The current concerns of WHO Regional Office for Europe

Interview with: Zsuzsanna JAKAB, WHO Regional Director for Europe

Biography

Zsuzsanna Jakab took up her duties as Regional Director on 1 February 2010. A native of Hungary, she has held a number of high-profile national and international public health policy positions in the last three decades.

Before her election as Regional Director, Ms Jakab served as the founding Director of the European Union’s European Centre for Disease Prevention and Control (ECDC) in Stockholm, Sweden. Between 2005 and 2010, she built ECDC into an internationally respected centre of excellence in the fight against infectious diseases. Between 2002 and 2005, Ms Jakab was State Secretary at the Hungarian Ministry of Health, Social and Family Affairs, where she managed the country’s preparations for European Union accession in the area of public health. She played a key role in the negotiations leading up to the Fourth WHO Ministerial Conference on Environment and Health, held in Budapest in June 2004.

Between 1991 and 2002, Zsuzsanna Jakab worked at the WHO/Europe in a range of senior management roles. As Director of Administration and Management Support, she managed strategic and operational planning for the Regional Office and guided the work of its governing bodies. Before this, as Director of Country Health Development, she was in charge of external relations and strategic partnerships: coordinating collaboration with the 51 Member States in the WHO European Region and international partners. During her long tenure with WHO/Europe, she also served as Director of the Division of Information, Evidence and Communication and Coordinator of the EUROHEALTH programme.

Born in 1951 in Hungary, Mrs Jakab holds a Master’s degree from the Faculty of Humanities, Eötvös Lóránd University, Budapest; a postgraduate degree from the University of Political Sciences, Budapest; a diploma in public health from the Nordic School of Public Health, Gothenburg, Sweden; and a postgraduate diploma from the National Institute of Public Administration and Management, Hungary. She began her career in Hungary’s Ministry of Health and Social Welfare in 1975, being responsible for external affairs, including relations with WHO.

Ms J: Some of the current issues are new and some have never gone away. To take just a few: we are experiencing an epidemic of chronic diseases, facing the need to prepare for pandemics, addressing social determinants of health, and struggling with the spread of drug-resistant bacteria. This is happening in the context of a huge variety of new challenges and trends, for example a profound demographic shift towards an increased old-age dependency ratio; globalization; increased mobility; climate change; the international migration of health professionals; the changing nature of work; growing unemployment; environmental pollution; a profoundly unequal distribution of health and wealth, and the global financial crisis which is putting immense pressure on public budgets.

We need new evidence-based and cost-effective policies and strategies to respond to these challenges in an effective way that recognizes that living a long and healthy life is not only the business of the health sector: it can be just as much affected by environment, industry, commercial pressures, transport, or economic sectors: in fact, the whole of government. It is important to maintain an awareness of what really improves public health: health excellence and ensure the highest possible scientific quality in our technical work, as well as a high standard of governance and transparency.

Our vision also includes the values which were adopted in Health for All, Health21 and the Tallinn Charter. These are the values of universality of the human right to health and health care, equity, solidarity, sustainability, dignity, and the right to participate in decision-making. These are not just words: they should run through our entire work.

R: What are the current issues concerning the WHO and what is the strategy to approach these issues?

Ms J: Some of the current issues are new and some have never gone away. To take just a few: we are experiencing an epidemic of chronic diseases, facing the need to prepare for pandemics, addressing social determinants of health, and struggling with the spread of drug-resistant bacteria. This is happening in the context of a huge variety of new challenges and trends, for example a profound demographic shift towards an increased old-age dependency ratio; globalization; increased mobility; climate change; the international migration of health professionals; the changing nature of work; growing unemployment; environmental pollution; a profoundly unequal distribution of health and wealth, and the global financial crisis which is putting immense pressure on public budgets.

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Investment makes sense economically. Health has many determinants spread across the whole of society. It is one of the key drivers of, as well as one of the most important outcomes of, human and societal advance. Health and health systems are now seen in a much more complex and nuanced way, as vital...
Investment in health is seen as critical for the successful political, social and economic development of modern societies. Investment in health systems, and the issues of their capacity and efficiency, is also seen as vital to good health experience. We are approaching this through a new European policy for health and wellbeing, Health 2020. This initiative is being developed in close consultation with Member States to accelerate progress towards achieving the European Region’s health potential by 2020. This policy will be informed and underpinned by evidence, including a new European study on social determinants.

Health 2020 will emphasize the further development of public health in Europe, along with adequately trained human resources to promote public health effectively. Through Health 2020, we will aim to further clarify the strategic linkages between public health and health care systems, their capacities and functions, in particular primary health care, and make linkages with the other sectors and settings, promoting health as a whole-of-government responsibility advocated and led by ministers of health.

We want Health 2020 to be an inspiration to Member States to develop, renew and update their national health policies and strategies. We want the policy to be visionary, and to create a movement of commitment and action towards better health in our Region.

R: What are the current issues encountered at European level and what is the WHO Regional Office for Europe concerned with?

ZJ: Non-communicable diseases, such as cardiovascular diseases, cancer, diabetes, chronic respiratory disease and mental disorders, account for about 86% of the Region’s deaths and 77% of the disease burden; nearly 40% of the EU population over 15 is affected by a long standing health problem. To reduce the main killers in the European Region, we need to change the behavior of those who are still well by targeting the use of tobacco, harmful use of alcohol, nutrition and obesity, and exercise. Ninety per cent of heart attacks are due to risk behavior that can be modified.

Yet in spite of this, within Europe, investments in non-communicable disease prevention and mental health remain very low. So we are developing a five year European action plan on non-communicable diseases which will particularly focus on attacking the main risk factors of unhealthy diet and obesity, lack of physical exercise, the use of tobacco and alcohol. This is part of a bigger global initiative.

In addition, we face challenges from communicable diseases: how to ensure preparedness for pandemics, how to reduce the spread of multi-drug resistant tuberculosis, how to keep the Region polio-free, and how to ensure people with HIV/AIDS receive treatment. Environmental challenges add to these such as climate change, air and water quality and the use of chemicals.

Inequities is an issue which continues to concern us. When I was elected, I pledged to address the very diverse needs and high expectations of our 53 Member States. Recent advances in science and technology have created unprecedented opportunities to promote health and fight disease, and life expectancy has increased, but these positive trends mask inequities both between and within countries. These benefits have not been equally shared between the countries of the Region, nor within individual country populations. There are unacceptable differences in life expectancy, infant and maternal mortality, and in the experience of health between different social and economic groupings in society. In 2007 the infant mortality rate in the poorest countries of the European Region was 25 times higher than in the richest ones. The correlation between poor health and socioeconomic disadvantage has been firmly established. 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 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. We are already seeing progress, even in the areas of maternal and child health.

R: The importance of establishing health policies requires cooperation and involvement of all sectors. In this regard, your organization is a key organization and its power is given also through the partnerships and collaborations developed with important stakeholders over the time. What kind of partners and collaborators your organization has and what is the vision regarding the necessity to expand the sphere of collaboration? Please describe the partnerships developed with the European Commission and what are the added values of this important and key partnership. What are the European health issues that require common action in the key areas?

ZJ: You are absolutely right: all health issues require strong collaboration among partners. In today’s complex policy environment, a continuous dialogue needs to be maintained with all key players to ensure policy coherence, and effective partnerships are vital to achieving shared goals. The past year has been a busy period as we started mapping and reviewing our existing partnerships and identifying key elements of a new partnership strategy, to be presented to our Member States in 2011. In fact, strategic partnerships will be a core element underpinning many of our priorities, including the new European health policy, Health 2020. Extensive work has been undertaken to develop a formal agreement with the European Commission to identify areas of common interest and synergy for both European Union Member States and countries outside the European Union.

We wish the relationship to grow from the current project-based work to a more strategic partnership and have signed a Memorandum of Understanding to frame the modalities of our cooperation. Some of the flagship initiatives explored with the European
Commissioner for Health and Consumer Policy include a single health security system and a single health information system.

As part of our work on partnerships, we have also begun consultations with the Organization for Economic Co-operation and Development (OECD) and the Global Fund to Fight AIDS, Tuberculosis, and Malaria. In addition, we have explored opportunities for closer collaboration with the Council of Europe, the Northern Dimension Partnership in Public Health and Social Well-being, the United Nations Environment Programme, the United Nations Economic Commission for Europe (UNECE), the European Forum of Medical Associations and many other partners.

R: Grace to your transparency, the public information about your activity provide us an image on the concerns and achievements of the organization you coordinate it. The public reports and information detail the progress achieved by you in moving forward the new strategic priorities of the Regional Office. If you should synthesize the activity of your organization in the last year, would be the most important actions you can enumerate regarding your current position? What European regions were the beneficiaries of these actions? We could speak about a regionalization of the health issues along Europe? If yes, what health issues The Eastern Europe is confronted?

ZJ: The first year has been both stimulating and challenging. We have made considerable progress in meeting the ambitious agenda set by Member States.

We have started to work on the new European health policy, Health 2020, that will provide an integrated and consistent framework for tackling existing health challenges in the European Region. I feel very strongly about this initiative and I am confident that it will bring about benefits across the Region. We plan to present a draft policy framework to the WHO Regional Committee for Europe in 2011, and hope to finalize it in 2012.

During this period, we also faced several major public health emergencies in the WHO European Region, which required our urgent attention and action. Just to take a few examples: we provided regular assessments on the health impact of the Icelandic volcano eruption in April, and we acted immediately to provide assistance to Tajikistan and neighboring countries to bring a polio outbreak under control. I visited many of these countries myself to help galvanize public support for immunization efforts so that the Region maintains its polio-free status.

In the aftermath of the civil unrest in Kyrgyzstan, which led to the displacement of over 400,000 people and a refugee crisis in Uzbekistan, we coordinated the international health cluster response and provided emergency support to both the affected countries. When floods destroyed bridges, roads and agricultural land in the north of the Republic of Moldova in June, we acted swiftly to provide support to the Government.

The eastern part of our Region battles with every problem that the western part has, but with fewer resources. With the agreement of our Member States we put our resources where they are most needed, and we work together. Countries on the eastern part of the Region carry a double burden of non-communicable and communicable diseases, with sometimes very under-funded health systems. Poverty, multidrug-resistant tuberculosis, limited access to treatment for HIV/AIDS, lack of data, ruthless pressure from tobacco and alcohol companies, high rates of accidents and injuries – there are many challenges for them and us.

For me personally, this has been a very inspiring year. I believe that during this period we have risen to some difficult challenges and we are on track to deliver the mandate that I was given. I believe that with the support of our Member States, we will mobilize the needed external funding and support to implement our ambitious plans.

R: The World Health Day in this year was dedicated to a special issue represented by “Antibiotic resistance: No action today, no cure tomorrow”. What qualified this issue to be considered as a special focus for this year? What special actions were planned for this day and what is the result of this health promotion campaign?

ZJ: Every year, World Health Day highlights a different topic of current health concern. This year it was a very urgent issue threatening health and our ability to treat disease. Bacteria that cause common and life-threatening infections are becoming increasingly resistant to antibiotics, due to the widespread use, overuse and misuse of antibiotics in both humans and animals. Antimicrobial resistance is not going to go away, but it needs to be tackled with concerted action across the world, and we need to take that action now, while we still can. Given the growth of travel and trade in Europe and across the world, people should be aware that until all countries tackle this, no country alone can be safe.

In the European Region, antibiotic resistance is the special focus. At present, every year 25,000 people in the European Union die because of a serious resistant bacterial infection, mostly acquired in hospitals, and outside the EU, the picture is not clear, but the indications are that it is worse. There are already bacterial infections which no antibiotic can treat, and in some parts of the world these infections are ubiquitous, they are even in the water supply.

There are very few new antibiotics in the pipeline, and pharmaceutical companies are not investing in them. Unless countries take fast and serious action now to restrict their antibiotic use, reduce hospital-acquired infection, and severely limit antibiotic use in agriculture, society could return to the conditions of a pre-antibiotic era, when a simple lung infection could kill a child, when doctors could not fight meningitis, or carry out simple surgical interventions safely. Multidrug-resistant tuberculosis is another example of this emerging health threat. Some countries have taken very successful steps on fighting antibiotic resistance, and we are currently developing an antibiotic resistance strategy which will help countries to tackle this major problem.

To mark World Health Day on 7 April, and raise awareness about the risk of using, overusing and misusing antibiotics, WHO promoted activities and campaigns across the Region. WHO/Europe organized or supported key events in Moscow, Strasbourg, Copenhagen, Rome, and London and in more than 29 other countries. We called on the public, professionals who prescribe drugs, policy-makers, the pharmaceutical industry and the food animal production sector, to take action – to prescribe and use antibiotics responsibly, monitor and track antibiotic usage and resistance, and promote the development of new antibiotic medicines.

The media throughout Europe are taking up this issue with enormous interest: there is an increasing understanding that if this problem is not addressed now, using the evidence of where good practice is working, we are really facing a grim future in the treatment of disease. We will build on this awareness, using the evidence and work with countries to make a difference. This is what we do.

Interview conducted by: Marius CIUTAN, MD, specialist in Public Health and Management