



## EUROPE

### Regional Committee for Europe Fifty-fourth session

Copenhagen, 6–9 September 2004

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### Presentation of the report of the Regional Director Monday, 6 September 2004

Before I begin my presentation, I would like us to spare a thought for those who suffer from violent and criminal acts, whether they are the victims or their relatives. We all have in mind the unbearable images that have come out of the Russian Federation in the past few days. The suffering of the injured and the bereavement of the relatives will stay in our minds throughout our meeting, because it is in fact for them that we are working. Our humanitarian aid programmes must be stepped up to respond to this terrible threat.

Since the last session of our Regional Committee in Vienna, the Region and the Office have experienced a year of contrasts, with a wealth of activities carried out, lessons learned and opportunities unfolding. A year in which we have done our best to play our European role in a global context and to make our voice heard, even beyond the borders of the Region.

The report that I am presenting to you this morning covers this past year. It complements the documents on the years 2002–2003 that have already been sent to you or which can be provided on request.

#### 1. Salient features since Vienna

##### a) AIDS: a challenge for public health and health systems

The world has become aware of the spread of AIDS in the European Region and of the threat that this poses. There is a clear determination to take action, as shown by the considerable increase this year in resources allocated to 18 countries in the Region, especially from the Global Fund.

Our common mission now is to ensure that these resources are appropriately and efficiently used, and that they quickly have positive and documented effects on people's health. Failure would be disastrous, first of all for the people concerned but also for the credibility of public health. Conversely, a positive and measurable impact on health indicators, together with a consolidation of health systems, would greatly encourage investors and strengthen public health's credibility.

I am sure that, just like us in WHO, you are all doing and will do your utmost to contribute to taking up this challenge and reaching the goal of the European component of the "3 x 5" programme, which is to have treated 100 000 patients by the end of 2005. Treatment is of course the least we should do, since prevention is still essential for us, too, given the rise in the number of cases from 584 000 at the end of 2002 to 785 000 today.

## **b) Noncommunicable disease control: a priority for Europe and the world**

This afternoon, our Regional Committee will discuss the first phase of the European strategy on noncommunicable diseases, as the World Health Assembly and the Executive Board have already done this year. Apart from testifying to close coordination between the different levels of the Organization, this combined approach demonstrates, if that were needed, the vital importance of proposing effective measures to limit the harm done by these diseases. Progress in this area, as with all risk factors, can be achieved only through complementary action by individuals and society as a whole. The very explicit support that you gave to the strategy proposed by WHO during the World Health Assembly bears witness to your keen interest in this field and to your desire to take action here.

The Region will give prominence and high priority to tackling obesity, which is now a major risk factor as well as a good example of the need to bring together such varied sectors as agriculture, industry and food distribution, building of course on work being done in the areas of health education and lifestyle interventions.

While on the subject on noncommunicable diseases, I would also like to mention the question of mental health. This year we have continued the actions launched since publication of the *World health report 2001*. Preparations for and the holding of the Helsinki Ministerial Conference in January 2005 will be a salient feature of the coming year.

## **c) The International Health Regulations: a joint undertaking**

As it did for the Framework Convention on Tobacco Control, the European Region has made its voice heard in the negotiations on updating the International Health Regulations. The programme is global, but preparations have already been made through regional meetings. The one for the European Region, in June of this year, was particularly impassioned and productive. The Region now has a clear and specific position on all points, and adoption of the revised Regulations at global level is scheduled for May 2005, following the global consultation meeting in November of this year. An information session on this topic is to be held during the lunch break on Wednesday, and I invite you all to attend.

I would also like to take this opportunity to summarize the situation with regard to the Framework Convention on Tobacco Control. To date, 168 countries have signed the Convention, including 40 of the 52 Member States in the European Region. Ratification is unfortunately proceeding more slowly: six European countries have already done this, out of a total of 26 countries throughout the world. The process needs to be speeded up and intensive efforts must be made if the Framework Convention is to come into force in December 2004.

## **d) The Budapest Conference on Environment and Health: A success to be followed up**

One of the meetings at this session of the Regional Committee is devoted to discussing and endorsing the outcomes of the Budapest Conference. The fourth in a series that began in Frankfurt in 1989, this conference put forward an action plan on children's environment and health and a declaration on the broader theme of health and the environment, building on declarations issued by previous conferences.

There is no doubt that this conference aroused considerable enthusiasm, both in terms of the number of high-level participants and in the unrivalled press coverage it received. But for us, this success translates first and foremost into a commitment that gives rise to many hopes throughout the Region. With your help, we will take up this challenge together in every country. A mid-term review will be made in 2007, and a final evaluation of our efforts will be presented at the next conference, in 2009. I would like here to thank all the many partners who contributed so efficiently to the preparation and organization of the conference. They will no doubt also be fully engaged in carrying out the plan of action. In particular, I should like to attribute this success to the Government of Hungary and the European Environment and

Health Committee which, under the leadership of Mrs Zsuzsanna Jakab, was a valuable and effective partner throughout this undertaking. We will come back to this topic on Tuesday morning, during that part of the Regional Committee's session devoted to this question.

Since road traffic accidents have an environmental dimension, I would like to recall the global report and World Health Day 2004 on this subject. As it does every year, the European Region contributed to the success and visibility of this event by publishing a European version of the report, which can be made available to you if you wish. The idea has gained ground in the Region that road traffic accidents, far from being inevitably linked to progress, are in fact an unacceptable danger that can be avoided through deliberate policy-making. This has led to a commitment to take coherent action, as an integral part of new national and international policies on accident prevention.

### **e) The European Commission: an enlarged partner, a broader partnership**

The geographical and political configuration of our Region has changed this year, with ten new countries joining the European Union.

Since the start of this decade, partnership with the European Commission has been one of the Regional Office's priorities, following the strategy adopted by the Regional Committee. In the past three or four years, our systematic and organized efforts have resulted in increasingly pragmatic and tangible cooperation in such varied domains as information, communicable diseases, health promotion and mental health. The Helsinki Conference that I have mentioned is being organized jointly with the European Commission, which was also involved in the Budapest Conference.

The Commission is making a financial contribution to many of the Regional Office's programmes. I would also remind you that the Regional Office has seconded a staff member to the Commission to work on communicable disease surveillance. Partnership with the European Union, whether it has 15, 25 or even more member countries, will be a fundamental priority for the Regional Office and WHO as a whole. Dr Lee Jong-Wook himself emphasized this at our annual meeting with various commissioners in Brussels in July. I have proposed to Mr Fernand Sauer, who we are pleased and honoured to have with us today, that we should work closely with the new European Centre for Disease Control, to be opened in Stockholm in 2005. We are both determined to make this cooperation genuine and effective, and next month I will be attending the inaugural meeting of the Stockholm Centre's Management Board. The principle of complementary action will guide us in our cooperation, which of course extends far beyond a European CDC. There is no feeling of fear or idea of launching a "turf war" here – these would be unworthy and pointless reactions, in an area that is sorely lacking in resources and where no effort can be spared. Our complementary approach will be implemented through the Regional Office's technical programmes and their equivalents in the Commission's public health plan. In addition, complementarity will be ensured in those areas of competence of the Regional Office that are not, or not yet, part of the Commission's responsibilities. As from this month I have assigned a member of my Executive Management team to Brussels, to ensure liaison between the Regional Office and the European Union.

However, I would like to reiterate that the European Region of WHO consists of 52 Member States, and that we will never neglect those, however many they are, who are not part of the European Union. On the contrary, we want to build bridges and promote exchanges between the Union and those Member States of WHO's European Region who are now its neighbours, and especially the countries of the Commonwealth of Independent States. We are admirably suited to playing this linking and bridging role, since we have worked with each of these countries for many years, we know them well, and in general they have confidence in us, too.

I have dwelt on this subject because the Standing Committee asked me to set out the Regional Office's strategy for its relations with the now enlarged European Union.

Still in the area of partnerships, we have since 2000 steadily developed deeper relations with some partners whose values and objectives we share. In each of these partnerships, collaboration takes place at institutional level within a specific programme that is regularly reviewed and whose main aim is to develop very practical activities, preferably on the ground.

In 2001 and 2002, relations of this kind were developed with the European Union, the World Bank and organizations of the United Nations system such as UNICEF, UNFPA and UNAIDS. I should here like to draw attention to the quality and effectiveness of our cooperation with the Council of Europe, and I welcome the fact that the new Director of Social Cohesion, Mr Alexander Vladychenko, is with us this morning.

More recently, and building on the same foundations, the Regional Office has strengthened its partnerships with development agencies and nongovernmental organizations such as the German technical cooperation agency GTZ, the Dutch development agency and the Soros Foundation. These partnerships complement our agreements with the development agencies of the United Kingdom and the Nordic countries, especially the Swedish agency SIDA, as well as the International Committee of the Red Cross and Rotary International, to mention only a few.

Although properly speaking it is not an external partnership, since we are fervent advocates of one WHO, I would nonetheless like to say a word here about our collaboration with WHO headquarters and the other regional offices. In the past year we have forged closer links with the new team in Geneva. My personal collaboration with Dr Lee Jong-Wook is frequent, warm and genuine. I regard myself as a member of his team, and I should here like to reiterate not only my own support but also that of the whole Regional Office. We greatly appreciated the visit made this year by all the new assistant directors-general, and I am pleased to see many of them attending this Regional Committee session.

During the year we have also strengthened our links with the other regional offices, especially that for the Americas, which our management team has visited. They are due to return the compliment in October, to take forward our very practical cooperation in numerous technical and administrative areas of common interest.

We have also cooperated more closely with the Regional Office for the Eastern Mediterranean, which I visited this year to take up some issues of common concern to certain of our Member States.

## **2. Development of the Regional Office's services**

During the year we have continued to strengthen the Regional Office's services for countries of the Region, as defined in the strategy adopted by the Regional Committee in 2000. In this presentation, I would like to highlight the improvements we have made in planning our work. The increasingly close relation of trust that we enjoy with each of the 28 countries with whom the Regional Office has a biennial agreement is now yielding benefits when we come to negotiate priorities with them. Regular evaluation of the outcomes of our cooperation means that we can build on the lessons learned, both in emergency operations and during normal programme implementation. A supplementary report will be presented to you during the meeting on Tuesday afternoon, when we take up the agenda item on follow-up to issues discussed at previous sessions of the Regional Committee.

The Futures Fora programme got into its stride this year, after a somewhat slow start. The central theme of "tools for decision-making in public health" has given rise to lively debate on topics such as the use of evidence in public health, crisis communication and response to health crises. The report of the latter meeting, which can be provided on request, encourages us to continue our work, so that we are better placed to handle health crises and prepared to adapt to unforeseen situations. We will continue to make preparations with you and the partners concerned and to improve our own capacity, and that of health systems, to respond to these now all too common situations.

Another activity carried out by the Regional Office in the service of the Member States that I would like to mention is the imminent publication of a report on the situation in the European Region with regard to the Millennium Development Goals and the report of the Commission on Macroeconomics and Health. One of the main conclusions of this work highlights the delay in providing international financial assistance for health in the poorest countries of our Region. This report will be sent to you as soon as it is available. In this way, our work is increasingly integrated in global programmes, while adapting them to the regional situation.

We will come back to the question of collaboration with countries on Tuesday afternoon, during the item on “follow-up” action, but I cannot conclude this section of my presentation without giving one particularly encouraging example of this collaboration: I am referring here to the reform of Portugal’s health system, where it appears that the support provided by the Regional Office was highly appreciated by the country and widely commented on in the media. This type of supporting action is an excellent example of what we hope to do with countries in different parts of the Region.

One of the most useful services that WHO can render to its Member States is to provide them with information. As soon as I was appointed Regional Director, I pledged to give high priority to this area. Development of the Office’s various information tools, especially the Health Evidence Network or HEN, and the publications and research papers produced by the European Observatory on Health Systems and Policies in Brussels, which are widely acknowledged to be of high quality and are regarded as standard works in their field, are excellent illustrations of the high priority that the Office gives to information as a service to the countries of the Region. In future, closer integration of these various components, perhaps within an information centre for decision-making in public health, will help us reach the goal of providing the key players on the public health scene with analysed, validated and accessible information. You can see some examples of coordinated information systems in the display in the Lobby.

Support with giving effect to the outcomes of ministerial conferences is another service that the Regional Office must provide to countries. At last year’s session of the Regional Committee, questions were asked (in particular by representatives of nongovernmental organizations) about the follow-up to the Munich Conference on nursing and midwifery. Since the conference, a positive trend towards taking action has become evident in the Region. Unfortunately, it is not easy for us to make a detailed report on this subject, since there was a poor response to the survey we undertook. However, the information we did receive is currently being analysed, and the findings will be disseminated in 2005. It is worth noting that in June 2004 the European Forum of National Nursing and Midwifery Associations and WHO jointly drew up a declaration on mental health, which testifies to the strong commitment to this subject throughout Europe.

### **3. The Regional Office**

For all the activities that I have just described, which have been carried out by the Regional Office in the past year, I should like to thank (and on your behalf, too, I am sure) all the staff who have worked tirelessly in Copenhagen, in the technical centres and in the countries of the Region. Under the guidance of the Executive Management team, the culture of the Office is moving towards greater transparency in our relations with the Organization’s governing bodies and its Member States. We have continued to work this year on making operations at all levels of the Office evidence-based. At the same time, we have been developing a “quality circle” approach, which I hope to be able to report on favourably at the next session of the Regional Committee.

### **4. The need to match resources to expectations and requirements**

What do we need today if we are to do better, or at least more, work? You will not be surprised by my simple answer: more resources. The regular budget for the European Region, like that of WHO as a

whole, does not allow us to respond fully to Member States' requests and requirements. It is therefore increasingly essential to improve our fundraising efforts, and I intend to devote myself personally to this. Our fundraising is and will continue to be aligned on the directions you lay down for us when you adopt the Organization's programme and budget which, I hope, will be increased in the future. This means that we need additional resources not to launch new activities, but to carry out those that are already included in our programmes, especially action plans and ministerial conferences. I am sure that the disciplined approach we are developing in our fundraising will increase the "transparency" of the Office and encourage you to help us even more.

I have often told the Regional Committee how much I regret the fact that the Office cannot, owing to a shortage of resources, carry out its mission in numerous areas. I am thinking here in particular of the health of the elderly, but also of alcohol and the commitments made at the Stockholm Conference. In a few weeks we will have a new programme manager in this field. That is good news, but we don't have the resources to enable him to carry out his work in a satisfactory way. We have made considerable efforts this year to increase the resources we devote to noncommunicable diseases and, with your help, we will continue to do this. In order not to bore you, I will stop here with the list of areas where we lack resources, but there are many others.

## 5. The fifty-fourth session of the Regional Committee

I should now like to turn to the session of the Regional Committee that has begun today. You will see that the customary agenda items make up the backbone of the programme. The main technical subjects we will consider are noncommunicable diseases and environment and health following the Budapest Conference. We will also discuss the proposed programme budget for 2006–2007 and continue last year's discussion on the technical centres located outside Copenhagen.

This year, at the request of the Standing Committee, we have added an item that might be called "follow-up". Here we will describe the work done by the Office to follow through on particularly important subjects discussed and resolutions adopted at previous sessions of the Regional Committee. For the first trial of this new arrangement, we have decided to focus on the update of the Health for All policy framework, the next edition of the *European health report*, and implementation of the Regional Office's country strategy. The document related to this item also describes our continuing activities on mental health and a summary of our work on tuberculosis.

We are pleased that the Director-General, Dr Lee Jong-Wook, will be with us tomorrow. May I take this opportunity to remind you forcefully of the need to ratify the amendments to Articles 24 and 25 of the WHO Constitution, since this is of particularly vital interest to the European Region. To date, only 31 countries in the Region have done so; in global terms, 18 ratifications are still needed before this change to the Constitution can come into effect.

## 6. Conclusion

I hope that this Regional Committee will be able to play its governing body role to the full. I should like to express my heartfelt thanks to the Standing Committee and its Chairman, Dr Božidar Voljč, for helping us to prepare the programme of the session and for giving us the opportunity to have frank and in-depth discussions with its members throughout the year. The Standing Committee's report will be presented to you this afternoon.

In conclusion, I trust that this fifty-fourth session will be particularly interesting and productive for us all. Thank you for your attention, and I am of course ready to answer any questions you may have on this report.