden on the Region comes from **noncommunicable diseases**. Cardiovascular diseases (CVD), cancer, chronic respiratory diseases and diabetes mellitus account for the majority of deaths in our Region: 86% of deaths and 77% of the disease burden in the WHO European Region are caused by this group of disorders, which are linked by common risk factors, underlying determinants and opportunities for intervention.

Although western nations have made great progress in lowering the mortality rates for CVD, these rates are rising quickly in different areas of the Region, such as central Asia. With them, related conditions, including diabetes, undermine population health and human development, particularly in low-income contexts, where the active working population is the hardest hit.

In the western part of the Region, cancer stands out as one of the biggest threats both to health and to health systems. Indeed, it has replaced CVD as the main cause of death in at least 28 of the Region's 53 countries, requiring sharp adjustments to health systems to address the complex needs of cancer patients. In 2008–2009, the WHO Regional Office for Europe worked with 8

countries to help them develop national cancer control programmes incorporating primary and secondary prevention, palliative care and research.

Mental ill health has been called a “silent epidemic”, because conditions such as depression or anxiety often go undetected and untreated, despite the fact that depression is the leading cause of disability worldwide, while 86% of suicides occur in low-income countries. Other mental disorders, such as Alzheimer’s disease, arise from the rapid population ageing throughout the Region, and these conditions, too, must receive proper attention. The WHO Regional Office for Europe is committed to helping Member States put mental disability on the public health agenda, integrating treatment into primary care, tackling social stigma and defending the rights of those with mental disabilities.

Behind these main killer diseases are a number of risk factors. Prevention, promotion and strong health systems, including public health, are needed to eliminate these risks. Action on just 7 of them – high blood pressure, high cholesterol, high blood glucose, overweight, physical inactivity, tobacco smoking, and alcohol abuse – would reduce nearly 60% of disability-adjusted life-years (DALYs) in the WHO European Region and 45% in high-income European countries. Work has been ongoing on **health determinants**, primarily lifestyle issues, but in some areas renewed political commitment is required.

An integrated regional strategy on noncommunicable diseases (NCD) was adopted by the Regional Committee in 2006. We at the Regional Office have now started to work on an **action plan** for its implementation, which will come to the Regional Committee in 2011. We want to step up our work in this very important area!

A **regional alcohol policy is needed**, as the disease burden attributable to harmful use of alcohol is significant. I’m not proud of this, but the Region is the leader in alcohol consumption.

Alcohol is the second largest risk factor for DALYs, and in low-income European countries it is the main risk factor. For this reason, it is my intention to develop a regional implementation plan, which builds on the recent global strategy on the harmful use of alcohol and on the European framework for alcohol policy. In June, we organized a national counterpart meeting at the kind invitation of Spain, where all countries agreed to such a plan.

Substantial progress has been achieved in **tobacco control** throughout the Region. Several countries adopted or strengthened tobacco legislation and improved its enforcement. Momentum was created by the entry into force of the WHO Framework Convention on Tobacco Control (FCTC), which was reinforced by concrete actions in countries. This year marks the fifth anniversary of the FCTC, and we will celebrate by highlighting its main achievements during the lunch break on Tuesday.

One of the highlights of the tobacco control efforts this year was the Director-General’s special World No Tobacco Day award, given to the Turkish Prime Minister for his outstanding and continuous leadership nationally and internationally, which I had the honour and privilege to present to him on 19 July this year in Ankara.

Overweight is one of the biggest public health challenges of the 21st century: all countries are affected to a different extent, and this poses serious problems, particularly in the lower socioeconomic context. The WHO European Action Plan for Food and Nutrition Policy 2007–2012 sets goals and targets related to food safety and nutrition in the Region. More than 90% of European Member States have developed a national policy. The Regional Office worked with Member States to reduce salt intake and provide information to consumers, and facilitated six action networks. In recent weeks we also had discussions with the food and drink industry to define coordinated efforts to implement WHO policies, guidelines and standards in the

production of food and drink. There is great potential in this collaboration and therefore we are willing to explore it further.

Finally, ladies and gentlemen, let me mention the **strengthening of the health and public health system**, as highlighted earlier, the Regional Office will **renew its commitment to public health and rejuvenate its work in this important area**. Without this commitment the Region will not be able to respond to the double disease burden: on the one hand, it will become vulnerable to infectious diseases and, on the other hand, it will not be able to deal with the NCD epidemic. Public health developments therefore will be put high on the list of priorities in the health-system-strengthening approach. Links will also be developed with primary health care, as well as with other parts of the health care system.

The Regional Office will continue to honour the commitments made at the Tallinn Conference in 2008, and will implement the associated resolutions. It will place particular emphasis on using performance measurement to ensure public accountability and adjusting policies based on country-specific evidence. In addition, the Office responded to several countries' requests for support with their response plans for the financial crisis (e.g. **Armenia, Estonia, Latvia**), and to new requests for more general support for health reforms (**Bulgaria, the Republic of Moldova, the former Yugoslav Republic of Macedonia**).

As to **country work guided by the Tallinn Charter**, good progress has already been registered in fully implementing some provisions of the Charter. The latest accomplishments include the development and synthesis of evidence from a very diverse Region in such important areas as health-system financing reforms, health insurance schemes and financial sustainability.

Other Member States that were assisted in developing national health policies included **Bosnia and Herzegovina, Finland, Kyrgyzstan, Portugal, the Republic of Moldova and Tajikistan**.

In **Tajikistan** the WHO Regional Office for Europe helped facilitate and lead a multistakeholder process to develop a new national health strategy, while in **Kyrgyzstan** WHO long-term technical assistance helped strengthen the link between evidence and policy in the implementation of the national health strategy. An assessment of the national health plan of **Portugal**, which builds on recent work in national health strategy development, has recently been undertaken, and work started in **Lithuania** and **Turkmenistan** on new national health plans and strategies.

Under the umbrella of the guidance of the GPG, chaired by the Director-General, and in line with established criteria, the following priority Member States have been chosen to be included in the first round of capacity building and intensified technical assistance for the development of national health policies, strategies and action plans: **Armenia, the Republic of Moldova, Tajikistan, Turkmenistan, Ukraine and Uzbekistan**.

In **health financing** visible progress has been made. The book on implementing health care financing reforms – *Lessons from countries in transition* – has been finalized and will be launched during this Regional Committee. Our Office was also fully involved in the production of this year's world health report on financing for universal coverage, which will be launched in Berlin, Germany in November.

The Regional Office has also been very active within countries in supporting health financing reforms, e.g. Bulgaria, the Republic of Moldova and the central Asian countries.

As to **human resources for health**, the WHO code of practice on the international recruitment of health personnel, adopted unanimously by the World Health Assembly this year, is a historic step forward both to protect migrant workers and to tackle the catastrophic shortage of health

professionals in the developing countries. It demonstrates a significant international commitment of Member States to addressing these issues. The European Region made a significant contribution to the process of developing the code. We are working on a regional strategy for the implementation of the code and its principles, and we will provide technical support to Member States for its implementation.

In the field of **health technologies and pharmaceuticals** a lot of important work has been carried out to survey the quality of TB medicines in the CIS, review access to treatment and care for HIV/AIDS patients in the Baltic states and support the German Institute for Quality and Efficiency in Health Care, to strengthen the Institute's work as a leading institute of patient-centred and evidence-based work to empower patients and the general public. The Regional Office also supported the SEE countries in participating in European Antibiotic Awareness Day.

Honourable ministers, excellencies, distinguished colleagues, ladies and gentlemen,
With your support, we have worked hard over this year to address issues and identify opportunities in public health, but there is a lot still to be done. All parties have the goal of achieving better health for Europe. The WHO Regional Office for Europe will continue to coordinate and carry out evidence-based action with partners, to ensure attainment of the highest possible level of health by all peoples in our Region.

In closing, I want to reaffirm that we recognize the importance of being relevant to each and every Member State in this rich and diverse European Region. I am confident that, on our part, the high-calibre and motivated staff in the Regional Office are dedicated to adding value to the work in your countries.

I am sure that, by playing our unique role in the Region, and by adhering to our principles, we will continue to earn your respect and support over the coming years.

Thank you.