

# Opening address by Dr Zsuzsanna Jakab, WHO Regional Director for Europe 66th session of the WHO Regional Committee for Europe

Your Royal Highness, honourable ministers, excellencies, colleagues, ladies and gentlemen,

We live in uncertain and demanding times. Last year brought many political and social challenges, globally and within the European Region, including inequities in global development, poverty, civil unrest, migration, terrorism, complex emergencies and climate change with extreme weather events.

All had a profound impact on our work.

We must rise to the public health demands flowing from these challenges, pursuing our goal of better health: more equitable and sustainable. In responding to these challenges, we must change the way we work.

We have strategies and action plans in place, now supported by a new global framework, the United Nations 2030 Agenda for Sustainable Development, and the Sustainable Development Goals (SDGs). In our Region, Health 2020 is fully aligned with the SDGs.

During 2016 and 2017, I intend to develop a roadmap for the implementation of the SDGs, together with Health 2020 and a new vision of public health. I will bring this to the Regional Committee in 2017, describing how, with political commitment, we can accelerate progress.

National ownership, political commitment and robust planning – combined with effective delivery that ensures national health policies are a vital and integral component of national development plans – are fundamental to achieving the SDGs.

We need to secure good governance, and whole-of-government and whole-of-society efforts involving all stakeholders, and ensure policy coherence at the national, regional and subnational levels.

We have worked together to develop Health 2020 indicators and improve data collection, and developed a monitoring system with national targets that allows improved reporting, follow-up and review processes.

Taking this forward, we have conducted a detailed mapping exercise and we are proposing a joint monitoring framework for the Health 2020, noncommunicable disease (NCD) and SDG indicators, which will be presented at the technical briefing later today.

Ladies and gentlemen,

Together we have achieved a lot. More countries align their national health policies with Health 2020, and the scope of these policies has broadened.

This was made possible through high-level political commitment, from not only the health sector but also multisectoral structures, which have increased in number and importance.

We are on track to reach the Health 2020 targets, as outlined in the 2015 European health report. Europeans continue to live longer and healthier lives than ever before, and premature mortality is decreasing. Differences in life expectancy and mortality between countries are diminishing. This shows that our strategies work.

Yet profound challenges remain. The absolute differences in health status between countries remain substantial, and within-country inequities also continue.

In addition, we must rise to the challenge of all health determinants, including health behaviour. If current rates of smoking, alcohol consumption and obesity do not decline substantially, our gains in life expectancy could be lost.

The SDGs give us a wonderful platform to establish a coalition for health, led by WHO but engaging relevant United Nations agencies and working with Member States, to ensure that health and well-being are achieved for all, at all ages.

The SDGs and Health 2020 give us the opportunity to tackle all health determinants.

We therefore link the social, economic, cultural and environmental determinants, as well as gender and rights approaches, to reduce health inequities and leave no one behind.

Most Member States already address all these determinants in designing their national and local policies for health and development. Also, the cultural determinants of health increasingly move towards centre stage.

Last year, the Regional Committee agreed on steps to promote intersectoral work among diverse actors that support the implementation of Health 2020 but also the SDGs.

This requires the strengthening of accountability for health across the whole of government and society, as well as the implementation of the health-in-all-policies approach.

We produced a number of policy briefs to promote and support countries in taking intersectoral approaches and actions.

We have also undertaken a mapping exercise of intersectoral action in the Region and are developing an analytical framework to facilitate this work.

The Regional Office will hold a high-level meeting on promoting intersectoral and interagency action for health and well-being between the health, education and social sectors in Paris in December 2016. I thank the Government of France for hosting it.

In November, WHO will organize the 9th Global Conference on Health Promotion in Shanghai, China. This will fall on the 30th anniversary of the First International Conference on Health Promotion.

The Global Conference will provide Member States with an opportunity to reassert the significance of health promotion in improving health and health equity, and will examine the role of health promotion in attaining the SDGs. I encourage you all to attend.

Ladies and gentlemen,

Worryingly, recent reports show that, across the European Region, challenges and significant changes in policies influence the social determinants of health.

Here I mention: persistent youth unemployment, reductions in levels of coverage and new conditionalities for social rights and benefits, and inequities in exposure to environmental risks.

These changes partly explain the health inequities that we see and the new forms of health vulnerability that are now appearing in countries across the Region.

These are affecting people whose health is already lagging behind, such as refugees and migrants, Roma and other vulnerable groups. I intend to launch a regular WHO European status report on health equity, as a key tool to monitor progress towards Health 2020's equity goals.

Working with the United Nations system will be our priority in SDG implementation in all three dimensions of our work: global, regional and national. The latter means playing a full role in the work of United Nations country teams, and cooperating in developing and implementing United Nations Development Assistance Frameworks.

WHO networks focused on settings for Health 2020 implementation will also be of increasing importance for the implementation of the SDGs. I would highlight particularly our commitment to reinvigorating the WHO European Healthy Cities Network.

The Regions for Health Network will meet next week in Kaunas to consider how the SDGs will be implemented at various levels of governance. I thank the Government of Lithuania for hosting this inspiring meeting.

In less than a month, I will attend the third high-level meeting of the small countries initiative, hosted by Monaco, which I would like to thank for its hospitality.

WHO collaborating centres are also of great importance; to ensure they reach their full potential, we developed an internal corporate strategy for working with them, setting out a strategic vision, policy direction and action plan.

I aligned the organizational structure in the Regional Office to respond to increasing demands from countries to facilitate multisectoral action for health in a comprehensive and coordinated way. I brought together all of our expertise in the social, economic and environmental determinants of health, health equity and good governance within a single division to provide a platform of excellence. This division also hosts our work on the SDGs.

Here I extend my warm thanks to the German and Italian governments for their generous support to our geographically dispersed offices in Bonn and Venice, respectively. I am happy to announce that the Italian Government has extended the host agreement for the Venice office for another 10 years, and the ratification process was completed. Thank you, Italy.

Ladies and gentlemen,

Among the most vulnerable of those left behind are refugees and migrants.

As a result and at your request, a year ago the Regional Office scaled up its work to respond to increasing requests from Member States. I am grateful to the Government of Italy for supporting our work in this area.

We organized the high-level meeting on refugee and migrant health, generously hosted by Italy, in Rome in November 2015.

The agreed outcome document defined the common framework for priority public health action and formed the basis for the European strategy on refugee and migrant health, which we developed with the guidance of the migration subgroup of the Standing Committee of the Regional Committee (SCRC), and we submit this for your consideration.

We hope that the European action plan will lead to the development of a global framework. In this regard, I am happy to be hosting the first global meeting for the preparation of this framework.

The longstanding collaboration between the health and environment sectors produced outstanding results, demonstrating the multisectoral approach to addressing the environmental determinants of health, which account for up to 20% of the burden of preventable disease in the Region.

An external evaluation of the WHO European Centre for Environment and Health, in Bonn, confirmed the excellence of this work. The Bonn office is now adopting a nexus-based approach, recognizing the multiple interconnections between risk factors and environmental determinants, translating science into evidence and supporting the development of policies.

I had the honour to attend the Eighth Environment for Europe Ministerial Conference held in Batumi, Georgia, last June. I would like to thank the Executive Secretary of the United Nations Economic Commission for Europe (UNECE), who is here with us today, for the excellent preparation and outcome of this Conference, as well as our longstanding partnership.

The Sixth Ministerial Conference on Environment and Health will take place in Ostrava, Czechia, on 13-15 June 2017. This will result in a revised and transformative environment and health agenda for the European Region, with a clear implementation mechanism, improved governance and a set of measurable and effective actions to accelerate achievements. I thank Czechia for its generous invitation and encourage you all to attend.

We give another example of excellent intersectoral collaboration with UNECE in the framework of the Transport, Health and Environment Pan-European Programme (THE PEP). We support Member States in making transport policies that are healthy and environmentally friendly.

I was delighted when, in July 2016, the Austrian Federal Minister of Agriculture, Forestry, Environment and Water Management gave an award to the WHO Regional Office for Europe and UNECE for their support and achievements under THE PEP. I congratulate everyone involved.

Ladies and gentlemen,

Now let me turn to another important topic, health emergencies.

The WHO Director-General, supported by the Global Policy Group, has led the reform of WHO's work in outbreaks and emergencies.

Now the new health emergencies programme is established. It is built on WHO's mandate, from primarily a technical and normative agency to a fully operational organization in emergencies.

It is established in the spirit of one WHO and one single programme. The programme will work within a clear command and control system, in synergy with all WHO technical programmes and partners.

The programme addresses the full cycle of health-emergency management, including: prevention, preparedness, response and recovery. There are clear accountability and standard performance metrics.

In the European Region, we have fully aligned our structure, staffing and processes with the programme; we are ready and committed to work with you and all partners to make it a success.

The new procedures were tested in response to the outbreak of Zika virus disease, and proved to be effective at all levels.

Let me remind you of the interim risk assessment for Zika that we published for the European Region. Many countries are using it in their preparedness work. Although there is no local transmission of Zika virus in Europe, we are monitoring the situation closely.

Preparedness and building core capacities for the International Health Regulations (IHR) will be the central parts of the emergencies programme in our Region. We will continue supporting Member States in their preparedness and response activities, following an all-hazard and multisectoral approach.

We have already taken steps to link preparedness with health systems and essential public health functions, an area where we are leading globally.

Accelerating the use of IHR is another area in which the Regional Office is leading, under the guidance of the SCRC's IHR subgroup.

We welcome the change from self-assessment of capacities to a more function-oriented approach under the new IHR monitoring and evaluation framework.

In this respect, we conducted several voluntary external evaluations. We consider this framework a full and comprehensive package – with all its components including annual reporting and exercises – that will lead to national plans for the further development of core capacities.

I assure you that WHO will continue to show leadership in this important area of work in a transparent and inclusive way, engaging all Member States and partners.

Our emergency information and risk assessment team operates at all times, screening more than 15 000 signals every year to detect public health events on time, in close collaboration with Member States and partners.

We are currently responding to two large-scale, protracted emergencies: the crisis in the Syrian Arab Republic and its spill-over effects in Turkey, where more than 2.7 million refugees reside; and the ongoing humanitarian crisis in eastern Ukraine.

In Turkey, WHO, with its field presence, leads the health cluster for the northern Syrian Arab Republic, and the health sector for partners working with refugees in Turkey.

In the northern Syrian Arab Republic, WHO supports early warning systems, organizing immunization campaigns and maintaining a supply line for drugs and medical supplies to hospitals and other health care facilities.

In Ukraine, WHO continues to lead the health and nutrition cluster in Kyiv, and four field offices in the east. The health emergency programme in Ukraine also focuses on development activities and rehabilitation.

We will continue to support countries in the prevention and control of high-threat pathogens, such as Ebola virus, Middle East respiratory syndrome coronavirus (MERS-CoV) and pandemic influenza.

Meanwhile, the mapping we initiated of the high-risk pathogens most relevant to the Region and countries will ensure better preparedness.

We have intensified our work on another major global public health threat: antimicrobial resistance (AMR). The number of actively engaged countries is increasing worldwide.

Thanks to European countries' commitment, our Region continues to lead the way and provide inspiration, experience and expertise to global efforts.

The United Nations General Assembly will discuss AMR next week, to ensure the highest political commitment, leading to multisectoral and whole-of-society action.

In November this year, the world will mark the second World Antibiotic Awareness Week. Last year, 44 countries joined the campaign and, this year, I invite all European countries to take part.

I would like to express my gratitude to Her Royal Highness Crown Princess Mary of Denmark for raising awareness of AMR, and I look forward to our joint country visit later in the year.

Ladies and gentlemen,

As to communicable diseases, let me start with the good news and our joint success, of which we should be proud.

In April 2016, I had the honour to announce the European Region to be the first WHO region in the world to interrupt transmission of malaria. Thanks and congratulations to you all for this monumental achievement.

Yet we must remember that this achievement is fragile and maintaining zero cases requires sustained political commitment, resources and constant vigilance. This was the focus of a high-level consultation held in Ashgabat, Turkmenistan in July.

Another success is in sustaining the Region's polio-free status, especially the successful efforts in Ukraine over the past year to interrupt the transmission of circulating vaccine-derived poliovirus through nationwide vaccination campaigns.

Member States achieved significant milestones in the Polio Eradication and Endgame Strategic Plan, including the introduction of inactivated polio vaccine, cessation of trivalent oral polio vaccine use and the containment of poliovirus type 2 in facilities across the European Region.

All these gains must be warmly applauded.

Thirty-four countries in the Region interrupted the transmission of endemic measles and/or rubella by 2015. Gaps in surveillance and immunization coverage, however, jeopardize the elimination of measles and rubella in the remaining endemic countries.

As we inch closer to achieving this goal, countries that have not interrupted transmission should accelerate their actions, and I call upon your continued commitment in line with the European Vaccine Action Plan. This achievable goal will be discussed further during today's ministerial lunch.

The use of vaccines as a major public health tool made these achievements possible. European Immunization Week 2016 once again saw all 53 European Member States engage, with the launch

of a new online Immunize Europe Forum. We are extremely grateful for the enormous support given by HRH Crown Princess Mary of Denmark to make the Week a success.

Last year I reported on the alarming situation regarding HIV and called for bold action to get us on track to end the epidemic by 2030.

The situation remains critical, with another 142 000 new HIV infections since we last met. This is the highest number ever reported, and cases are more than doubling in the eastern part of the Region.

The number of people on antiretroviral therapy has increased to over 1 million, but this is not enough. We need to “test and treat all”, as indicated in the new action plan. We need fully to implement the WHO-recommended evidence-based policies, leaving no one behind.

We now have the opportunity to renew our political commitment to an urgent, accelerated, people-centred, “fast-track” response to HIV. You have worked with us in developing the new action plan for the health sector’s response to HIV.

Now is the time for action. I call upon your commitment to reverse the epidemic, and I look forward to our discussions on Wednesday.

Five countries globally received validation of elimination of mother-to-child transmission of HIV and syphilis. I am proud to announce that three are in our Region; congratulations to Armenia, Belarus and the Republic of Moldova. Many more countries are ready for validation, and we will discuss this further during today’s ministerial lunch.

We estimate that 400 people in the Region die every day from causes related to viral hepatitis, while preventive tools and life-saving treatments are available.

The Regional Office has now put this disease in the spotlight by developing the first-ever action plan for the health sector’s response to viral hepatitis, which will be discussed on Wednesday.

This plan paves the way to eliminating viral hepatitis from the Region by 2030, and calls for a coordinated, comprehensive and integrated health-system response.

In the past, I have shared my vision of making tuberculosis (TB) a disease of the past.

Owing to concerted efforts by countries and partners, incidence has steadily decreased (by an average of 4%) every year since 2000. This is the fastest decline in the world.

Nevertheless, there are still 340 000 new TB cases and 33 000 deaths every year in the Region. Despite the progress, the successful treatment rate for multidrug-resistant TB patients overall is low.

All these call for accelerated implementation of the action plan for the Region that was endorsed last year. With your commitment, we can move towards ending the epidemic by 2035 and eliminating TB by 2050.

Ladies and gentlemen,

I turn now to another area of future importance and potential: the life-course approach. The interaction of health determinants across the life-course is receiving much greater attention. This was reaffirmed by the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020, held in Minsk, and the Declaration that resulted, which will be

discussed later today. I offer my warm thanks to the Government of Belarus for its generous support in hosting the Conference.

This work does not stand alone, and we will continue towards developing a policy document, possibly for the 2017 Regional Committee, on the implications of the life-course approach and the Declaration.

Now let me provide some snapshots of our work following the life-course approach, starting with children.

The 2016 report of the Health Behaviour in School-aged Children study states that, while young people enjoy better health and development opportunities than ever before, many engage in behaviours that compromise their health.

This calls for more effective and targeted interventions to tackle the effects of social, health and gender inequalities among young people in Europe.

I would like to also remind you that one in four European women is subject to violence from her intimate partner once in her lifetime, which is not acceptable. Further, one in 10 women is subject to non-partner sexual violence.

During this Regional Committee session, we will discuss the strategy on women's health and well-being, which links gender, rights and determinants for more equitable health outcomes. Let me remind you that, for 20 years, the European Region had the highest numbers of abortions. I am delighted that the latest estimates confirm a decrease, particularly in eastern Europe, where the rates decreased by more than half. This trend is due to broader access to evidence-based information, sexuality education and family- planning services. We will discuss all these when you consider the action plan for sexual and reproductive health tomorrow.

Ladies and gentlemen,

Strengthening our efforts to combat NCDs is one of our greatest public health priorities. In 2018 we must all report on the results of the national commitments made at the United Nations high-level meeting in 2012.

Here I would particularly like to thank the Russian Federation for its generous support towards establishing the geographically dispersed office on NCDs in Moscow, as well as for the support it provides in this area of work.

Now let me turn to the risk factors for NCDs.

We continued to observe excellent progress in the Region in tobacco control. A number of Member States made important legislative changes, including: plain packaging, display bans, forbidding smoking in cars in the presence of children and giving health warnings on products.

An important area for further action remains; the Protocol to Eliminate Illicit Trade in Tobacco Products of the Framework Convention on Tobacco Control has 19 Parties globally, including six countries in the European Region. Forty ratifications are needed for the Protocol to enter into force. I once more urge all Member States to ratify the Protocol without delay. We have good news about alcohol consumption in the Region: it decreased by 11% between 1990 and 2014, although with huge differences between countries.

Yet the historically high level of alcohol consumption in the Region is still associated with a substantial amount of attributable mortality, which has increased by 4%. Please review our new publications, including a study of alcohol-attributable mortality in Europe, which will be launched during this Regional Committee.

The Region made significant progress towards the elimination of all forms of undernutrition. An example of progress is the recently launched initiative on good maternal nutrition: the best start in life.

Nevertheless, our Region faces strong challenges related to childhood obesity. The Childhood Obesity Surveillance Initiative provides population-based monitoring of overweight and obesity among primary-school children. We estimate that 20–50% of all school-age children in many countries are overweight.

Our Food and Nutrition Action Plan and the physical activity strategy provide an ideal framework for developing national initiatives.

Ladies and gentlemen,

The last decade has seen a decline of 28% in deaths from injuries. Nevertheless, large inequalities remain between countries. The intersectoral actions that have led to decreased mortality need to be more equitably distributed, for a safer and fairer Region. WHO is co-sponsoring the 12th World Conference on Injury Prevention and Safety Promotion, to be held in Tampere, Finland next week, and I will be honoured to open it with the Minister of Health and Social Services of Finland.

Road-crash deaths have decreased by 8.1% in since 2010, yet large inequalities remain. Worryingly, eight countries in the Region are reporting more deaths.

In line with the goals of the Decade of Action for Road Safety, we need to make the roads safer and encourage physically active forms of transport, such as cycling and walking, which bring added benefits both for health and the environment.

Ladies and gentlemen,

Now let me report on our work on health systems and public health, which has been a flagship for the Region.

At previous Regional Committee sessions I repeatedly emphasized the need to move towards universal health coverage (UHC).

This requires renewed efforts to implement enhanced public health services, people-centred solutions and strong, efficient health systems that can respond to the full range of health determinants, while remaining resilient to economic downturns.

These efforts have a long history. In June we marked the 20th anniversary of the Ljubljana Charter on Reforming Health Care by publishing a special edition of the Eurohealth journal, providing examples of health-service transformation across the Region.

We are also preparing for the celebration of the 10th anniversary of the Tallinn Charter: “Health Systems for Health and Wealth”, which will take place in Estonia in 2018, building on our vision endorsed by the Regional Committee last year “walking the talk on people centredness”.

Now I will give a few examples of our work for health-system strengthening.

We revitalized our work on health-system performance assessment, in collaboration with the European Commission, and the Organisation for Economic Co-operation and Development (OECD).

We developed an exciting new stream of work to provide peer support through a network of high-level policy-makers in health and finance. It supports Member States in determining how to transform their health systems and lead change.

We have addressed health-system barriers related to specific diseases and conditions, particularly TB, and NCDs. Now we are broadening the focus to include environmentally sustainable health systems, AMR, HIV, migrant health and health emergencies.

We also launched a series of briefs on delivering people-centred health services, highlighting good practices, success stories and their impact.

We are now making key efforts to ensure primary health care with a public health approach is at the core of integrated care, through the three main avenues shown on the slide [integration of public health into primary care, integration of primary care and social care and better coordination between primary care and hospitals.].

I am delighted to announce that the European Centre for Primary Health Care is now fully operational. Thanks to the Government of Kazakhstan for making this happen and hosting the Centre.

As in previous years, the training courses on health financing for UHC, and health-system strengthening with a focus on NCDs, based in our Barcelona Office for Health Systems Strengthening, continued successfully.

I thank the Government of Spain for generously hosting the Barcelona Office, and providing outstanding facilities for its work.

This year, we are excited to launch a new course on health-system strengthening to improve TB outcomes, targeting high-burden countries.

On health financing, we are working with countries to monitor financial protection and identify policies to reduce out-of-pocket payments and eliminate impoverishing expenditures.

We have expanded our work to support affordable access to effective, high-quality medicines, in response to your needs, providing policy options and tools to manage the high prices of new medicines, and effective procurement strategies to ensure supply security. We conducted the first Summer School on Pharmaceutical Pricing and Reimbursement Policies, in Vienna, Austria.

Tomorrow there will be a technical briefing on this topic and I request you to attend.

Ladies and gentlemen,

In health information, evidence and research, we continue to make real progress. Today, I shall focus only on new initiatives that operate under the umbrella of the European Health Information Initiative, which now has 25 members and is crucial in strengthening policy development and implementation in Member States.

The European health report is our flagship product, and I am delighted to inform you that the 2015 report, showing the progress towards Health 2020 targets, became the Regional Office's most popular publication in 2015.

Policy-makers used the European Health Information Gateway throughout 2015, although it was publically launched in March 2016. The Gateway is now supported by a smart-phone application, which brings together data managed by WHO and by other recognized sources, including the United Nations Educational, Scientific and Cultural Organization (UNESCO) and the United Nations Development Programme (UNDP).

Public Health Panorama, the Regional Office's bilingual peer-reviewed journal, has grown to four issues per year and the themes for future issues have already been set up to 2018. New series of country profiles and highlights on health have been re-launched, after a history extending back 30 years. We have produced new profiles and highlights on two countries so far and will issue several more this year.

We have revitalized the Health Evidence Network (HEN) publications in the last few years and will publish the 50th HEN report this year.

We launched our European Burden of Disease Network with a first meeting in September 2015, on ensuring the harmonization and comparability of data and information. I am delighted that 19 countries are now part of EVIPNet (the WHO Evidence-Informed Policy Network) in our Region, building capacity to develop policy briefs and establishing mechanisms to translate evidence into policy.

I would like to thank the European Advisory Committee on Health Research for its guidance in shaping the research agenda in the Region, as well as its central role in developing the European action plan for evidence-informed policy-making that you will discuss on Thursday.

We established a partnership with the European Commission in support of eHealth Week in both 2015 and 2016. In 2017, this very successful event will be jointly organized with the Maltese Ministry for Health.

The annual flagship course, the Autumn School of Health Information and Evidence for Policy-making, was held in the Russian Federation last October, followed by an advanced course in Cyprus in June.

As in previous years, we will cover several aspects of WHO reform during this Regional Committee session. Here I would like to thank you, the European Member States, for your leadership in bringing the reform forward and taking an active role at both the regional and global levels

Let me also underline that the financial situation and financial sustainability of the Office improved in 2016–2017, and we hope to maintain this situation with the support of the Director-General and the Member States.

Ladies and gentlemen,

Our intensive collaboration with partners continues. In past years, I described our close collaboration with many important partners, including the United Nations family; the European Union; the Global Fund to Fight AIDS, Tuberculosis and Malaria; GAVI, the Vaccine Alliance; and OECD.

Now, with the adoption of the WHO framework of engagement with non-State actors, we will prepare a new strategy on partnership for consideration by the 2017 Regional Committee. We continued intensifying our work with Member States and strengthened our country presence with the appointment of WHO representatives. Most biennial collaborative agreements were signed, and received a new impetus, along with the new country cooperation strategies with Member States.

In December, during the Conference of Parties to the Framework Convention on Climate Change in Paris, I had the honour to participate in a high-level event, organized by Monaco, with His Serene Highness Prince Albert II, Prince of Monaco.

As in previous years, ministerial visits to the Regional Office continued to be an excellent platform for discussing priorities and strengthening collaboration. We have been honoured to welcome many delegations from Member States, including ministers of Croatia, Montenegro, Poland, Portugal and the Republic of Moldova.

We were also delighted to welcome high-level delegations from countries to the Regional Office to learn more about our work and to explore the technical areas of collaboration in detail. I had the opportunity to visit many countries during the past year: Armenia, Greece, Hungary, the Russian Federation, Slovenia and Slovakia, just to mention a few.

I was honoured to meet with heads of state, prime ministers and ministers advocating health and promoting intersectoral work. I thank those countries warmly for their hospitality.

Your excellencies, ladies and gentlemen,

We are moving well in the direction of equitable and sustainable health in the European Region. We have policies in place, and have received powerful global help from the United Nations 2030 Agenda for Sustainable Development.

We have many achievements, but also clear challenges. In response to these challenges across the whole spectrum of both determinants and burden of disease, what we need to do is very clear. I have emphasized these efforts in my address.

Ladies and gentlemen,

With political will and sustained technical and professional commitment, we shall continue to make progress towards, in essence, giving health and well-being their rightful places in human development.

Thank you for your attention.