

**Opening address by Dr Zsuzsanna Jakab,
WHO Regional Director for Europe at the 65th session of the WHO
Regional Committee for Europe**

Your Royal Highness; Madam Director-General; Mr. Executive Director of the Global Fund to Fight AIDS, Tuberculosis and Malaria; Mr. United Nations Special Envoy for HIV/AIDS in Eastern Europe and Central Asia;

Dear ministers; colleagues; ladies and gentlemen,

Better health for Europe: more equitable and sustainable – that is what we agreed to work for.

Last year was challenging. We fought Ebola; we saw children dying from measles and diphtheria; now we face cases of polio in the Region, and there is a large influx of refugees and migrants, with many people asking for help.

We made good progress in many areas, but we must do more and we must do better in some.

On key Health 2020 indicators, such as life expectancy, Europeans are living longer and the differences between countries in health outcomes are shrinking: a clear sign that inequalities are declining and Health 2020 works.

But the gap between the countries with the highest and lowest life expectancy is still 11 years.

The Region is on track towards reducing premature mortality due to decline in CVDs, and Europeans are reducing their health risk behaviours.

But people in Europe still smoke and drink more than anywhere else in the world, and they are among the most obese.

More decision-makers are making coherent and interconnected government policies, with a strong intersectoral component, and using Health 2020 as the way forward. From 2010 to 2013, the proportion of countries with national health policies aligned with Health 2020 almost doubled: from 38% to 70%. And I am proud of this.

This progress demonstrates what we can do if we are committed and work together, but it also shows that we have many challenges ahead, confirming that the key strategic directions of Health 2020 remain more relevant than ever before.

All the determinants of health – social, economic and environmental challenges and demographic changes – affect both people's health and health systems. Migration, the ageing of the population and health-workforce mobility are only a few examples.

Only the governments that put health and well-being high on their social, economic and development agenda will be able to overcome these challenges. Health is a political choice.

In essence, Health 2020 supports making the right political choices for health. Our key role is to protect health as a universal value and to promote it as a social and political goal for governments and societies as a whole.

The economic case for investment in health is strong. Investing in health generates cost-effective health outcomes and economic, social and environmental benefits. The health sector's call on government to invest in health will make this change happen. We need to give this message loudly.

For example, current evidence suggests that investment in reproductive, maternal and child health has a potential return of more than US\$ 20 for every dollar spent. The argument for investing in the best-buy interventions is equally clear for addressing noncommunicable diseases (NCDs).

Tomorrow we are proud to launch the study on the economics of prevention, one of the Health 2020 studies prepared by the Regional Office, the European Observatory on Health Systems and Policies and the Organization for Economic Co-operation and Development (OECD). I would like to thank the Government of Belgium for hosting the Observatory.

Current investments in health and public health are not sufficient. We need to invest more. It is alarming to see that, between 2007 and 2011, the health share of public spending fell in 24 countries in Europe. By tapping into new sources, improving efficiencies and giving priority to health, I am sure that all countries can find ways to raise sufficient funds for health.

But they cannot do this on their own, and need to work in partnership, especially with those responsible for social and fiscal policies.

Ladies and gentleman

Development is impossible without better health. Health is a precondition for alleviating poverty, as we heard from Her Royal Highness, and an indicator and outcome of progress towards a sustainable society.

This is an exciting year! Within 10 days, world leaders will gather at the United Nations summit to adopt the Agenda for Sustainable Development, to end poverty by 2030. The Agenda has universal goals that will apply to every nation – not just to developing countries.

Among the 17 Sustainable Development Goals, the one for health is central.

It aims to "ensure healthy lives and promote well-being for all at all ages". There is increasing acceptance that the new health goal must also aim to achieve universal health coverage in every community, in every country of the world.

The formulation of the health goal is fully aligned with Health 2020. This was confirmed at the regional consultation for the post-2015 development agenda, where Health 2020 was defined as the regional framework for this new vision for health.

Focusing solely on the health goal would be a missed opportunity. All the Sustainable Development Goals will influence health, because they all address the determinants of health. The 2030 Agenda will link different dimensions of development – including health – to the environment, to prosperity and to all actions and policies that people need.

Now we have a historic political responsibility to pursue the integration of health and well-being into each and every goal. We have the opportunity to put into practice the whole-of-government and whole-of-society approaches to which we subscribed through Health 2020.

The new development Agenda will need translation into national development plans, with health at their heart. We are fully committed to supporting you in implementing national development plans.

Ladies and gentlemen,

Health 2020 is key in this renewed policy environment, and the expectations we formed in 2011 are becoming a reality. All Member States have shown incredible enthusiasm in embracing the principles of Health 2020.

You are showing us that real improvements in health can be achieved if we work across government. Intersectoral action is essential for policy coherence and provides the basis for accountability in health. It is therefore the major theme of this Regional Committee.

Intersectoral action for health requires political commitment. It should focus on key public health priorities and upstream interventions by addressing the determinants of health and health equity, and strive for maximum impact by creating win–win partnerships.

Our Region has much experience with intersectoral action on, for example, the International Health Regulations, antimicrobial resistance and health-system financing, working with ministries of finance.

One concrete example is the European environment and health process. With its 26 years of experience in intersectoral work, it has proven to be a good model.

It brings together different sectors on an equal footing, and the Environment and Health Ministerial Board illustrates the importance of a well-constructed political process. The European Environment and Health Task Force ensures accountability and establishes a link to national implementation.

Generously supported by the Government of Germany, our office in Bonn provides evidence and technical support to address environment and health challenges in our Region.

We are grateful to Israel for hosting the successful mid-term review meeting in Haifa. It provided clear direction towards the Sixth Ministerial Conference on Environment and Health, planned for 2017. I invite you all to actively engage in the preparations.

Health 2020 prioritizes the social determinants of health and health literacy. Social policies – ranging from employment and education to housing – must be a strategic priority. We discussed this at the meeting in Paris in April and at the meeting of the Small-countries Initiative in Andorra in June.

Health has great significance in foreign policy processes and development cooperation. We discussed this in Berlin in April, and at the International Health Forum in Ashgabat in July, and we will continue to support Member States in the year ahead. We look forward to learning from your experiences during the ministerial panel tomorrow.

Taking leadership in intersectoral processes requires a new mind-set and capacities in health ministries. These processes are ongoing and showing positive results. We are supporting the establishment of intersectoral committees in countries. We developed sectoral and thematic policy briefs to contribute to their agenda setting and successful outcomes.

European consultative processes to engage Member States that are interested in joining, will help promote intersectoral work across the European Region in support of its national implementation. They will allow dialogue, sharing of experiences and common actions between countries, institutions and sectors. We suggest that they focus initially on education, finance and social sectors to promote social determinants and health literacy.

Ladies and gentlemen,

We worked intensively on the successful development and implementation of national health policies aligned with Health 2020.

Networks became a more powerful platform for sharing practical experience with implementing Health 2020 among countries.

For example, the countries of the South-eastern Europe Health Network are committed to intergovernmental and intersectoral action, and agreed to further scale up implementation of Health 2020, which is in line with their South-eastern Europe 2020 strategy.

The Small-countries Initiative is another efficient network. Inspired by Health 2020, its members are committed to aligning their national health policies and implementing the Health 2020 vision, as shown by the San Marino Manifesto and the Andorra Statement.

I am honoured to have received the San Marino Order of St Agatha last month for improving health in San Marino and throughout the Region. This award is a clear recognition of the value of Health 2020 and the work of WHO.

Local leadership and intersectoral action are very important and can be innovative. The Healthy Cities and Regions for Health networks help to support subnational implementation of Health 2020 and sharing of good practices. We shall hear more about this tomorrow.

Thanks to the Government of Italy for supporting our office in Venice for investment in health and development, which contributes to our work in this important area.

Now let me move to communicable diseases. While the Region has made much progress, these diseases still challenge Europe's public health.

Over the past five years, the Region has made major progress in the fight against tuberculosis. Over a million TB patients were cured; about 200 000 cases of multidrug-resistant TB (MDR-TB) were averted, and more than 2.6 million lives were saved.

The incidence of TB dropped by 6% during each of the past five years: the fastest decline of all WHO regions. All patients detected with MDR-TB received treatment, compared to only 63% in 2011.

Extensive actions and initiatives taken in partnership, with your leadership and commitment, made this possible. You reiterated your commitment in the Riga Declaration at the first Eastern Partnership Conference in March. Thanks to the Latvian Presidency of the European Union (EU) for its leadership.

Yet this is not enough to end the TB epidemic by 2035 and eliminate the disease by 2050. Through the proposed European TB action plan, we estimate that more than 1.4 million TB patients will be cured; 1.7 million new cases will be prevented, and over 3 million lives and US\$ 48 billion will be saved.

It will be presented on Wednesday and I call for your continued commitment, to make our dream of eliminating TB in our lifetime come true.

Unfortunately, progress towards HIV control is not as good. With 136 000 new infections, 2014 was the year with the highest number of new HIV cases, a staggering 80% increase since 2004.

Since 2010, I have repeatedly called your attention to this alarming situation, calling for concerted action. Evidence is available; we know what works. Only bold action in implementing evidence-based policies will get us on track to end the epidemic by 2030.

Viral hepatitis remains unaddressed throughout the Region, with 13 million people estimated to live with chronic hepatitis B and 15 million with chronic hepatitis C, leading to 400 deaths related to viral hepatitis a day.

Even though treatments are now available for hepatitis B and C, access and affordability remain a challenge for most countries. We must take a comprehensive approach to fight this silent killer, using available tools and focusing on prevention.

I look forward to your input to define how the Regional Office can support you in controlling these public health threats, when we discuss the global health-sector strategies on Thursday.

We are very close to a historic achievement: eliminating malaria by the end of 2015. As of today, there are no locally acquired malaria cases in the whole Region. Let me congratulate you all on your commitment and dedication, in partnership with all stakeholders.

The achievements are huge, but the situation is fragile, and we must remain vigilant. I request all of you to maintain the highest political commitment. This will be the focus of a high-level consultation in Turkmenistan in February next year.

Vaccine-preventable diseases continue to burden our Region. The loss of a child from diphtheria, the deaths of children from measles complications, alongside thousands of cases of measles, represent solemn reminders of unfinished business. Accepting the status quo is not an option.

There is no stronger reminder of the need for vigilance than the return of polio. The report of two cases in Ukraine, on 28 August, is alarming, particularly given the large pockets of susceptible populations who could be exposed to this crippling, deadly disease.

We immediately deployed a rapid response team to start case investigation and risk assessment. We are supporting the Ministry of Health in preparing for three rounds of national immunization campaigns. Vaccine is being distributed in the country as we speak and the first round of the immunization will start this week.

I commend the Ukrainian authorities for their commitment to taking actions for a rapid response. I also thank the Global Polio Eradication Initiative partners for their support. It is imperative that Ukraine and all European countries continue to mitigate the risks posed by polio by maintaining high immunization coverage and surveillance.

In adopting the European Vaccine Action Plan last year, you committed yourselves to eliminating measles and rubella by 2015.

While many countries are on track to do this by the end of this year, the regional goal continues to elude us, owing to the lack of steadfast political commitment in some countries. I need you leaders to stand by your commitments to eliminate measles and rubella.

The tenth anniversary of European Immunization Week, celebrated throughout the Region in April, included some of the most interactive and high-profile efforts to promote immunization we have seen to date.

I was honoured to visit Tajikistan with HRH The Crown Princess of Denmark in October, to advocate stronger immunization delivery and increased investment in maternal and child health services.

Ladies and gentlemen,

In the area of NCDs we continue to see significant advances in implementation of the action plan for the prevention and control of NCDs.

We continue to see a decline in mortality from cardiovascular diseases (CVD) in almost all countries. Declines in behavioural risk factors, including smoking, and biological risk factors, such as high blood pressure and serum cholesterol, contribute to these reductions.

The overall consumption of alcohol is falling by about 2% per year, and tobacco smoking among adults continues to decline. Nevertheless, ours remains the region with the highest overall rate of adult smoking.

I am proud that our countries are taking global leadership in plain packaging for tobacco products. France, Ireland and the United Kingdom were pioneers and several other countries announced their intent to follow. Congratulations to the WHO Framework Convention on Tobacco Control (FCTC) for a decade of action.

Since my last report, four additional countries in our Region have become parties to the Protocol to Eliminate Illicit Trade in Tobacco Products. I congratulate them and call on others to join.

On Wednesday, we will discuss the proposed roadmap for tobacco control, setting an ambitious goal of full implementation of the FCTC. We are grateful to Turkmenistan for its pledge to support implementation of the roadmap in the coming years.

We will also discuss the physical activity strategy for the Region, which complements the action plan on food and nutrition adopted last year. Our achievements since then include attaining a membership of 30 countries participating in the Childhood Obesity Surveillance Initiative.

Member States have approached me to express concerns about the neglect and abuse of adults with intellectual disabilities who live in institutions. This challenge requires intersectoral action, and we cannot ignore this as a Region. I have initiated a review and will report back, presenting the way forward.

There is strong evidence that improved medical care is a strong contributor to declining illness and mortality from CVD. We will review this new evidence at an international conference in St Petersburg in November.

It is my special plea that Europe increase its attention to the management of NCDs, while re-examining its programmes for early detection and screening. We developed a package of 15 essential interventions to tackle NCDs, which is being implemented in 23 countries. All of these are core components of the package.

Our capacity to respond to NCDs this year increased with the launch of the new geographically dispersed office (GDO) for NCDs in Moscow. We are grateful to the Government of the Russian Federation for its support.

Ladies and gentlemen,

Many countries are applying the life-course approach in developing their national policies or improving collaboration between sectors, which is a key strategic direction of Health 2020.

The European Ministerial Conference on the Life-course Approach, to be held in Minsk in October, will be the first event linking the Sustainable Development Goals with Health 2020 and focusing on maternal and child health, as well as reproductive health and rights. I would like to thank Belarus for hosting this important event.

We are making progress in improving women's health, but wide inequities between and within countries remain. The use of modern, effective methods of contraception is alarmingly low in many countries. Some countries have the highest abortion rates in the world.

Effective perinatal care resulted in the decrease in the major killer of mothers – the severe obstetrical bleeding. Now is the time to focus on pre-existing medical conditions – such as diabetes, obesity, CVD and mental diseases – that are exacerbated by pregnancy.

More needs to be done on sexual and reproductive health and rights, an area we plan to bring to your attention in the future. We will outline the European women's health report, to be published in 2016, at the technical briefing today.

Ladies and gentlemen,

Our work to strengthen health systems and public health capacity aims to improve health outcomes in an equitable manner, ensuring financial protection, responsiveness and efficiency.

The Tallinn Charter guided this work and we will present the final report on its implementation on Wednesday. This report fed directly into the new vision for health-systems strengthening for the next five years.

Transforming health services to match the needs of the 21st century is the strategic priority of this new vision. This new vision reaches out to the Voice of the people. It will provide health leaders with an inclusive approach that harnesses feedback from citizens in designing health systems that are more responsive to their needs

Coordinated, integrated health-service delivery towards people-centred care is the way forward. We scaled up our efforts and are preparing an action-oriented framework that will be presented to the Regional Committee next year.

Taking forward the renewed vision of the Declaration of Alma-Ata, and integration of the essential public health functions, we support countries in revising their delivery models for primary health care, with a focus on quality.

The inauguration of the GDO on primary health care, in Almaty in February, expanded our capacity. Thanks to the Government of Kazakhstan for its support.

The world health report estimates that, in 2010, 19 million people faced catastrophic payments in the Region, and 7 million faced impoverishing expenditure. Universal health coverage is central to addressing this challenge. We are working on updating these estimates, and have accelerated our support to countries.

Annual training courses delivered by the Barcelona Office were a continuing success. Many senior officials from 33 Member States benefitted from one of the two courses in 2015.

Let me thank the Government of Spain for its continued support to our Barcelona Office for Health Systems Strengthening.

We are addressing health-systems barriers for specific diseases and conditions, including communicable diseases and NCDs, which are then translated into policy decisions and actions. We are now broadening the focus to include environmentally sustainable health systems.

Ladies and gentlemen,

Our collective investments in health information, evidence and research, as the basis for policy-making, are paying off.

Since its launch in 2012, the European Health Information Initiative has been the umbrella for all health information activities and I encourage you to join. Let me now highlight some of the Initiative's main achievements.

We continued to work on the development of information on health and well-being, with a focus on indicators. This year, we examined new evidence on cultural determinants, which will help us consider the impact of culture on health and well-being across the diverse European Region.

We supplied a wide range of information and analytical resources, including the new health information web portal. It is widely used by policy-makers, and soon will allow simultaneous analysis of indicators in all databases.

In addition to tools for health information strategies and national e-health strategies, we actively supported the conference on e-health held in Riga during eHealth Week in May.

We launched a new a bilingual journal, Public Health Panorama, to highlight successful examples in countries. We are launching the second issue, with a special theme on intersectoral policies, at this Regional Committee.

The annual Autumn School on Health Information and Evidence for Policy, hosted by Poland in October 2014, was a real success. As you requested, we organized an advanced workshop on health information and data assessment in Moscow in July 2015, to give more in-depth training.

The Central Asian Republics Health Information Network (CARINFONET) is a platform for improving health information systems. The Evidence-informed Policy Network (EVIPNet) Europe aims to build countries' capacity. We will discuss this at the technical briefing on Wednesday, when we present an accelerated roadmap for evidence-informed policies.

The Health Evidence Network (HEN) provides syntheses of best available evidence for policy-makers. We launched two reports last year; three more, on migration and health, will be presented at the ministerial lunch today.

Ladies and gentlemen,

The recent Ebola outbreak in West Africa demonstrated that the international community is not sufficiently prepared to manage major health hazards. We contributed to the response by deploying 25 staff on 36 missions from the Regional Office. We are grateful to all partners and Member States for their support for the response.

This is a defining moment for change. We have to ensure that the world is adequately prepared to effectively detect and respond, whenever and wherever an emergency with health consequences strikes.

We are fully committed to taking all necessary action. This is clear in the statement issued in March by the Director-General and the six regional directors. We are moving ahead with the six areas of work outlined by the Director-General, and we will discuss progress and next steps later today. In the Regional Office, we take an integrated, generic, all-hazards and multisectoral approach to preparedness for both humanitarian and public health emergencies. Risk communication is an integral element.

Back in 2010, I merged three areas of work – outbreak alert and response, the International Health Regulations (IHR) and country emergency preparedness – under a clear command and control system. We continuously screen signals of potential health threats.

We revised our emergency procedures, and the emergency operations centre in the Regional Office functions as the regional hub.

Compliance with IHR obligations is crucial for national and global health security. Many Member States have raised the need to supplement the self-assessment of core capacities with independent evaluations. Your input to the proposed global approach to IHR monitoring and evaluation is critical, and I look forward to the discussion on Thursday.

Better Labs for Better Health is a new initiative that we launched to improve laboratory capacity to detect and respond to diseases and outbreaks. It is an important component of IHR core capacity, and I ask Member States and all stakeholders to join this initiative to make it a success.

We will soon sign the host agreement with the Government of Turkey next week to establish the GDO in Istanbul for preparedness for humanitarian and health emergencies, which will increase regional and global capacity.

Let me now move to migration and health, which is high on the agenda across the Region. The situation is becoming more challenging, with the increasing influx of refugees and migrants to many European countries, calling for an urgent response to their health needs.

I issued a statement on our website, highlighting the public health implications, which are challenges for both the refugees and the receiving countries. The common association of migration with importation of infectious diseases is not evidence based.

Countries should implement policies that give migrants access to a broad range of health services, including those for prevention and care. This will also benefit the receiving countries' populations.

We continued to respond to increasing demand and provide support to affected countries, and delivered emergency kits to address refugees and migrants' health needs. We developed new research and evidence to support decision-makers in making policies on migrant health.

I want to thank the Government of Italy for its support in in this area. The ministerial lunch today is dedicated to migration and health, and we look forward receiving to your guidance on how to take forward this important topic.

The conflict in the Syrian Arab Republic sent 2 million refugees into Turkey. We are working with the Government of Turkey, which has demonstrated an outstanding performance in managing the response to the refugee influx.

We are leading the health cluster to assist Syrian refugees in Turkey. We are contributing to the "whole of Syria approach", following UN Security Council Resolution 2165 in collaboration with the WHO Regional Office for the Eastern Mediterranean.

In response to the humanitarian crisis in Ukraine, which affects more than 5 million people, we are leading the health and nutrition cluster to coordinate the response to internally displaced persons and affected communities. The WHO teams in the United Nations field offices are facilitating the delivery of medical kits, supplies and medicines to treat hundreds of thousands of people.

The network of mobile emergency primary health care units and health impact specialists plays a crucial role in assessing health threats and delivering health services in difficult-to-reach areas.

Ladies and gentlemen,

It has been an exciting year for work on antimicrobial resistance, with the adoption of the global action plan. Europe is leading the way. Almost half of the Member States in Europe have an intersectoral coordination mechanism and national action plans.

The Central Asian and Eastern European Surveillance of Antimicrobial Resistance (CAESAR) network, which now includes around 250 laboratories, is supplementing EU surveillance data. I am happy to inform you that CAESAR published its first report last month.

The Antimicrobial Medicines Consumption (AMC) network allows us to monitor the use of antimicrobials in 17 countries outside the EU, providing evidence from 45 countries.

Building on the success of European Antibiotic Awareness Day, we are shaping a global campaign to launch World Antibiotic Awareness Week in November. This year, we hope that all 53 Member States will mark the Week!

Ladies and gentlemen,

We do all this work with you Member States, and with partners, to achieve our goal: better health for all: equitable and sustainable.

We worked with all Member States, tailoring support to their priorities, needs and circumstances.

We now have a fully functional network of national counterparts, which streamlines all correspondence and improves the knowledge and information flow. I had the privilege of visiting many countries, meeting with heads of state, prime ministers and ministers, advocating health and promoting intersectoral work.

With the Director-General, I was honoured to receive the Turkmenistan state award from His Excellency the President of Turkmenistan on behalf of WHO, in recognition of our collaboration over the past two decades.

On behalf of the Organization, I was also honoured to receive the Gold Medal of the Portuguese Minister of Health for distinguished services in Portuguese multisectoral health policy development.

We welcomed ministers and senior delegations to the Regional Office, and gave Member States a stronger voice by a new initiative: the country days. They have proved to be valuable platforms for identifying priorities for our joint work.

To ensure that the Regional Office is a strong, evidence-based organization, relevant to the whole Region, we continued to increase our technical capacity. We empowered country offices by delegating more authority and responsibility to them. I thank all my staff for their dedication and hard work.

We invest in partnerships to increase policy coherence, improve health in our Region and serve Member States more efficiently. I am pleased that many of our partners, including civil-society organizations, are here with us today.

This year, the partnership session, with the participation of the Global Fund and GAVI Alliance, will focus on opportunities and challenges for a successful transition from international to domestic funding.

In our work as part of one United Nations, let me highlight one important element. We coordinate a regional UN thematic group on NCDs and social determinants of health, to support implementation of the UN political declaration on NCDs and Health 2020. We are pleased that health and NCDs are prominent in recently developed United Nations development action frameworks (UNDAFs), and we look forward to their joint implementation.

And finally, ladies and gentlemen,

WHO reform remains and will remain an important priority. Later today, we will discuss continuing reform initiatives on governance and we will also present our work to strengthen accountability and transparency in the Regional Office. Let me emphasize two points very briefly here.

We continue the biennium on a solid financial foundation, with more flexible funds that are now distributed strategically; thanks to you, Member States, and to the Director-General for making this happen.

The World Health Assembly's adoption of the programme budget for 2016–2017 with an 8% budget increase was a historic moment, demonstrating the trust of Member States.

The regional implementation plan for the programme budget, which will be presented on Thursday, will be the main instrument of corporate accountability in the Region and the contract between you and me.

Your excellencies, ladies and gentlemen,

We have great responsibility for the health and well-being of our populations. Next week, we will approve the 2030 Agenda for Sustainable Development. Let's make sure that we are ready, and we leave no one behind!

Thank you for your attention.