As part of the preparation of the regional programme budget, Member States are consulted individually and in writing on a draft programme budget in the spring of the year. The document is to be submitted to the Regional Committee for endorsement. In addition, the Standing Committee of the Regional Committee reviews the draft budget and gives advice on its contents. All comments received before 15 June 1994 have been taken into consideration in the finalization of the regional programme document submitted to the Regional Committee (document EUR/RC44/5). All 12 replies received from Member States, including comments received after 15 June (Norway, Poland, Slovakia), are presented in this document.

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**GENERAL COMMENTS**

**CZH:** The Czech Republic initiative in public health education in central Europe.

*The problem:* The Czech Republic is not well developed with respect to the epidemiology of environment, nutrition, lifestyles, and drug abuse. The agenda aimed at combating the risk factors in the mentioned fields was established in all countries of the former Soviet bloc merely as a governmental reporting system. Consequently, until now no tradition of educational experts in health promotion has existed. Hence the activities undertaken to minimize the risk factors have remained insufficient, which may lead to the conclusion that they are ineffective in principle thereby wasting money that could have been spent on high technology used towards sophisticated therapy for individual patients. Without radical changes in this system, the health policy of the Czech Republic would be faced with the constant struggle of trying to combat the adverse consequences of the uncontrolled risk factors, which would result in an unnecessary drain of resources. The strengthening of education, research and expertise in this area seems to be an indispensable prerequisite to the success of the transformation of the health care system in the Czech Republic. An additional but closely related problem is the underdeveloped informatics in the areas of epidemiology, health care delivery and management. As before the specific requirements of the health informatics have no institutionalized background in the system of pre- and postgraduate education.

*The initiative:* The CZH intends to establish a modern system of pre- and postgraduate education in the above-mentioned fields. There are both running projects and further incentives to set up the education in these fields with a strong institutionalized basis. Considering the similar situation in the neighbouring countries and the preparatory discussions with experts from EU and WHO, the CZH arrived at the conclusion that such projects should be given high priority in the central European context from their beginning. Thus, the educational institutes in epidemiology and informatics will be viewed as having an international character and would have been established as WHO collaborating centre. The focal points in the CZH are the National Institute of Public Health which provides a good professional background in epidemiology and EuroMISE, a project aimed at teaching the teachers in medical informatics, statistics and assessment methods in epidemiology. NIPH is in close contact with the Bilthoven division of the WHO Centre for Environment and Health, which endorses the respective educational projects. EuroMISE is running in the framework of the TEMPUS programme which is focused on strengthening the educational efforts in the countries of central and eastern Europe. EuroMISE organizes the cooperation of Charles University (5 medical faculties and the faculty of mathematics and physics) with 13 other west European faculties oriented towards medical informatics.
The proposal of an amendment to the 1996–1997 budget: In view of the above the CZH would much appreciate if the 1996–1997 budget allocates support for a project aimed at strengthening professional education in the above-mentioned fields. The budget should include an earmarked sum for the fulfilment of the already running negotiations and projects aimed at building up expertise in the fields of epidemiology and informatics to meet central European needs.

DEU: Preliminary comments on the draft of the proposed programme budget 1996–1997: Format of the proposed programme budget and general financial approaches:

(a) The draft of the proposed programme budget 1996–1997 amounts to US $48,987,000 at 1992–1993 prices. It is at exactly the same level as the 1994–1995 budget and thus shows zero real growth. The proposed budget is based on the rate of exchange applicable to the current budget, i.e. DKr 6.7 per US $. An increase in this rate is to be expected on the grounds of inflation and trends in exchange rate movements. Owing to a reduction in budget resources in 1992–1993 (10%) and 1994–1995 (4.2% withheld as a contingency reserve), with a simultaneous increase in the number of Member States in the Region from 31 to 50, regular budget posts (11) had to be abolished and efforts concentrated on priority areas. This prioritization is consistently taken forward in the proposed programme budget 1996–1997, in that the most needy countries and population groups are given the highest priority and, in order to ensure optimal use of limited resources, the programmes are concentrated on 12 priority areas. Not only does the 1996–1997 programme budget correspond to the current budget in terms of magnitude, it also diverges only slightly from the 1994–1995 budget in terms of individual allocations; one exception is the marked reduction in expenditure on temporary staff, from 0.81% of the 1994–1995 budget to 0.36% in 1996–1997 (a reduction of 44%); on the other hand, expenditure on the country programme is to increase from US $4,224,000 in the current budget by approximately US $1 million or 8.71% in 1996–1997.

Overall, the proposed programme budget 1996–1997 can be accepted in principle.

(b) While the very extensive amount of time allowed for preparation of the proposed programme budget is to be welcomed, I would draw attention to two points:

The consultation process could only be initiated at the beginning of April, since the corresponding documents were only received at that time. The deadline of 30 April does not take account of the many public holidays and the vacation period around Easter. In addition, the timing is less than favourable because – and this has

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been the case for years – the World Health Assembly opens during the first week of May. In parallel with the consultation procedure, which involves a considerable amount of work, preparations are under way for the World Health Assembly, with preparatory work for the Minister's visit to the Assembly, finalization of statements for the plenary, and the very extensive and always last-minute technical preparation of some 30–35 agenda items. This applies to all the 50 ministries of health in Europe.

II. Technical aspects: see comments by target.

III. Owing to the very short deadline (see above), I may submit further statements following the end of the Forty-seventh World Health Assembly.

MAT: As Dr Vassallo participated in the review of the draft at the recent meeting of the SCRC would you kindly consider his contribution as representing the view and comments from Malta.

NOR: We appreciate the opportunity to respond to the draft. Since the major discussion on this is to be held in the regional meeting in September, we look forward to bringing more substantial comments to the meeting before the finalization of the document.

We appreciate the highlighting of the proposed financial allocations according to targets. We also appreciate the general emphasis on giving higher priority to the country level of the European countries most in need, both when it comes to activities and staff time priorities.

On budget information for each target, it would be helpful if % of total budget was stated here in addition to in the overview. Emphasis on priorities within programme activities on each target are not specified.

We are aware of the problems of improving the quality of the budget planning because of the length of the planning process. We would, however, hope to see some suggestions from the secretariat in WHO Europe regarding alternative ways of shortening the lead time. We would greatly appreciate EURO's analysis of possible consequences of changing the order of the governing meetings. For example, holding regional meetings in January, Executive Board meetings in May and World Health Assembly in September–October. It would be very helpful if such analysis by the Regional Office could be presented in September this year, as a follow-up to last year's resolution on the budget (WHA46.35). We believe a possible substantial shortening of the lead time would also improve the discussions on priorities in the future and that this could be crucial for the European Region. We also look forward to EURO facilitating an in-depth discussion on strategic and
financial priorities during the regional meeting, since more work needs to be done in this regard. We are looking forward to discuss these issues with you further.

**RUS:** In answer to your letter of 14 March 1994, we can inform you that the "Proposed Programme Budget 1996–1997" has been studied in detail at the Ministry of Health and Medical Industry of the Russian Federation.

We welcome the approach proposed by WHO/EURO of singling out the highest priority orientations and fields of action for 1996–1997. This approach corresponds with the practice in our country, which has been applied when implementing health care reforms in the Russian Federation under conditions of budgetary constraints.

The Ministry of Health and Medical Industry of the Russian Federation supports the general arrangement of the proposed programme budget into four global priority areas, as defined in resolution WHA46.35.

I should like to take this opportunity to confirm the **Russian Federation's desire for more active cooperation with the Regional Office for Europe of WHO in areas related to specific priorities in the field of health care and medical science**, for the good of the people’s health.

**SWE:** By resolution of the Member States, there now exist three priority programme areas: 1. Europe-wide activities; 2. EUROHEALTH; 3. Humanitarian assistance. All work is to be guided by goals 1: Equity in Health and 38: Health and Ethics. In addition, twelve subject fields are indicated as starting points for prioritization in the draft budget. The SCRC discussed the draft budget at its meeting in March 1994, when Sweden took the initiative in setting up a thirteenth subject field, namely Health of Migrants and Refugees. The proposal was adopted by the SCRC, and the secretariat was instructed to analyse the health status of these groups, to make proposals concerning measures to be taken and funding through the reallocation of moneys, and to devote special consideration to human rights aspects.

The draft budget has a far better structure than previously, but one still looks in vain for an overview and for intelligible information about the total budget. The Ministry of Health and Social Affairs sees an urgent need for summaries by main programme areas and priority subject field respectively. All activities, including all resources allocated, broken down between regular budget and external funding, should be made clear. The Member States must be still more clearly informed of the priority or non-priority status of activities. It is perhaps too early to indicate resources in addition to the regular budget for 1996–1997. Many activities are being externally funded for the current budgeting period, and the programme should therefore include a discussion of priorities and measures proposed in the event of a change occurring in these resources as compared with the current budgeting period.
A **division of labour** is desired with other international organizations, such as the European Union and the Council of Europe. In addition, the desire is stated, with reference to many of the goals, of making more systematic use of WHO collaborating centres, though it is not explained how. The Ministry greatly approves of this aim, but the division of labour needs to be concertized in the programme, otherwise it will be hard for Member States to take a stand on the matter. The division of labour may lead to demands for extra national contribution, and the programme makes reference to the hope of extra funding.

**SWI:** We welcome the very clear presentation of the proposed programme budget 1996–1997, and in particular the allocation of costs to individual targets and/or objectives and outputs. As a result, the document has also become very extensive; a summary (which unfortunately is still lacking) would have made it easier for the reader to find his or her way around the document.

Chapters 3 to 7: The answers to question 3 for each chapter given in the questionnaires are conditional upon Parliament granting the corresponding credits.
CHAPTER 1. PROGRAMME STRATEGIES AND PRIORITIES

LTU: We agree with programme strategy and priorities.

NOR There are, however, some improvements that could be made. The budget can easily be seen rather fragmented and limited regarding specifications on programme allocations. The summary and overview therefore becomes important. The overview should also clearly define resource allocations for emergency relief and possibly give some analysis on complementarity to other organizations including their funding on emergency relief in Europe. Also, in areas other than emergency relief, the resources used in cooperation with the European Community and possibly a brief analysis of complementary investments in health by EU and WHO Europe.

The issue of increasing the budget by 6.8% from 1993 level to 1994–1995 level seems rather unrealistic in the present situation. We strongly advise against planning with unrealistic budget framework.

TUR: We have no comments and suggestions.

SVK: The Ministry of Health of the Slovak Republic is responsible for health policies, strategies and health care issues in our country in this period. The implementation of EUROHEALTH programme will depend mainly on effective cooperation and availability of sufficient resources. It is not the question of awareness or accountability of the Government. The establishment of the WHO liaison offices as an intercessor between the Regional Office and the Ministry of Health is not a very happy solution. The WHO Liaison Office is not a part of national administration and cannot be responsible to the Government for EUROHEALTH programme implementation and cannot implement this programme on behalf of the Government. On the other hand, the Liaison Office cannot replace all highly qualified experts in the Regional Office. Therefore we propose to replace the fourth paragraph on page 7 as follows: "In carrying out its EUROHEALTH programme, the Regional Office will continue to support the countries in accordance with their needs and requests." – The first paragraph on page 13: "make more efficient and effective communication and cooperation between WHO and appropriate country authorities (Ministry of Health, ....).

In general, the staff costs are much higher than the programme operations cost.

SWI: We can agree to the twelve priorities proposed. The concept of "family health" is not quite clear; it does not appear again in the subsequent text and is not listed in the index. Is it mainly related to targets 7 and 8? We would urge that this concept is explained in more detail in the document that will be submitted to the Regional Committee.

Equally, we are in agreement with the posteriorities; we also welcome the planned reallocation of the resources thus released. It would, however, be desirable to give detailed information on the posteriorities and the reasons for choosing them.
CHAPTER 2. REGIONAL POLICY DEVELOPMENT, GOVERNANCE, PROGRAMME MANAGEMENT AND SUPPORT

LTU: We agree with the main principles of the regional policy development, governance, programme management and support.

SVK: Replace on page 27, third para: "This includes joint planning, implementation and evaluation both at the Regional Office and in the appropriate national authority (Ministry of Health) in Member States".

Re output 8: Expected outcomes: are not enough for the maintenance of the WHO liaison offices.

TUR: We have no comments and suggestions.
CHAPTER 3. ACHIEVING BETTER HEALTH (TARGETS 1–12 AND RELEVANT PARTS IN CHAPTER 8)

Replies to questionnaire

1. Do the objectives and outputs reflect the priorities for 1996–1997? Yes No

   If not, specify:

   CZH
   LTU
   RUS
   SVK
   SWE
   SWI
   TUR

2. Are there subject areas where your country would like to receive specific assistance during 1996–1997? Yes No

   If so, specify:

   CZH
   LTU Promoting better health. Reducing chronic diseases (chronic diseases (cardiovascular, cancer, mental) and accidents.
   SVK Objective 4.2, Objectives 9.1 and 9.2
   SWE
   SWI X
   TUR X

3. Can your country assist the Regional Office in implementing the work programme through:

   (a) joint ventures or partnerships between the Regional Office, countries, IGOs Yes No

   If so, specify:

   CZH
   LTU
   RUS Provision of experts
   SWE
   SWI Support for practical cooperation projects by the Federal Department of Foreign Affairs (EDA)/office for cooperation with eastern and central Europe (BZO)
   TUR We can share our experiences on the EPI CDD programme

   X
(b) fellowships

If so, specify:

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<tr>
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<tr>
<td>LTU</td>
<td>CINDI, MONICA, CVD Risk Factors Modelling, Cancer Register</td>
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<td>SWE</td>
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<td>SWI</td>
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(c) secondments of national experts to the Regional Office

If so, specify:

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(d) support to the Regional Office through collaborating centres and national institutes for action in HFA target areas

If so, specify:

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<td>LTU</td>
<td>Centre of Oncology, Vilnius University Medical Faculty, Kaunas Medical Academy (CVD and other NCD)</td>
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<tr>
<td>RUS</td>
<td>Holding joint meetings, preparation of analytic material and documents</td>
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<tr>
<td>SVK</td>
<td>through national institutes</td>
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<tr>
<td>SWE</td>
<td>X</td>
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<td>SWI</td>
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Specific comments on targets 1–12

Target 1. Equity in health

DEU: According to the target statement, the differences in health status between countries and between groups within countries should be reduced by at least 25%. I have reservations about giving a percentage figure. It is not made clear which indicators of health status are to be compared with each other, whether available information concerning the indicators in one country is in harmony with or comparable to information on indicators in other countries, whether population groups can be compared with each other within countries, and whether the classification by
population groups within one country is comparable with the classification by population groups in other countries.

**Target 2. Health and quality of life**

**Target 3. Better opportunities for people with disabilities**

**DEU:** The situation analysis, programme perspective and programme strategy are aimed in particular at ensuring a minimum social standard for people with disabilities. This concern is essentially justified, but it has already been met in the Federal Republic of Germany. The setting of priorities by WHO, which comes down to ensuring minimum social standards, appears to be acceptable on financial grounds.

It is necessary to bring work under this target in line with programmes of the Council of Europe, which are based on Council of Europe recommendation AP(92)6 concerning a coherent policy for people with disabilities (this recommendation has also been endorsed by many countries of central and eastern Europe).

The Federal Republic of Germany also has extensive experience with regard to this issue. The booklet on vocational integration of people with disabilities, issued by the Federal Labour Office, gives information about possibilities for vocational integration in the context of different disabilities; the "REHADAT" data bank contains some 1400 practical examples of successful vocational integration of people with disabilities.

**Target 4. Reducing chronic diseases**

**DEU:** *Diabetes mellitus:* Owing to the constantly increasing life expectancy in the Federal Republic of Germany, the number of people with diabetes mellitus will increase. Steps have already been taken to implement the St Vincent Declaration in Germany. German health care establishments are involved in the international programmes (EUROCARE, DIDOQ Diab Care). The reduction of general risk factors is also a priority for Germany. Germany is involved in implementing the diabetes action plan (St Vincent Declaration) in the context of Diab Care. This target is important, as is the programme perspective.

Under the model programme for improvement of care of the chronically ill, which has been in operation since 1987, a revised statement for the priority area "metabolic diseases and disorders of the digestive system" was issued in 1993. The aim of this statement is to improve patient care by:

- disseminating strategies for motivating patients with regard to preventive behaviour and methods of coping with disease;
- promoting work in the therapeutic team, with emphasis on the introduction of interdisciplinary treatment concepts and better acceptance of and coordination with allied health professions;
introducing model measures among responsible bodies outside the project team, e.g. by educating "extension workers". Promotion of individual activities is planned from the summer of 1994 onwards.

It is already evident that the majority of efforts are concerned with the care of diabetes patients and tackle central issues of implementing the St Vincent Declaration.

*Health surveys, early detection of diseases, especially early detection of cardiovascular and renal diseases as well as diabetes mellitus:* With the aim of improving the care of the chronically ill, the Federal Ministry of Health initiated a special programme in 1993. On the basis of the findings of a study initiated by the Federal Ministry of Health to accompany the introduction of health surveys (and designed to assess the effectiveness of such surveys), a further study is to examine which preventive and therapeutic consequences can be ascertained from the identification of risk factors and diseases in health surveys, how standards for physicians' preventive counselling work can be implemented, and how a model trial of appropriate intervention documentation can be carried out. This work is scheduled to begin in the summer of 1994 and to extend over some three years.

*Health promotion and disease prevention:* In 1993, the Federal Ministry of Health put up for tender and contracted out the task of making a situation assessment in the field of health promotion and disease prevention. In that context, basic positions are to be worked out on the following issues:
- quantity and quality of the measures on offer, as well as qualifications of course organizers and leaders;
- effectiveness and efficiency of preventive measures;
- uptake and acceptance of preventive measures by insured persons;
- shortcomings and needs for changes in the preventive practices of sickness insurance funds.

This activity is scheduled to be completed in June 1994.

**Objective 4.2:** In continuing the CINDI programme, I would ask for consideration to be given to the fact that not all "chronic risk factors" are covered by these measures; indeed, some very important ones are omitted. CINDI is aimed more at changes in behaviour than in attitudes.

"Persons at risk of chronic disease" are listed as one of the main clients. In this connection, the programme budget unfortunately contains no information about the criteria used to select this group of people. Ultimately, *everyone* is a candidate for a chronic disease. I assume that only primary prevention of the general population
can be meant, unless CINDI wishes to limit itself to people at risk, such as heavy smokers, the obese, or those with high blood pressure.

It is striking that in the section "Link to other target(s)" there is no mention of target 14, despite the fact that this is particularly relevant, especially on account of the Healthy Cities network. It is technically important to make a close connection here.

**Target 5. Reducing communicable diseases**

**DEU:** The general orientation of the programme strategies and priorities is welcomed, since the fundamental goals and actions are covered in their essentials. The statements in the draft budget rightly start from the assumption not only that immediate goals are given prominence, but also that the social context is included. Target 5 points to the need to take account, in HIV prevention, of social reactions to people with HIV infection or AIDS. The situation in countries of central and eastern Europe should be confronted more vigorously. Instead of referring to "alleviation" of the negative consequences with regard to people with HIV infection or AIDS (page 47 in the English text), a clearer political signal should be sent. The aim must be to counter discrimination with all available means, right from the stage of prevention. Prevention and protection against discrimination go together. Solidarity with people with HIV infection or AIDS and those in risk groups, as well as protection against discrimination, must be a systematic and specific approach for the more than 50 projects planned on developing technical qualifications and practices in the programme on HIV/AIDS and sexually transmitted diseases.

The measures to control diphtheria in the countries of central and eastern Europe and assistance with the management of tuberculosis are equally important. Great attention is paid in the Federal Republic of Germany to the control of sexually transmitted diseases, as well as to WHO's expanded programme on immunization. The enormous repercussions, in terms of people's own economic situation and the national economy, of many infectious diseases which can easily be prevented in practical terms make prevention a major goal in this area. It is rightly emphasized in the draft programme budget that prevention strategies call for a well organized health service. However, the responsibilities and initiatives that must be incorporated in prevention strategies cannot be limited to government organizations. The health service must be expanded to take in the aspect of self-help. Prevention strategies with regard to the management of HIV infection/AIDS and sexually transmitted diseases must be built up which strengthen people's responsibility for themselves and heighten their awareness. This approach is too briefly mentioned in the proposed programme. There is also a lack of emphasis on the fact that in the countries of central and eastern Europe self-help should be initiated, supported and promoted. In order to underline the health policy relevance of self-help groups, allocations of resources for self-help groups in the field of HIV
infection/AIDS and sexually transmitted diseases should be envisaged and specifically mentioned.

In terms of the total budget, target 5 has been allocated high priority. In view of the measures required, the resource input appears to be too slender, however. It is therefore doubtful whether the relatively meagre resources available can do justice to the problems ahead.

Target 6. Healthy aging

Target 7. Healthy children and young people

DEU: The target statement is endorsed. Although Germany is one of the countries with a very low infant mortality rate (6 per 1000 live births), further improvements should be attained by targeted antenatal preventive care and reduction of mortality at older ages (sudden infant death). The objectives are important. Measures are planned to be focused on central and eastern Europe.

Target 8. Health of women

DEU: With 8.6 maternal deaths per 100 000 live births in 1991, maternal mortality is not a particularly topical health problem area in the Federal Republic of Germany. Perinatal surveys are being assessed in each Land.

Target 9. Reducing cardiovascular diseases

DEU: The target statement has not been fundamentally changed compared with previous WHO budget documents. It is striking from the situation analysis that the decline in mortality from cardiovascular disease, above all in central and eastern Europe, is solely attributed to preventive measures. I doubt that this is the case, since preventive measures in this area can only have a measurable effect after a relatively long time, whereas mortality is also (and here presumably predominantly) based on timely and qualitatively appropriate treatment as well as more ready to access to such treatment.

Objective 9.1: It is noticeable that the MONICA project is listed as an important one, although this comes to an end in 1995/1996, so far as I know. The MONICA project does not otherwise appear to be mentioned anywhere else.

Objective 9.2: Since these objectives are being implemented in Germany, we have no comment to make under this heading. However, in the area of rehabilitation, in particular, the question of cost/benefit should be raised before "comprehensive measures" are launched. The Federal Republic of Germany has a lot to catch up on in this regard.
Target 10. Controlling cancer

SVN: Objective 10.1: To reduce mortality through early detection and the provision of appropriate services. As a cancer epidemiologist I consider the burden of cancer in Europe such a problem that at least certain specific, advisory activities under this target should be going on in the time period 1996–1997. I wonder whether the material has been prepared together with the Cancer and Palliative Care Unit in WHO/Geneva. It is doubtful, namely, whether a target justifies its specific name and existence if no specific activities are going on under its title and it is doubtful whether such a programme is needed at all.

The proposed text is: In 1996–1997 specific actions taken under this target are the responsibility of participating countries (if really no funds are available for this target, but an establishment of Cancer unit at the Regional WHO Office, that already existed, should be seriously considered). WHO will maintain links with other organizations active in this field in Europe. Activities directed towards cancer prevention will take place under this and other targets. Some regular budget at least for assistance in planning to develop active mass screening for cervical cancer in countries where it has not been introduced yet would certainly be appreciated.


Output: specified in individual country's cancer control plan.

Expected outcome: reduced mortality from cancers of specified sites.

Main clients: determined in participating countries.

Main partners: same as in the proposal.

Link to other targets: same as in the proposal.

DEU: No resources at all are allocated to work towards attaining this target. This is very surprising. There is clearly a view in WHO that the goals aimed for can be attained by work under other targets and through cooperation with the European Union's "Europe Against Cancer" programme. It is true that important primary preventive measures, such as promoting non-smoking or a healthy diet, are actually covered in other targets. It is also correct that "Europe Against Cancer" is equally tackling these important issues, although not treatment as such. However, a third action plan for this programme from 1995 has currently not yet been concluded, although it is expected. However, much will depend on the financial framework agreed for a third action plan. In these circumstances, it is not acceptable to envisage absolutely no resources here and to point to the links with other targets. Cancer-specific measures, e.g. palliative care, just cannot be taken up in the context of targets 28, 29, 30 and 31 on health care. It therefore seems urgently necessary to keep at least one option open here with regard both to strategic objectives and to financial resources.
Target 11. Accidents

Target 12. Reducing mental disorders and suicide

DEU: The target statement, situation analysis and programme perspective are inexact, since the concept of "mental disorders" is not differentiated in its terminological aspects and inasmuch as the statements cover the whole spectrum of mental disorders from schizophrenia via the dementias to stress symptoms. On the other hand, the different diseases entail, respectively, other target statements, situation analyses and also programme perspectives.

The first sentence of the target statement makes this clear: "By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders". It is a known fact that the prevalence of schizophrenia is equally high from one culture to another and regardless of external influences such as crises and war situations.

Re paragraph 1 (target statement): The individually listed goals for improving the environment, people's situations and living conditions are to be welcomed, since they contribute to raising the quality of life. However, it remains questionable how far the reduction in the prevalence of mental disorders that is aimed at can be achieved, especially with the reservation expressed in the first sentence of target 12. The programmes on prevention and the improvement of health care mentioned as goals are unreservedly welcomed on the grounds of principle. Unfortunately, they are not further specified.

Re section 2 (situation analysis): To date there have been no valid statistical surveys showing that mental disorders are drastically or continuously increasing. In order to make such a statement generally valid, it needs terminological and/or diagnostic differentiation. In addition, account should be taken of the fact that in the so-called rich industrial countries, the increase in diagnostic and therapeutic possibilities has also heightened individual sensitivity to stress or psychosomatic disorders. The increase in geronto-psychiatric disorders is conditioned solely by demographic trends. Assessment of the establishment of community psychiatric care structures is unfortunately not conceivable on an across-the-board basis in the Federal Republic of Germany. Regrettably, there continue to be differences between the western and the eastern Länder of the Federal Republic.

In the text there is also mention of the wide distribution of the results from a continuing multicentre study on parasuicide: unfortunately, these have not been forwarded to the Federal Ministry of Health and cannot therefore be assessed from our standpoint.

The establishment of a regional mental health database is greatly to be welcomed. In view of the considerable difficulties faced by countries just in the area of general psychiatry, implementation is regarded somewhat critically.
Re section 3 (programme strategy): The objective for general psychiatric care is aligned on the principles of community psychiatric care, about which there is general consensus and which has formed (and continues to form) the content of the structural change in psychiatric care being carried out as part of the reform of psychiatry in recent years. The broader perspective of bringing migrants and refugees into the picture of the care strategy appears to be urgently called for, in view of the ever-evolving multicultural situation, and especially since all activities are ultimately introduced at national level.
CHAPTER 4. LIFESTYLES CONDUCIVE TO HEALTH (TARGETS 13–17 AND RELEVANT PARTS IN CHAPTER 8)

Replies to questionnaire

1. Do the objectives and outputs reflect the real priorities for 1996–1997? Yes No

If not, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>Tobacco-free Czech Republic, HIS/AIDS, drug abuse</td>
</tr>
<tr>
<td>LTU</td>
<td>Health education, promotion, settings for health promotion</td>
</tr>
<tr>
<td>RUS</td>
<td>Objectives 13.1, 14.1, 14.2, 15.1, 16.2, 17.1, 17.2</td>
</tr>
<tr>
<td>SVK</td>
<td></td>
</tr>
<tr>
<td>SWE</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td></td>
</tr>
<tr>
<td>TUR</td>
<td></td>
</tr>
</tbody>
</table>

2. Are there subject areas where your country would like to receive specific assistance during 1996–1997? Yes No

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Issues</th>
</tr>
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<tbody>
<tr>
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<td>Objectives 13.1, 14.1, 14.2, 15.1, 16.2, 17.1, 17.2</td>
</tr>
<tr>
<td>SWE</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td></td>
</tr>
<tr>
<td>TUR</td>
<td>Financial support to participate in international meetings about every aspect of psychotic drugs</td>
</tr>
</tbody>
</table>

3. Can your country assist the Regional Office in implementing the work programme through:

(a) joint ventures or partnerships between the Regional Office, countries, IGOs Yes No

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Issues</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td></td>
</tr>
<tr>
<td>LTU</td>
<td></td>
</tr>
<tr>
<td>RUS</td>
<td>Provision of experts</td>
</tr>
<tr>
<td>SWE</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td>Support for practical cooperation projects by the Federal Department of Foreign Affairs (EDA)/office for cooperation with eastern and central Europe (BZO)</td>
</tr>
<tr>
<td>TUR</td>
<td>We can share our experience on the community participation by staff time and experts about subjects relating to control of psychotropic substances on the market</td>
</tr>
</tbody>
</table>
(b) fellowships

If so, specify:

- **CZH** Anti-smoking, drug abuse, health promoting schools
- **LTU** Healthy Cities, schoolchildren smoking prevention programme, stroke and hypertension
- **SWE**
- **SWI** See above
- **TUR**

(c) secondments of national experts to the Regional Office

If so, specify:

- **CZH** Health or Tobacco, Nutrition (breastfeeding substitute legislation)
- **LTU**
- **SWE**
- **SWI** See above
- **TUR**

(d) support to the Regional Office through collaborating centres and national institutes for action in HFA target areas

If so, specify:

- **CZH**
- **LTU** National Health Education Centre (Vilnius)
- **RUS** Holding joint meetings, preparation of analytic material and documents
- **SVK** through national institutes
- **SWE**
- **SWI** Department of Social Welfare, Health Section (Dr G. Domenighetti)
- **TUR**

Specific comments on targets 13–17

**Target 13. Healthy public policy**

**DEU:** With a conference on future tasks in health care, the Federal Ministry of Health has set out a programme for disease prevention in the coming years. The Federal Centre for Health Education promotes healthy lifestyles. It makes comprehensive information available to the population on the possibilities of disease prevention and on motivating people to adopt a healthy lifestyle. It works with a multitude of occupational groups,
major umbrella organizations and voluntary groups in the area of health promotion, and it is internationally recognized as a WHO collaborating centre. Under objective 3.1, steps must be taken to ensure that the Federal Centre for Health Education is and remains actively involved in this network.

Following the statements in the programme strategy relative to objective 13.1, one measure envisaged is the extension of a computerized database on lifestyle and health policies and programmes in Member States (page 75 in the English text – output 2). In order to be able to make a definitive assessment of whether such a measure is sensible, further information is needed, especially on the data that will be collected and compiled, on the expected use of the data collected and on the costs of the database.

**Target 14. Settings for health promotion**

DEU: Health promotion in the context of the Healthy Cities and Health-promoting Schools networks can offer broad entry points for work on healthy lifestyles.

**Target 15. Health competence**

**Target 16. Healthy living**

**Target 17. Tobacco, alcohol and psychoactive drugs**

DEU: The Member States endorsed the European Alcohol Action Plan in 1992. Principles and strategies have already been laid down in this plan and are being jointly supported. A further conference (the one planned for 1995 to reach agreement on principles and strategies for reducing alcohol-related problems) could only confirm these objectives. Such confirmation, and a description of the status of implementation as well as a possible analysis of the gaps in such implementation, do not justify this planned conference. A fundamentally new "message" would be lacking. In addition, the aims of the planned meeting on implementation of the Action Plan need to be clarified with national coordinators.

With regard to the planned establishment of a database, it must be clearly stated that EU's European Monitoring Centre on Drugs and Drug Abuse will constitute the European database. In view of its cooperation with the Pompidou Group, which represents the eastern European countries, above all, no further database appears necessary, especially since there is already a further database within the UN which is provided with reports each year on the basis of the International Conventions. The European Monitoring Centre on Drugs and Drug Abuse is available to all non-member countries of EU and all international organizations. Since EU, under the Maastricht Agreement, has competence for prevention not only in the area of drugs but also of other health policy-relevant problems, the European Monitoring Centre for Drugs and Drug Abuse must also tackle the problems of tobacco, alcohol and pharmaceuticals. Additional duplication of effort by WHO is not needed. Better agreement with all international organizations on the necessity of collecting data is required. The activities must be split up or joint instruments would have to be used.
### Chapter 5. Healthy Environment (Targets 18–25 and Relevant Parts in Chapter 8)

#### Replies to questionnaire

1. **Do the objectives and outputs reflect the real priorities for 1996–1997?**
   - Yes
   - No
   
   If not, specify:
   
<table>
<thead>
<tr>
<th>Country</th>
<th>Yes</th>
<th>No</th>
</tr>
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<tbody>
<tr>
<td>CZH</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>LTU</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>RUS</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>SVK</td>
<td></td>
<td>X</td>
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<tr>
<td>SWE</td>
<td></td>
<td>X</td>
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<tr>
<td>SWI</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>TUR</td>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

2. **Are there subject areas where your country would like to receive specific assistance during 1996–1997?**
   
   If so, specify:
   
<table>
<thead>
<tr>
<th>Country</th>
<th>Specific Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>See general comments</td>
</tr>
<tr>
<td>LTU</td>
<td>Human health in a changing environment, occupational health</td>
</tr>
<tr>
<td>SVK</td>
<td>Objectives 19.1, 19.2, 22.1</td>
</tr>
<tr>
<td>SWE</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
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<td>TUR</td>
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</table>

3. **Can your country assist the Regional Office in implementing the work programme through:**

   (a) joint ventures or partnerships between the Regional Office, countries, IGOs
   
   If so, specify:
   
<table>
<thead>
<tr>
<th>Country</th>
<th>Specific Assistance</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>Joint educational institute</td>
</tr>
<tr>
<td>LTU</td>
<td>Provision of experts</td>
</tr>
<tr>
<td>RUS</td>
<td></td>
</tr>
<tr>
<td>SWE</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td>(1) support for implementation of the environment and health charter; (2) support for &quot;Thyroid cancer in Belarus after Chernobyl&quot;</td>
</tr>
<tr>
<td>TUR</td>
<td></td>
</tr>
</tbody>
</table>
(b) fellowships

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Specification</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>as soon as the Institute is established</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>LTU</td>
<td>AIDS prevention, human ecology, immunoprophylaxis</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SWE</td>
<td></td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>SWI</td>
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<td>TUR</td>
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<td></td>
<td>X</td>
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</table>

(c) secondments of national experts to the Regional Office

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
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<td></td>
</tr>
<tr>
<td>LTU</td>
<td>X</td>
<td></td>
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<tr>
<td>SWE</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>TUR</td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

(d) support to the Regional Office through collaborating centres and national institutes for action in HFA target areas

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Specification</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>See general comments</td>
</tr>
<tr>
<td>LTU</td>
<td>National Centre of Nutrition, Institute of Hygiene, AIDS Prevention Centre, Centre of Immunoprophylaxis, Centre of Ecological Medicine, Centre of Occupational Medicine</td>
</tr>
<tr>
<td>RUS</td>
<td>Holding joint meetings, preparation of analytic material and documents</td>
</tr>
<tr>
<td>SWE</td>
<td>Support by the Berne collaborating centre (Prof. Abelin)</td>
</tr>
<tr>
<td>SWI</td>
<td>in the context of the project &quot;Thyroid cancer in Belarus after Chernobyl&quot;</td>
</tr>
<tr>
<td>TUR</td>
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</tbody>
</table>

Specific comments on targets 18–25

Target 18. Policy on environment and health

Target 19. Environmental health management

DEU: Targets 18 and 19: Policy on environment and health/environmental health management

Both the technical description and the need – stemming from the European Charter on Environment and Health – to further develop environment and health policy as a basic component of the HFA policy and to bring it into line with current
circumstances are viewed as correct and are supported. This is especially applicable in view of the Second European Conference on Environment and Health, to be held in Helsinki. It appears important that specific measures are put into practice in this area. In this respect, environmental health management is of crucial significance. We therefore welcome the development and strengthening of national and local environmental health management structures involving all relevant public and private sectors.

Technical information and support in this area should, as envisaged, be supported through the promotion of exchanges of information and experience, as well as by building up partnerships (e.g. through exchange of experts); all countries, but especially eastern European and developing countries, would benefit from such measures.

I am also of the opinion that, in addition to intensifying the exchange of information, the development of training and further training measures in the environmental health sector should assume growing importance and therefore urgently need particular promotion by WHO. In this connection, technical support should focus in particular on the implementation of education measures and the elaboration and dissemination of training material at local and national levels. Following the Helsinki Conference, where this topic (among others) is to play an important role, Germany envisages holding a technical meeting as part of WHO's annual programme of work (provided in-house agreement is reached).

Target 20. Water quality

DEU: The goals as formulated of ensuring sufficient and continuous supplies of safe drinking-water, developing wastewater treatment facilities that meet modern requirements and solving the complex problem of "resource protection" (with regard to groundwater and surface water) are viewed as properly set areas of emphasis.

With the attainment of these ambitious goals, which are expected to entail considerable funding, one can expect a breakthrough with regard to reducing morbidity and mortality. This depends in particular on practical cooperation (such as that between water companies in Berlin and Moscow, for instance) where an attempt must be made to transfer knowledge and technical possibilities while taking account of specific regional features. More specifically, one thinks of simple technologies for drinking-water purification, and especially for drinking-water disinfection, which are urgently needed in developing countries. We welcome the intention to take more strongly into account the aspects of environmental health protection when updating the water quality guidelines.

Better coordination of measures between the various organizations appears to be desirable, in any case, and will also be a subject for discussion in Helsinki.
Furthermore, compiling data on water quality, improving the validity of data and ensuring more effective exchange of data are fundamental prerequisites for targeted and efficient measures based on the data concerning water quality.

**Target 21. Air quality**

**DEU:** The measures envisaged here to improve outdoor and indoor air are fully supported. Although the output as formulated gives priority to outdoor air, which is the correct point of emphasis for eastern European countries in particular, reference should be made at this point to the trend now discernible from the developed industrial countries that, in terms of health, questions of monitoring indoor air quality (e.g. mineral fibres, wood preservatives, pyrethrins, asbestos, etc.) are and/or will be a focus of interest. Mention should also be made of preparing corresponding unified guidelines for this area, too.

**Target 22. Food quality and safety**

**Target 23. Waste management and soil pollution**

**Target 24. Human ecology and settlements**

**DEU:** The target that, by the year 2000, cities, towns and rural communities should offer physical and social environments supportive to the health of their inhabitants is fully supported.

The "Healthy Cities" project shows, in this connection, the links between purely classic (physical) environmental quality criteria and social components. This is also reflected in the Regional Office's efforts to promote planning methods which are both environmentally friendly and, at the same time, socially acceptable. This project is expressly welcomed and should be intensively promoted.

The problem areas of "healthy housing" and "noise pollution" are already of considerable importance in the industrialized countries and will quickly gain in significance in the future. They should be considered in close relation with the traffic situation.

The work begun with the aim of establishing quality criteria and making practical recommendations concerning guidelines is therefore expressly supported.

**Target 25. Health of people at work**
CHAPTER 6. APPROPRIATE CARE (TARGETS 26–31)

Replies to questionnaire

1. Do the objectives and outputs reflect the real priorities for 1996–1997? Yes No
   If not, specify:
   
   CZH
   LTU
   RUS
   SVK
   SWE
   SWI
   TUR

2. Are there subject areas where your country would like to receive specific assistance during 1996–1997? Yes No
   If so, specify:
   
   CZH Optimization of the country health insurance
   LTU Primary health care development, health service management and financing, quality of care
   SVK Objectives 28.2, 29.1, 30.2, 31.1
   SWE
   SWI
   TUR Some financial support to participate in international meetings on pharmaceuticals in order to follow developments

3. Can your country assist the Regional Office in implementing the work programme through:

   (a) joint ventures or partnerships between Regional Office, countries, IGOs Yes No
   If so, specify:
   
   CZH Joint team in the above
   LTU
   RUS Provision of experts
   SWE
   SWI
   TUR In pharmaceuticals. Especially by staff time or experts on regulations. ADRs monitoring. Quality control areas. Sharing experience on pharmacy practice
(b) fellowships

If so, specify:

- CZH: No
- LTU: No
- SWE: No
- SWI: No
- TUR: No

(c) secondments of national experts to the Regional Office

If so, specify:

- CZH: Yes
- LTU: Yes
- SWE: Yes
- SWI: Yes
- TUR: Yes

(d) support to the Regional Office through collaborating centres and national institutes for action in HFA target areas

If so, specify:

- CZH: No
- LTU: Yes
- RUS: Yes
- SWE: Yes
- SWI: Yes
- TUR: Yes

Specific comments on targets 26–31

Target 26. Health service policy

Target 27. Health service resources and management

Target 28. Primary health care

Target 29. Hospital care

DEU: Re section 1 (target statement): The phrase after the second dash, "... hospitals concentrate on specialized services", should be replaced by the phrase ".... hospitals primarily deliver specialized services". It is wholly desirable that hospitals (additionally) also deliver the services which are offered in the area of general practice. I am of the opinion that in principle the possibility must remain open for hospitals to operate, in appropriate cases, on patients in an outpatient setting without medical referral.
Re section 2 (situation analysis and programme perspective): In the third paragraph of this section, mention is made of initiatives aimed at analysing the role of the hospital within the health care system. I should be grateful for further information on this point.

Overall, the objectives and outputs under target 29 reflect the priorities for 1996–1997.

Target 30. Community services to meet special needs

Target 31. Quality of care and appropriate technology
CHAPTER 7. LIFESTYLES CONDUCIVE TO HEALTH (TARGETS 32–38 AND RELEVANT PARTS IN CHAPTER 8)

Replies to questionnaire

1. *Do the objectives and outputs reflect the real priorities for 1996–1997? Yes  No*

   If not, specify:
   - **CZH**
   - **LTU**
   - **RUS**
   - **SVK**
   - **SWE**
   - **SWI**
   - **TUR** Development of health personnel education in order to provide high quality health services

2. *Are there subject areas where your country would like to receive specific assistance during 1996–1997? Yes  No*

   If so, specify:
   - **CZH** Strengthening education in medical informatics (see General comments)
   - **LTU** Health for all policy development, public health management, training
   - **SVK** Objectives 35.1, 35.2, 37.2
   - **SWE**
   - **SWI** Quality assurance, ethics
   - **TUR** To establish the procedures of essential national health research in Turkey. Comparability and networking of Turkish HMIS which will be established in the next couple of years with regional countries

3. *Can your country assist the Regional Office in implementing the work programme through:*

   (a) joint ventures or partnerships between the Regional Office, countries, IGOs

   If so, specify:
   - **CZH** Joint education institute
   - **LTU**
   - **RUS** Provision of experts
   - **SWE**
   - **SWI**
   - **TUR**
(b) fellowships

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Details</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>As soon as the institute is established</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>LTU</td>
<td>Health information support</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>SWE</td>
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<td>X</td>
<td></td>
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<tr>
<td>SWI</td>
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<td>X</td>
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<tr>
<td>TUR</td>
<td></td>
<td>X</td>
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</tbody>
</table>

(c) secondments of national experts to the Regional Office

If so, specify:

<table>
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<th>Country</th>
<th>Details</th>
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<th>No</th>
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<tbody>
<tr>
<td>CZH</td>
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<td>X</td>
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</tr>
<tr>
<td>LTU</td>
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<td>X</td>
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<tr>
<td>SWE</td>
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<td>X</td>
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</tr>
<tr>
<td>SWI</td>
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<td>X</td>
<td></td>
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<tr>
<td>TUR</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

(d) support to the Regional Office through collaborating centres and national institutes for action in HFA target areas

If so, specify:

<table>
<thead>
<tr>
<th>Country</th>
<th>Details</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>CZH</td>
<td>After establishing the institute as a collaborating centre</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td>LTU</td>
<td>Lithuanian Health Information Centre (Vilnius)</td>
<td></td>
<td>X</td>
</tr>
<tr>
<td></td>
<td>Central Medical Library (Vilnius) and Library of Kaunas Medical Academy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>RUS</td>
<td>Holding joint meetings, preparation of analytic material and documents</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SWE</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>SWI</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>TUR</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>

Specific comments on targets 32–38

Target 32. Health research and development

Target 33. Health for all policy development

DEU: According to the target statement, by the year 2000 all Member States should have developed and be implementing policies in line with the concepts and principles of the European health for all policy, balancing lifestyle, environment and health service concerns. How this target can be achieved is explained in more detail in the various dashed subparagraphs under the target statement. The penultimate and last subparagraphs call for strong political commitment to such policies to be affirmed at the highest level and reflected in legislation. Member States should base their collaboration in international transactions, agreements and supranational policy-
making on the principles of health for all. These requirements have already been met to the utmost possible extent in the Federal Republic of Germany. The Federal Ministry of Health's standpoint with regard to the concept of health for all has been quite thoroughly set out for a number of years. Nothing has changed in this regard. Requirements stemming from the last two subparagraphs contravene the principle of subsidiarity applicable in the Federal Republic of Germany.

Target 34. Managing health for all development
Target 35. Health information support
Target 36. Developing human resources for health
Target 37. Partners for health
Target 38. Health and ethics

DEU: There is no doubt that ethical issues in the health field have been the subject of increasing interest in recent times. So far as patients' rights are concerned, there has been no change in the Federal Ministry of Health's position, even after the meeting in Amsterdam. Furthermore, the instruments proposed for attaining this target already exist, to the widest possible extent, in the Federal Republic of Germany. The corresponding bodies (expert assessment/arbitration boards attached to medical associations, an ethics commission) have been in existence in the Federal Republic of Germany for years.
CHAPTER 8. COUNTRY PROGRAMME

POL: Firstly, not enough distinction is made between the CCEE/NIS countries in the section on Country cooperation strategy in Chapter 8. While the system of health care organization and the place of health care within the whole system was historically similar, there were significant differences between the countries of the Region even before the onset of the reforms. The duration of these reforms, the pace of changes and even the aspects of health care are different in these countries. Therefore it might be pertinent to include this in the text, in addition to comments on differences in economic development.

Secondly, perhaps more stress should be given to the approach used in the case of Expert Network on Health and Health Care Financing Strategies. In this way countries undergoing both total system transformation and health care reforms can exchange experience directly and use the expertise already gained to assist one another. The role of external consultants would then be supplementary and supportive.

Additionally, more use could be made of consultants from those CCEE/NIS countries which have progressed further in the health sector reforms, for missions to those countries which are at earlier phases of the process.

Thirdly, it would be helpful if there was a system of ad hoc assistance with provision of WHO consultants at short notice for specific issues.

Finally, we would like to confirm that the priorities listed by you for Poland are in agreement with our own views.

SVK: Page 175, replace priority "hypertension" with "cardiovascular diseases"; replace "health care financing network" with "health information"; replace "innovation in health services ...." with "quality assurance".

SWI: Cooperation with countries in situations of conflict should concentrate on long-term reconstruction of health services.