

## History's humbling lessons



WHO/EURO

Dr Marc Danzon

Dr Marc Danzon, 58, earned his medical degree from Paul Sabatier University in Toulouse, in his native France, in 1972. He also studied at Paris VI and Paris I universities. He started his career at the French Committee for Health Education in 1974, where later he was director from 1989 to 1992. From 1985 to 1989 he was head of public information at WHO's Regional Office for Europe. In 1992, he returned to the Regional Office to develop public health in central and eastern European countries and the newly independent states. From 1997 to 2000 he was director of public health for France's National Federation of Mutual Insurance Societies. He has served as Regional Director of WHO's Regional Office for Europe since 2000.

A quarter of a century ago public health officials in WHO's European Region declared that the battle against communicable diseases had almost been won. Then, a few years later, a new communicable disease: HIV/AIDS emerged. HIV/AIDS remains a major challenge in WHO's European Region. Despite the rich diversity of the Region, which stretches from the Atlantic Ocean to the Pacific rim and comprises 52 Member States and nearly 900 million people, public health challenges, such as HIV/AIDS, are shared. The Region faces other challenges, including multidrug-resistant tuberculosis, rising trends of obesity and alcohol consumption as well as the proliferation of noncommunicable diseases, natural disasters and of environmental degradation and, most recently, the threat of avian flu and human pandemic flu.

*Q: The European Region includes countries with some of the highest standards of health, countries with the longest life expectancy in the world, such as Switzerland and France, thanks partly to major public health achievements? What are your Region's success stories?*

A: There are many achievements we can be proud of, such as the eradication of smallpox and polio, and reduced tobacco consumption following lifestyle campaigns and national legislation. However, we have to be careful when talking about success stories in public health. Just 25 years ago we thought we were very near to winning the fight against communicable diseases, but then HIV/AIDS arrived. We need to learn history's humbling lessons and always be prepared for new challenges.

*Q: How has the public health landscape changed over the past few decades?*

A: We have to recognize that economic improvements and scientific advances have increased the length and quality of life of many people in the Region. All countries are heavily engaged in finding better ways to organize and finance health care, and to promote better health equity and responsiveness.

Governments devote a growing share of their limited resources to the health sector. Over the past couple of decades, health has moved higher on the public agenda. When I started my career in public health, a health minister was considered one of the least demanding portfolios in a government. Now, public health is a tough, demanding and extremely important sector in the government hierarchy.

*Q: There is a growing realization among governments that they need the best possible evidence on which they can base their health policy. Health information is essential to identify and assess new health problems as they emerge and gauge an appropriate response.*

*How do you help to provide information to Member States?*

A: Our goal is to become a service-oriented agency. Today, our Member

States are perceived as customers whom the WHO European Office seeks to serve and support quickly and effectively with information. This shift in focus is also reflected in a fundamental change in outlook. We realize the importance of local knowledge

and have significantly expanded our collaboration with countries throughout the Region. We are dedicated to provide health decision-makers in our Member States with up-to-date, relevant, credible and specialized information and advice that is based on good research. This evidence is customized for local conditions and delivered quickly — sometimes in a matter of days or even hours. We have a series of tools to help

us achieve this objective. One of them is the Health Evidence Network: a new project set up to rapidly provide evidence-based practical advice or solutions, on request, to decision-makers.

“ Just 25 years ago we thought we were very near to winning the fight against communicable diseases, but then HIV/AIDS arrived. We need to learn history's humbling lessons and always be prepared for new challenges. ”

*Q: If you are offering practical advice and practical solutions, do you take legal and other responsibility? What are the risks involved in providing such information?*

A: Offering advice on what works and what doesn't in public health is WHO's responsibility. Moreover, this is one of the reasons why WHO exists. Our goal is to help decision-makers make evidence-based choices. We are getting closer to our Member States. We have put countries at the heart of our work by restructuring our organization, tailoring and improving services. We do not want to be risk-averse bureaucrats — we want to be people who help.

“We do not want to be risk-averse bureaucrats — we want to be people who helped.”

*Q: Child obesity is a growing public health problem in many parts of the European Region. What are countries doing to combat the problem and which countries have made progress in fighting child obesity?*

A: Many countries in Europe have started to think seriously about this issue. The proof is that, following the

request from our Member States, we are organizing a European Ministerial Conference on counteracting obesity, in November 2006, in Istanbul, Turkey. Child obesity will be a major focus at this important event. Speaking about action against child obesity, I would like to mention Spain, which is putting labels on fast food products

to say how much fat and salt they contain. France has banned junk food vending machines in schools. Other countries are contemplating something similar and we will support them in this. An important thing to mention

here is the fact that we are building partnerships to tackle this issue with other agencies, for example, with the European Commission. We also need to establish a win-win relationship with the food sector, which is a new and difficult task. When we campaigned against tobacco our position towards the tobacco industry was clear. Problems associated with food require a more complex response, but I believe we will succeed.

*Q: The end of communism in the former Soviet Union and eastern Europe brought in its wake major changes for public health services. Have the countries of eastern Europe and the newly independent states of the former Soviet Union managed to reform their health systems to the benefit of their people?*

A: This is a very complex issue. Many health systems are still under reform. After the collapse of the Soviet Union, one way to bring in reform was to privatize state-run sectors. People often thought privatization would solve all their problems, but this was not always the case. In public health, the need for effective management and financing came up. As there is no such thing as a “perfect” health system, the countries had to make tough decisions in choosing the ways in which they wanted their health sector to develop. They also had to learn that whatever types of financing or management they choose, everyone — including vulnerable groups — has to have access to health care. These issues are relevant not only for transition countries but for all Member States. ■

## Recent news from WHO

- Four Turkish children died of the H5N1 avian flu virus in January. They were the first confirmed human victims of the virus in WHO's European Region, WHO said on 19 January. The four deaths in Turkey plus a sixth person, who died of avian flu in China, brought the toll of known human avian flu deaths to 80 globally.
- On 19 January WHO called on pharmaceutical companies to end the practice of the marketing and sale of “single-drug” artemisinin-based malaria medicines to prevent malaria parasites from developing resistance to the drug. The use of single-drug artemisinin treatment — known as monotherapy — hastens development of resistance by weakening but not killing the parasite. When used correctly in combination with other antimalarial drugs in artemisinin combination therapies (ACTs), artemisinin is nearly 95% effective in curing malaria and the parasite is highly unlikely to become drug resistant. ACTs are currently the most effective medicine available to treat malaria.
- WHO Director-General, Dr LEE Jong-wook underscored the areas that need urgent international and national action to fight avian influenza and prepare for an influenza pandemic at a conference in Beijing, China, from 17 to 18 January. The International Pledging Conference on Avian and Human Influenza was organized by the Chinese Government, the European Commission and the World Bank.
- Public health and veterinary experts, development partners and representatives of Member States from WHO's African Region met in Brazzaville, the Republic of the Congo, from 12 to 13 January to discuss the threat of **avian flu and a human pandemic flu**. Although transmission of the highly pathogenic avian influenza (H5N1) has not been reported in the WHO African Region, cases of the low pathogenic avian influenza (H5N2) have been found in South Africa in 2004 and Zimbabwe in 2005 among ostriches.
- In a public opinion survey conducted by WHO, respondents from across the world said avian influenza was the top health issue in 2005 followed by HIV/AIDS and in third place tobacco. The same survey found respondents rate tobacco as the number one neglected health issue, with HIV/AIDS in second place and environmental health issues in third.

For more about these and other WHO news items please see: <http://www.who.int/mediacentre/events/2005/en/index.html>