Good afternoon, ladies and gentlemen, and thank you, Robert Madelin, for your encouraging words and giving me this opportunity to address such an enlightened audience.

I am very pleased to be here and encouraged as well by the outcome of this seminar, as I argue, too, that this is clearly the way forward to achieve the necessary health outcomes for in European neighbouring countries.

1. **Let me first reaffirm the need to mainstream health in all policies.**

In just the past ten years, evidence that health can drive socio-economic development has spurred the growth of an unprecedented number of health initiatives. Health has never before enjoyed such attention or such wealth. Nor have the ambitions, commitment, and level of consensus ever been so high.

We at WHO, but this is also true for the entire international community, are working to ensure first: a greater health security, and second: a better access to preventive and curative care. However we realized that working within the health sector is not enough, especially in view of the challenges posed by noncommunicable diseases.

Improved population health is not just resulting from medical activities and is not just the responsibility of doctors. Since long, we have developed considerable efforts to better understand the determinants of health. More recently, we have engaged in a collective efforts to better understand and impact on the social determinants of health.

Obviously, more research is needed. However, we all have already accumulated a considerable amount of information, knowledge, and know how that is insufficiently
used in the daily practice to help protect and improve the health of people. We, for instance, know how to build safer roads or produce safer goods. We have learned a lot of lessons on what can effectively help reduce the consumption of tobacco or alcohol or contribute to reduce obesity.

The discussions in the past two days give me another reason to be optimistic about the outlook for public health. It confirms the big-picture outlook that we are moving towards a broader vision and health paradigm which encompasses health determinants as well as health outcomes.

WHO has been responsive to this outlook. Our Medium Term Strategic Plan for 2008-2015, which was just approved some weeks ago, incorporates changes that are a courageous answer to the complex challenges facing health. It sets out 13 clear and measurable strategic objectives to address health as an intrinsic aspect of socio-economic development and security. My area of responsibility at WHO covers 3 of these strategic objectives: (1) preventing premature death and disability from hearth disease, cancer, diabetes, respiratory diseases, mental disorders, injuries and violence; (2) preventing their key risk factors (tobacco, alcohol, unhealthy diets, physical inactivity) and (3) improving nutrition. This is of great relevance here, as they are taking the greatest, and rising toll of all diseases in the European neighbouring countries. And I'm pleased to confirm that WHO's strategies in these areas are responsive: They clearly state that health is no longer merely a health sector issue but requires action across all sectors of society. The WHO's strategies in these areas are also responsible: It places governments in the driver's seat, and acknowledges that if we are to seriously address these issues, we must broaden our efforts beyond just the traditional health sector.

And that brings me to my second point.

2. The outcome of the discussions over the past days have also highlighted that the challenge is how to translate the knowledge on health determinants into concrete action to secure health outcomes.

The challenge remains how to implement low-cost, high impact, evidence-based interventions by a wide range of actors, many of which are outside the health sector.

We will be hard pressed to change the consumption of high-fat foods and alcohol in the European neighbouring countries if the private sector is not engaged and active. We cannot improve the availability of fruits and vegetables without the help of the agriculture sector. We'll be unable to increase people's physical activity without cooperation from urban planners and transport policymakers. And we'll need those transport policy makers also to implement parts of the solution which will address the nearly 100 people a die who die in road accidents in the Russian Federation. If we don't engage with ministries of finance, trade and revenue to (1) increase tobacco taxation; (2) establish comprehensive bans on tobacco advertising, promotion and sponsorship; (3) enforce comprehensive bans on smoking in public places, and (4) include health warnings including pictures on all products, we would be missing one of the most cost-effective 'health buys' that exist.
So WHO is doing exactly that. Under what is called the Global Bloomberg Initiative, for instance, WHO has been very active in supporting Ministries of Health in 15 low- and middle-income countries with the highest number of smokers in the world to engage with ministries of finance, trade and revenue, consumer affairs, youth and other stakeholders on the need to reduce tobacco consumption and agree on multi-sectoral action plans to reduce tobacco consumption. And to promote healthy diets, WHO has begun consultations with the food and non-alcoholic beverage industries.

None of this is easy, but it needs to be done. WHO does not have all the answers either on how best to mainstream cost-effective interventions that address health determinants into multi-sector programmes which secure health outcomes. To meet these challenges, WHO will continue to evolve as a learning organization. But I would argue that now is the time to concentrate on the hardest tasks.

Policy and decision-makers often demand to see the economic impact. What's the bottom line? Here too the argument is strong; chronic diseases, ill-mental health, malnutrition, tobacco consumption, and road traffic injuries have direct impacts on national economies, communities, health systems and at the household level. For example, they reduce the quantity and quality of labour, and consume health-care resources and medical services. Indirect costs are a bit more tricky to estimate, but WHO's *Preventing Chronic Disease: a vital investment* took a very conservative approach to calculating the indirect cost on GDP in the Russian Federation and estimated it currently to be 1%, but projected to rise to 5% by 2015.

Many of these health problems have been fuelled by globalization. As our interdependence as nations continues to increase, these problems are likely to grow more acute.

Working with the EU within the framework of the European Neighbourhood Policy gives WHO another opportunity to commit to goals, strategies, and resources that incorporate health outcomes in multi-sector strategies across a wide range of issues. I think we agree.

And that brings me to my third and last point.

3. **This workshop is one important step on the way. However, we will need to pursue this effort in the next months, and agree country-by-country on priorities for action and the most effective strategies.**

We hope this workshop will help stimulate the dialogue and will impulse new dynamics both at the regional and the country levels.

Firstly, I would like to reaffirm the WHO readiness to collaborate with both the EU and the countries to work on a kind of road map for more coordinated, and when possible, joint action. The next EU/WHO Senior official meeting to be held in Copenhagen in October will give us the opportunity to discuss ways to move forward.
Secondly, I would like to reaffirm WHO's readiness to work with all countries, both at the individual country level but also through inter-country work. The interest raised by this workshop among both countries and EC and WHO staff is very encouraging.

Before I finish, I would like to thank on your behalf the team who helped prepare this workshop. Colleagues from WHO, of course, but also the colleagues from all Directorates-General involved: DG SANCO first but also DG RELEX and DG AIDCO, and of course colleagues form the TAIEX programme. A special thank you, too, to our colleagues at the European Observatory for their valuable support, and to all speakers. It is also very encouraging to see such a good collaboration between so many and diverse groups of people.

Thank you all for this opportunity to address you. I am committed to moving forward with you, in our closely coordinated roles.

We wish you all a safe trip back home.