



*Introducing*  
the WHO Regional Office for Europe



**World Health  
Organization**

REGIONAL OFFICE FOR

**Europe**

# Foreword



It is my great pleasure to introduce the work of the WHO Regional Office for Europe. As Regional Director, I feel privileged to be leading this important institution and serving the 53 Member States in the WHO European Region.

When I came into office in February 2010, I pledged to further strengthen the Regional Office, and to develop it into one of Europe's leading centres of public health excellence. Since then, I have worked hard to realize this pledge. I am inspired by the important mandate and moral authority granted to the Regional Office by the WHO Constitution, and I am deeply committed to translating the often abstract notions of human rights, universality and solidarity into effective action and tangible benefits for individuals, families and society.

The 53 countries in our Region have very different economic, political and social conditions, and thus have built different health systems and health policy tools. Many see this as a challenge, but I see it as an opportunity. This cultural diversity gives us access to a unique reservoir of innovative health policy solutions and an array of expertise. I consider it the Regional Office's duty to turn this diversity to the Region's advantage: making the best use of this unparalleled innovation, health expertise and dynamism.

Today, people in the WHO European Region enjoy better health than ever before. Advances in science and technology have created unprecedented opportunities to promote health and to fight disease. Health policies are gradually shifting from secondary and tertiary care to preventive and primary health care. Nevertheless, these positive trends mask inequities between and within countries. The global financial crisis has made it even more difficult for health systems to meet societal needs. WHO's responsibility is therefore to identify the most efficient and most cost-effective health solutions, and to provide tailor-made advice to all Member States.

To this end, I believe that we in the European Region need a real paradigm shift in the way we think about disease prevention and health promotion. We need an approach that is comprehensive and that takes health and health inequity issues into consideration in all policy areas. It is time for a new strategic vision that makes health a responsibility in all areas of government. I am committed to putting this forward in a new, value-based European health policy – one that can inspire and guide governments and a wider range of stakeholders.

I thank you for your interest in the Regional Office's work and hope this brochure will provide answers to many of your questions.



**Zsuzsanna Jakab**  
WHO Regional Director for Europe

## THE JOURNEY SO FAR

Ms Zsuzsanna Jakab took up the position of WHO Regional Director for Europe in February 2010. A native of Hungary, Ms Jakab has held a number of high-profile national and international positions in public health in the last three decades. Before becoming Regional Director, Ms Jakab was the founding Director of the European Centre for Disease Prevention and Control (ECDC), in Stockholm, Sweden. In five years, she built ECDC into an internationally respected centre of excellence in the fight against infectious diseases. Between 2002 and 2005, Ms Jakab served as State Secretary at the Ministry of Health, Social and Family Affairs of Hungary, where she managed the country's preparations for European Union accession in the area of public health, and played a key role in organizing the Fourth WHO Ministerial Conference on Environment and Health, held in Budapest, in 2004. Between 1991 and 2002, Ms Jakab worked at the WHO Regional Office for Europe in a range of senior management roles, including Director of Country Health Development, of Information, Evidence and Communication and of Administration and Management Support. She began her career in Hungary's Ministry of Health and Social Welfare in 1975, being responsible for external affairs, including relations with WHO.

# Who we are

WHO was founded in 1948 to work for the attainment of the highest possible level of health by all peoples. The Constitution provides us in WHO with the moral, inspirational and technical fundamentals for leadership in health policy and public health.

As the authority responsible for health within the United Nations system, WHO works with 193 Member States, providing leadership on global health matters, shaping the health research agenda, setting norms and standards, and articulating evidence-based policy options. On the global level, WHO provides technical support to Member States, monitors and assesses health trends, generates and shares health information, and provides emergency aid during disasters. As one of WHO's six regional offices around the world, the WHO Regional Office for Europe supports 53 Member States, covering a vast geographical region stretching from the Atlantic to the Pacific oceans.

WHO's supreme decision-making body is the World Health Assembly, which meets in Geneva, Switzerland every year. The WHO Regional Committee for Europe fulfils a similar role, addressing the health needs of the European Region. Held in September, the annual meetings of the Regional Committee bring together representatives of Member States: health ministers and other high-level decision-makers. At these sessions, Member States discuss key challenges and adopt regional policies, strategies and action plans, while overseeing the Regional Office's activities and approving its budget. The Regional Committee is a unique platform for policy dialogue and decision-making, shaping public health policies and anchoring WHO's work in the European Region.

In everything we do, we at the Regional Office seek to unite and integrate the Region – acting as a bridge between subregions and promoting equity, solidarity, universality, participation and human rights. We seek to inspire and show the way forward for Member States, as well as carry out the decisions they make at the World Health Assembly and the Regional Committee.

We work to help Member States improve the health status of their populations by providing tailored support through technical programmes, and we respond to emergencies, disease outbreaks and other health crises when they occur. Our mandate enables us to bring together the best expertise from key partners in national and international institutions, and to gather and analyse data and research results to propose evidence-based public health interventions. The Regional Office runs or has direct access to health databases covering all 53 countries in the Region.



The Sixty-third World Health Assembly, on 17–21 May 2010, discussed a series of urgent public health issues, including implementing the International Health Regulations, monitoring progress towards achieving the health-related Millennium Development Goals, reducing the harmful use of alcohol and dealing with counterfeit medical products.

The Regional Office is made up of public health, scientific and technical experts, who are based in the main office in Copenhagen, Denmark, in 6 geographically dispersed offices (GDOs) across Europe and in country offices in 29 Member States. The Regional Office generates evidence-based research and innovative policy tools, supporting our work across 53 Member States. The Copenhagen office provides core functions related to policy, strategy and programme development, and works in close collaboration with the GDOs and country offices. The country offices implement tailor-made technical cooperation programmes, working closely with national authorities, primarily through biennial collaborative agreements (BCAs).



One of WHO's six regional offices around the world, the WHO Regional Office for Europe is based in Copenhagen, Denmark (see photo) and has six geographically dispersed offices: the WHO European Centre for Environment and Health, Rome, Italy and Bonn, Germany; the WHO European Centre for Health Policy, Brussels, Belgium; the WHO European Centre for Noncommunicable Diseases, Athens, Greece; the WHO European Office for Investment for Health and Development, Venice, Italy; the WHO office in Barcelona, Spain; and the representation to the European Union, Brussels, Belgium.

# A changing Europe



“The enjoyment of the highest attainable standard of health is one of the fundamental rights of every human being without the distinction of race, religion, political belief, economic or social condition.”

WHO Constitution (1948)

While WHO's mission remains constant, the European Region is changing. Social, political and economic factors are changing the profile of health threats and putting new pressures on the health systems that must address them. People are increasingly mobile; the Region's population is ageing; socioeconomic inequities are growing within and between countries, and the global financial crisis has put immense pressure on public budgets.

The WHO European Region is experiencing an epidemic of noncommunicable diseases. These diseases (including cardiovascular diseases, cancer, mental disorders and neurodegenerative disease) and their risk factors account for about 90% of the Region's disease burden. In addition, communicable diseases (from influenza to tuberculosis (TB) and from poliomyelitis (polio) to HIV/AIDS) comprise a major health challenge. Further, environmental factors (such as climate change, air and water quality and the use of chemicals) cause new risks to and pressures on health. They can result in food shortages and damage to the physical infrastructure, and lead to respiratory and water-borne diseases.

The correlation between poor health and socioeconomic disadvantage has been firmly established. For example, the infant mortality rate in the poorest countries in the Region is 25 times that in the richest. Differences in health status follow a strong social gradient, reflecting an individual or

group's position in society. To achieve sustainable progress, inequities in health, exposure to risk and access to health services need to be tackled at the root. Simultaneously, broader social influences on health – such as education, employment, housing, participation in civic society and control over one's life – should be taken into consideration.

We at WHO believe that taking such steps would require fundamental changes in the way that health care is provided. This would be necessary not only to contend with increasing health care costs and the shortage of health workers but also to respond to rising public expectations. People know more and more about health matters, and demand greater transparency about their care. Many risk factors are outside the control of health care, making intersectoral collaboration crucial to the success of disease prevention and health promotion policies and health interventions.

Health is important in its own right and as a contributor to economic development. This means that, despite the challenges, health is moving up the political agenda in the WHO European Region. More and more organizations in the public, private and civil sectors are entering the health arena. The United Nations Millennium Development Goals, particularly those related to health, have brought together stakeholders from every sector, working to achieve them by 2015.

## QUICK FACTS

In the WHO European Region, noncommunicable diseases account for about 85% of deaths, with cardiovascular diseases and cancer being the main causes.

The WHO European Region has one of the highest abortion rates in the world. About 13% of all maternal deaths worldwide are due to complications of unsafe abortion.

Almost 30% of the 480 million people in eastern Europe and central Asia are still considered poor or vulnerable, and this group is expected to grow by about 5 million people for every 1% decline in gross domestic product.

Estimates across some European Union (EU) countries suggests that inequalities in socioeconomic status account for over 20% of the obesity found among men and over 40% of that among women.

The European Region has the highest burden of alcohol-related disease in the world: 6.5% of all deaths in the Region (11% for males and 1.8% for females) are due to alcohol.

The proportion of the population aged 65 years or older is projected to increase from 15% in 2000 to 23.5% by 2030. The proportion of those aged 80 years or over is expected to more than double, from 3% in 2000 to 6.4% in 2030.

A leading cause of preventable death, tobacco kills about 1.6 million people in the WHO European Region every year. Tobacco is the only legal consumer product that kills when used exactly as intended by the manufacturer.

As to road traffic accidents, 70% of deaths on the Region's roads occur in poorer countries and 40% are among pedestrians, motorcyclists and cyclists.

One in five Europeans is regularly exposed to noise levels at night that could significantly damage health.

The WHO European Region faces a number of significant challenges in its quest for better health. Weak institutions or a shortage of human, material and financial resources often limit national health systems' capacity to tackle these challenges. The technical expertise, convening power and regional perspective of the Regional Office are an important source of support to Member States. Ms Zsuzsanna Jakab, WHO Regional Director for Europe, has identified six focus areas for the Regional Office's future work.

### **Health policy and social determinants of health**

Across the WHO European Region, poor social and economic conditions – poverty, social exclusion, unemployment and inadequate housing – are often the root causes of growing health inequities between different societal groups. WHO supports the right of every person – regardless of social status, age, gender or ethnicity – to have equal access to public health services and to living conditions and services that promote health throughout life.

We therefore seek to address health inequities within and between countries, consider the whole life-cycle and focus on vulnerable groups, including older people, people with disabilities, migrants and Roma populations. This requires engaging various sectors beyond health and promoting health from the local to supranational levels of government. The cornerstone of this work is the development of a new European health policy, which will be formulated after a comprehensive European review of social determinants.

### **Health systems and public health**

Health systems are responsible for delivering services that improve, maintain or restore the health of individuals and their communities. This includes the care provided by hospitals and family doctors, but also other activities such as the promotion of health, the prevention and control of communicable diseases, and the fostering of intersectoral collaboration to improve the social, economic or environmental conditions in which people live. Health systems are also responsible for the stewardship of health care services, to enable equal access for everyone, and to ensure that these services are responsive to individuals' needs and vulnerabilities, and do not impose an excessive financial burden on individuals or families.

In this area, we at the Regional Office seek to improve the leadership and governance of health systems in Member States through the development of national health plans and strategies, and the monitoring and evaluation of the systems' performance. We work with a wide range of stakeholders to analyse current health systems and to help design and implement reforms that will strengthen the delivery of health services and intersectoral action. Related programmes and projects focus on improving financing mechanisms, developing and training the health workforce, encouraging the safe and rational use of medicines, engaging patients in decision-making, integrating e-health and analysing the contribution of the health industry.

### **Noncommunicable diseases and health promotion**

As mentioned, noncommunicable diseases, particularly cardiovascular diseases and cancer, are the leading cause of disease and death in the WHO European Region. These diseases are linked to common risk factors, including smoking, excessive alcohol consumption, obesity, physical inactivity and illicit drug use. The strong association between unhealthy behaviour and factors such as gender and social and economic disadvantage requires that countries take action on the social determinants of health and health inequities.

We work through an integrated strategy for disease prevention and health promotion, with action plans on food and nutrition, obesity, alcohol, tobacco and mental health. We take a life-course perspective and an integrated approach, with gender-sensitive policies, strategies and action plans on maternal, child and adolescent, and sexual and reproductive health, and healthy ageing. The scope of our activities in these areas will be widened in the coming years, to better meet the needs of the European Region.



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### **Environment and health**

The Regional Office started the European Environment and Health Process over 20 years ago. Through this process, we support countries in strengthening their capacity to assess and manage risks and to develop effective, evidence-based responses to environmental risks and challenges. We provide tools for assessment of the environmental burden of disease and for development of policy. As part of strengthening the health sector's stewardship function, we support the development of regional and national capacities to engage other sectors – such as the environment, transport, energy, agriculture – to build intersectoral collaboration for the benefit of public health.

We engage with a range of stakeholders, including public and civil-society organizations, to address the health impact of environmental factors, such as air quality, climate change, noise pollution, housing and transport. We also urge partners to focus their attention on urban health, occupational health, food safety, and water and sanitation. We provide the secretariat for a number of related international conventions and protocols, some in partnership with the United Nations Economic Commission for Europe (UNECE) and the United Nations Environment Programme (UNEP). We also work to implement the 2010 Parma Declaration on Environment and Health, which sets targets and commits countries to reduce the disease burden from major environmental risk factors.

### **Health security and communicable diseases**

WHO's 2005 International Health Regulations provide a global framework for reporting and collectively responding to acute public health threats. Addressing communicable diseases – such as polio, measles, rubella and influenza – requires well-functioning immunization programmes, and populations' trust in and commitment to being immunized. Other communicable diseases, notably HIV/AIDS and TB, need timely prevention, diagnosis and treatment. Mosquito-borne diseases, such as malaria, require continuous efforts in vector control. All these diseases must be monitored through effective surveillance systems.

In this area of work, we emphasize elimination and eradication programmes, such as the Global Polio Eradication Initiative, as well as the fight against multidrug-resistant TB, antimicrobial resistance and health-care-associated infections. In addition, we promote adherence to the International Health Regulations in the Region, and share information with Member States through established channels and mechanisms for notification and surveillance. Further, we provide support to governments and affected populations during and after public health emergencies, and provide expertise in risk assessment and emergency preparedness planning.



Women queue for polio immunization for their children at a polyclinic in Uzbekistan. The country launched a nationwide campaign in summer 2010, which vaccinated more than 2.8 million children in all 12 regions, the city of Tashkent and the Karakalpak Autonomous Republic.

### **Information, evidence, research and innovation**

The gathering and provision of health information and evidence – data, statistics, research findings and guidelines – are essential for monitoring the situation and trends in health, guiding the development of health policies and programmes, and evaluating their impact. As part of our core mandate, we compile, publish and provide access to health data and research evidence, bridging the gap between science and policy.

We work with international partners and academic institutions to ensure the standardization, international comparability and quality of health data, and to distil the results of evidence in easily usable forms. Our European databases provide health data on the 53 countries in the Region, including facts on key health determinants, such as alcohol and tobacco consumption and nutrition. We also help countries to improve their national health information infrastructure, to adhere to international statistical standards and to adopt innovative solutions in e-health.



WHO experts meet with health professionals in Tajikistan. In spring 2010, the Regional Office deployed an international expert team and mobilized emergency funding to assist Tajikistan and neighbouring countries to control the first polio outbreak since the European Region was certified polio-free in 2002. The governments of central Asian countries conducted multiple rounds immunization to stop the spread of the virus. The Regional Office worked closely with partners in the Global Polio Eradication Initiative.

### **A networked organization**

The WHO Regional Office for Europe works in close partnership with European and global stakeholders in public health, creating opportunities for discussing and improving the coherence of policies. Our diverse partnership base includes EU institutions, United Nations partners, intergovernmental organizations, national agencies for development cooperation, and academic and research institutions. We work with our partners at both the policy and technical levels through joint agreements, programmes, projects, networks, working groups, publications, and information and data exchange.

Our leadership in public health is based on three pillars – our legal authority to implement the decisions of Member States, our mission to act as neutral and impartial advisors to stakeholders and our mandate to provide technical excellence and public health innovation. In this sense, the Regional Office fulfils a broad governance function, promoting the shared values of Member States and seeking to represent the interests of the almost 900 million people who live in the European Region.

The Regional Office also works with civil-society partners, who make an invaluable contribution in reaching out to populations, particularly vulnerable and hard-to-reach groups. We have helped to establish many regional and global health networks, and continue to build new and stronger ones. Throughout the decades, we have also built a network of WHO collaborating centres, which are important sources of expertise. These centres – mostly research institutes, university or academy departments, and medical laboratories – carry out activities to support WHO technical and policy programmes.

## QUICK FACTS

In the WHO European Region, 49 people are diagnosed with and 7 die from TB every hour.

Of the 27 countries that account for 85% of all multidrug-resistant TB cases globally, 15 are in the WHO European Region.

In eastern Europe and central Asia, only 23% of people with HIV have access to antiretroviral treatment: this rate is one the lowest in the world.

Each year, nearly 1 million children born in the WHO European Region are not fully immunized. Some of the lowest rates of vaccination coverage are found in western Europe, where 76% of measles cases in the Region were reported in 2008–2009.

Owing to intensive interventions, the number of reported malaria cases in the WHO European Region has fallen more than 150-fold since 1995.

## FIND OUT MORE

Our web site ([www.euro.who.int](http://www.euro.who.int)) offers access to authoritative health databases, over 3000 publications, and news, analyses, speeches and press materials. Users can download publications from the web site or order printed copies from WHO or its sales agents across the WHO European Region.



Young journalists receive awards during the Fifth Ministerial Conference on Environment and Health, held in Parma, Italy on 10–12 March 2010. The Regional Office is expanding its network of environment and health journalists to cover journalists and health communicators across the European Region.

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The WHO European Region  
comprises 53 Member States:

Albania  
Andorra  
Armenia  
Austria  
Azerbaijan  
Belarus  
Belgium  
Bosnia and Herzegovina  
Bulgaria  
Croatia  
Cyprus  
Czech Republic  
Denmark  
Estonia  
Finland  
France  
Georgia  
Germany  
Greece  
Hungary  
Iceland  
Ireland  
Israel  
Italy  
Kazakhstan  
Kyrgyzstan  
Latvia  
Lithuania  
Luxembourg  
Malta  
Monaco  
Montenegro  
Netherlands  
Norway  
Poland  
Portugal  
Republic of Moldova  
Romania  
Russian Federation  
San Marino  
Serbia  
Slovakia  
Slovenia  
Spain  
Sweden  
Switzerland  
Tajikistan  
The former Yugoslav Republic of Macedonia  
Turkey  
Turkmenistan  
Ukraine  
United Kingdom  
Uzbekistan

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