



EXECUTIVE BOARD

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REPORTS OF THE REGIONAL DIRECTORS ON SIGNIFICANT REGIONAL  
DEVELOPMENTS, INCLUDING REGIONAL COMMITTEE MATTERS

Report by the Regional Director for Europe

The Director-General has the honour to present to the Executive Board a report by the Regional Director for Europe, which highlights significant developments in the Region, including matters arising from discussions at the fortieth session of the Regional Committee. Should members of the Board wish to see the full report of the Regional Committee, it is available in the Executive Board room.

REPORT OF THE REGIONAL DIRECTOR FOR EUROPE ON SIGNIFICANT REGIONAL  
DEVELOPMENTS, INCLUDING REGIONAL COMMITTEE MATTERS

INTRODUCTION

1. The major political changes experienced in the central and eastern European countries in 1989 continued into 1990, bringing new governments and new policies, in almost every area, including health. Years of stagnation brought to the fore a deep economic crisis with, for the first time, fast rising unemployment and the consequent health risks characteristic of the unemployed and the poor. As discussed in paragraphs 7-11, this situation led to rapid developments on the health front, including a series of major new initiatives by WHO. However, basic actions and policies continued to be aligned to the European health-for-all policy.

2. Of particular note was the unification, on 3 October 1990, of two of the Region's Member States, the Federal Republic of Germany and the German Democratic Republic, into one Germany.

SIGNIFICANT REGIONAL DEVELOPMENTS

Policy development

3. The overall commitment to health-for-all development continued to spread also in 1990. Three more European countries neared completion of the drafting of their national health-for-all policy documents, and two others took decisions to develop similar policies. In a number of countries subnational health-for-all policy developments started. However, the European health-for-all policy development does not apply to governments alone. At an important meeting in April the mayors of 30 cities adopted a common platform for the future work of the Healthy Cities network based on the European health-for-all policy, a network which continued to grow quickly and now comprises over 30 project cities and 17 national networks in Europe. This has, in fact, become an international movement involving more than 400 cities in Europe, North America and Australia.

Health personnel

4. During the year considerable work took place in turning the main recommendations of the first European Conference on Nursing (Vienna, 1988) into practical modules for eventual testing in pilot areas in the Region. This involved developing the concept of the "generalist nurse", i.e., the person bringing the health-for-all message to every home, school and workplace, with regard to roles, tasks and educational requirements for this type of health work.

5. Following earlier encouraging cooperation in this area, a meeting held in Rome in February institutionalized the creation of a European Forum of National Medical Associations, committed to the European health-for-all policy and to practical action to promote its implementation.

Public health management

6. Following the Regional Committee's discussions in 1987 on strengthening public health management in Europe, a joint task force of the Association of Schools of Public Health in the European Region (ASPHER) and the Regional Office organized a series of workshops to accelerate work on the development of a degree of Master of Public Health based on the regional health-for-all policy. It is expected that this module will be ready for testing in 1991. Work also started on the development of a broad policy to promote changes in education for the general public, for public health personnel and for professionals in other sectors to support health-for-all development at the country level.

### Countries of central and eastern Europe

7. Analysis done by the Regional Office shows quite clearly that health status in this part of the European Region, comprising some 415 million people, is significantly lower than in the rest of the Region. Underlying this disparity are serious life-style and health issues; severe environmental problems (as indicated in a special report prepared by the Regional Office for the Economic Commission for Europe); and problems regarding the cost-effectiveness, quality and level of supply and equipment of the health service system.

8. In February a meeting was held on AIDS in this part of Europe, which resulted in the launching of a special action programme with funding of US\$ 1.5 million. Other important initiatives to meet the current needs of the central and eastern European countries included the creation of a Regional Office panel on health economics to provide balanced and objective advice for health care financing reforms, and the convening of a working group on health services reform and a conference on life-styles and health.

9. The Regional Office quickly became involved in developing a large programme in Romania and, following elections in other countries, started negotiations with the newly formed governments and implemented a number of new activities. In view of the serious situation in these countries, the multitude of possible donors, and the desirability of using WHO's potential for supporting the countries in their policy and programme development, the Regional Office undertook a series of intercountry activities to deal with the specific problems faced.

10. The Regional Committee devoted the major part of its discussions to the needs of the countries of central and eastern Europe (see paragraphs 24 and 25). In accordance with a resolution on the subject, a plan of intensified health cooperation for this part of Europe was subsequently drawn up and reviewed by an advisory committee at the end of November. It provides for broad support at both the country and the intercountry levels, covering the full range of the regional health-for-all policy, making full use of good experiences in Europe and elsewhere, and mobilizing the extensive collaborative networks established by the Regional Office.

11. The Director-General convened an informal consultation on this issue in Geneva in August, and established a WHO global task force on central and eastern European countries to ensure close coordination of activities between the Regional Office and headquarters.

### Environment and health

12. In accordance with the recommendations of the interministerial European Conference on Environment and Health, which met in Frankfurt-am-Main in December 1989 and approved a European Charter on this subject, the Regional Office in 1990 established a European Centre for Environment and Health. A five-year project has been worked out with three units - in Rome, in Bilthoven (Netherlands) and at the Regional Office in Copenhagen - comprising 24 full-time international staff positions. The total operating costs of some US\$ 6 million per biennium will be covered by the Governments of Italy and the Netherlands. Preparatory activities started in September 1990, and the units in the two countries and at the Regional Office in Copenhagen will be fully operational by January 1991.

13. The centre will operate within the framework of the programme approved by the Regional Committee. It will expand the Regional Office's capacity to develop a European environmental health information system with appropriate indicators; carry out epidemiological studies in areas characterized by high pollution and consequent health risks for the affected populations; and substantially increase the Regional Office's capacity for giving assistance to individual countries in central and eastern Europe, as well as other European countries.

14. Negotiations continued with a number of countries interested in joining the European regional network of institutes working with environment and health issues.

### Nutrition

15. In the area of life-styles and health, a first European Conference on Food and Nutrition Policy took place in Budapest in September. It represented WHO's first major effort to assess the problems and challenges that healthy nutrition poses in more affluent societies, provided a challenging forum for debate and created a better understanding of the contributions different sectors can make to healthy nutrition in Europe.

### Health services

16. There is a feeling within the Region that most health service systems today do not fully meet the expectations of the consumers - whether the public's expectation of the service given, the economist's expectation of lowering cost, or the professional's expectation of a better quality of care and more stimulating working conditions for staff. Such issues have come into sharp focus in the health care debate in the rapidly changing societies in central and eastern Europe.

17. The Regional Office has therefore intensified its work on these questions, especially health care financing. This was the subject of several meetings and a paper describing the obstacles and pitfalls that countries face in changing their systems was issued in June. At the same time a group of experts on health care financing was formed, bringing together a number of health economists and health insurance specialists from different systems to advise individual countries.

### Diabetes

18. Following the adoption of the St Vincent Declaration in October 1989, a series of meetings studied guidelines for the different issues to be covered by the joint programme of cooperation between WHO and the International Diabetes Federation that should substantially improve the health of the more than 13 million diabetics in the Region. Fund-raising and the formulation of programmes began in a number of countries to support the aims of the Declaration.

### Disaster preparedness

19. The Regional Office continued to work intensively in the Armenian SSR, maintaining a WHO office there and paying particular attention to primary health care, nursing and information systems development as the three priority areas for its action in 1990. The Regional Office actively searched for sources of financial support and recently established close contacts with the Armenian Relief Society of North America, Inc., a nongovernmental organization, which may result in longer-term support for the project.

20. A special type of emergency was created by the December 1989 uprising in Romania. A headquarters/Regional Office mission went immediately to the country to help the new health authorities to deal with the situation. An intensive phase of work began to assess the problems, set priorities for development, create joint task forces for drawing up national programmes in priority areas, provide expert advice, and organize seminars and other actions to achieve a rapid improvement of the situation.

21. In view of the particularly disastrous situation with regard to the impact of AIDS on the health of children and women in Romania, two special programmes were launched on an emergency basis. One consisted of emergency help to improve all aspects of AIDS prevention and control. The other dealt with the serious condition of women's health, and took the form of a joint initiative with UNFPA to change the existing family planning policy and start a sensible family planning programme. These measures have already shown positive results, as the maternal mortality rate from abortion fell by approximately two-thirds from March to September 1990. In October a joint headquarters/Regional Office mission went to the country to find ways of dealing with the plight of AIDS-infected children. More regular cooperation in several priority fields has developed over the year, and a WHO office was established in Bucharest to support this development.

"From abortion to contraception"

22. A conference, "From abortion to contraception: public health approaches to reducing unwanted pregnancy and abortion through improved family planning services", held in Tbilisi, USSR, 10-13 October 1990, revealed that the problem of abortion in Europe, not least with regard to some countries in the eastern part of the Region, was considerably larger than hitherto expected. A Tbilisi Declaration was adopted, which will aid many European countries facing the sensitive issues surrounding the move from abortion to family planning.

REGIONAL COMMITTEE MATTERS

23. The Committee met at the Regional Office from 10 to 15 September 1990. In view of the political changes taking place in the central and eastern part of Europe, and their impact on the health systems of the countries concerned as well as on the health status of their population, the major part of the discussions centred on this issue.

Cooperation with countries of central and eastern Europe

24. Having studied the report on this subject submitted by the Regional Director, the Committee, by resolution EUR/RC40/R7, requested that a plan for intensified cooperation in health with the countries of central and eastern Europe be drawn up. It further decided that a subcommittee of the Regional Committee should advise the Regional Director on the formulation of such a programme.

25. The programme will be financed in part from existing regular budget funds already earmarked for collaboration with these countries, supplemented in 1990-1991 by up to US\$ 1 million regular budget funds reallocated from other programmes/activities. In 1992-1993 US\$ 2 million will be reallocated to the programme from within the regular budget for the Region. It is quite clear, however, that these modest resources cannot meet the great needs in the countries, and a major effort to mobilize sizeable extrabudgetary resources will be part of the new programme.

Proposed programme budget for 1992-1993 and preliminary orientations for 1994-1997

26. The Regional Office's planning, evaluation, consultation and budgeting systems have evolved in accordance with the needs of the European health-for-all strategy. Following Member States' adoption in 1984 of the 38 regional health-for-all targets as the final blueprint of a pan-European health policy, the Regional Committee requested in 1985 that future programme budgets be presented in line with the 38 targets. The proposals for 1988-1989, 1990-1991 and 1992-1993 all follow the target structure.

27. The programme budget for 1992-1993 was the first to be prepared according to the modified planning and consultation process approved by the Regional Committee in 1988. The new process has resulted in consultation with Member States that focuses more directly on selected issues and a proposed programme budget which is in line with the priorities approved by the previous (in this case the 1989) session of the Regional Committee. The programme budget document is now shorter and more streamlined, with a clearer identification of programme shifts and priorities.

28. The Regional Committee endorsed the proposals for 1992-1993 requesting, however, that a provision of US\$ 2 million be made for implementation of the action plan to intensify cooperation in health with central and eastern European countries.

29. The programme budget gave more emphasis to strengthening collaborative arrangements in the Region, such as the Healthy Cities network, the countrywide integrated noncommunicable disease intervention (CINDI) programme, and the work of ASPHER.

Collaboration with the United Nations system: revitalization of economic growth and development of the developing countries

30. An ad hoc group of the Regional Committee, consisting of representatives of six Member States, was set up to review the complex resolution adopted by the United Nations General Assembly (resolution 44/211) on the comprehensive triennial policy review of operational activities for development of the United Nations system. Keeping in mind the need to avoid division within the United Nations system, the group concentrated on those paragraphs in the resolution that dealt with structural and operational aspects of the United Nations system of agencies at the country level. The group considered that it was important to examine the implementation of the resolution in terms of WHO's mandate, its present decentralized structure and its accumulated experience in dealing with countries. The Committee therefore suggested that the full implications of the resolution be studied by the Executive Board, and requested the Regional Director to transmit the statement prepared by the group to the Director-General and to the Executive Board members from the European Region.

European health-for-all information strategy

31. A European health-for-all information strategy was presented to the Regional Committee and adopted by resolution EUR/RC40/R6. The strategy document reviews the new demands for information support resulting from the health-for-all policy, analyses the current situation and emerging trends, and sets out the main principles of the strategy. Its main focus is to ensure adequate information support for formulating health-for-all policies and mobilizing support for their official adoption; encouraging implementation of health-for-all policies and strategies; monitoring and evaluating progress; meeting research needs, creating new knowledge and making existing knowledge better known; and facilitating participation in the health-for-all development process.

Health-for-all indicators and evaluation framework for the European Region in 1990-1991

32. By resolution EUR/RC40/R5 the Committee endorsed the proposed regional indicators and framework for the 1990-1991 evaluation of the health-for-all strategy, which had been revised in accordance with requests from Member States.

Mechanism and procedure for selection of the Regional Director for Europe

33. Following discussion by the Programme Committee of the Executive Board in 1987 on whether criteria should be developed to aid the regional committees in their nomination of a Regional Director, the Regional Committee for Europe in 1988 adopted, on a trial basis, criteria and a mechanism for a search committee to assist it in its nomination of a Regional Director for the period 1990-1995. Based on the positive experience of this trial the Regional Committee in September 1990, by resolution EUR/RC40/R3, placed the new mechanism on a permanent basis and changed its Rules of Procedure accordingly, thus making the Regional Committee for Europe the first body in the United Nations system to adopt such an approach.

Reports of the Regional Director and of the Regional Committee

34. By resolution EUR/RC40/R9 the Committee endorsed a proposal to replace the publication containing the annual report of the Regional Director on the work of WHO in the European Region by two documents:

- (1) an annual detailed factual and evaluative report on the activities of the Regional Office, for the Regional Committee; and
- (2) an annual illustrated booklet, for general public information.

35. The Committee also agreed to discontinue, on a two-year trial basis, the production of the written minutes of its proceedings and to replace them by sound recordings, it being understood that recordings of the whole or part of the session would be made

available to Member States on request in the original language of the speakers and/or the interpretation into any of the four working languages of the Region. Transcripts of specific parts of the sessions would likewise be made available on request. The Committee also welcomed the suggestion to improve the information flow between Member States and the Regional Office through a periodic newsletter.

Technical Discussions at future sessions

36. By resolution EUR/RC40/R4 the Committee decided that the subject of the Technical Discussions at the forty-second session in 1992 would be "Health care financing".

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