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Organisation mondiale de la Santé**

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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 in 1993, including matters arising from the discussions at the forty-third session of the Regional Committee. Should members of the Board wish to see the full report of the meeting 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. Great changes have swept across the European Region. Unfortunately, civil unrest and war have followed the birth of some new Member States. This, coupled with an increase in the number of Member States in the Region from 31 to 50 in approximately two years has given the Regional Office for Europe a range of challenges not encountered before. Most sinister were the civil conflicts - eight Member States were at war in the past 12 months, that in former Yugoslavia being on the largest scale.
2. The adoption of the Maastricht agreement will eventually give the countries of the European Community a stronger possibility for cooperation in public health.
3. Other aspects were not so promising. Unemployment, recession and poverty are increasing, and inequities in health within and between countries are growing. The gap between the countries of central and eastern Europe, together with the newly independent States of the former USSR, and the rest of the Region is large and widening. Despite their differences, the countries of the Region are taking joint action through WHO on their shared problems. The EUROHEALTH programme has brought about a solidarity among them. It reaffirms commitment to achieving greater equity in health among peoples and countries in the Region.
4. Many countries, dissatisfied with their health care systems, striving to understand their problems and searching for international examples to learn from, are increasingly turning to the Regional Office for advice on basic health policies, strategies and information on health.
5. The demands of the new Europe are tremendous but, working together, countries can grasp this unique opportunity for change to pursue fundamental aspirations of greater equity in health. The European health-for-all policy and its 38 targets create a unifying framework for internal and external resources to this end.

SIGNIFICANT DEVELOPMENTS

Health policy development

6. Almost all Member States have had elements of the health-for-all policy incorporated into legislation and various policy documents, and a large number have made their own national policies based on it. In the countries of central and eastern Europe and the newly independent States, the policy development approach has proved beneficial in that it offers potential partners, investors and donors a clear picture of needs, leading to a more efficient and cost-effective support.
7. In **France** a consultation document "Stratégie pour une politique de santé" was issued in December 1992 by the "Haut Comité de la Santé publique" and is now being discussed throughout the country. A draft document "Santé pour tous" has also been prepared in **Luxembourg** and will be finalized in early 1994. A draft "health policy" document has been sent by **Latvia** for comments and will also soon be finalized. Following a national health policy conference at which the **Lithuanian** Public Health Report was discussed, the Minister has set up a steering committee and 11 task forces to develop the health policy and strategy. In **Turkey**, the policy document, "National health policy of Turkey", has now been finalized and there is continued interest in implementing the policy. Finally, in **Hungary**, a national health-for-all policy is in preparation, and is being adapted at the regional level in three countries.

8. Preparation is well under way for the European Health Policy Conference in October 1994. Participants will take stock of developments in the Region, explore new avenues for cooperation with other organizations and discuss the health-for-all implications for European Member States for the remainder of the century and beyond.

9. A new "regions for health" network coordinated by the Regional Office had its first regular meeting in October 1993 and helps the exchange of experience in the development of health-for-all policy. With a minimum of 1500 such regions (subnational structures) in the Region, the network has great potential for support to health development oriented to health for all in the Member States.

10. The updated health policy for Europe has been published (European Health for All Series, No. 4). A major effort is being made to have the four official-language versions widely distributed and to give support for translation and publication in the vernacular.

Networking and partners for health for all

11. Stronger alliances with important partners have been made, resulting in a wide network of health-for-all-oriented institutions, groups and individuals. These include key organizations of health professionals such as national medical associations, nurses' associations and pharmaceutical associations. Other networks include groups such as associations of general practitioners, specialists in diabetes, health care financing experts, consumer organizations, nongovernmental organizations, self-help groups and other organizations that can have a major influence on health development.

12. There has been very close collaboration with the national and local authorities in the countries involved with humanitarian assistance and, in particular, very close links with all the other organizations of the United Nations system, intergovernmental organizations, donor countries and nongovernmental organizations in this connection: there is close liaison with the United Nations Under-Secretary General for Humanitarian Affairs, UNHCR, UNICEF, the International Committee of the Red Cross and the International Federation of Red Cross and Red Crescent Societies. Partnerships or *rapprochement* between different United Nations agencies in the Region have been a strong and positive development.

13. As regards work in the countries of central and eastern Europe and the newly independent States (i.e., the EUROHEALTH countries), contacts have been established with the new United Nations offices and discussions are proceeding on joint UNDP/WHO projects, including those involving WHO public health advisers, which will increase the possibility of providing continuous and close technical cooperation to the new Member States in their efforts to develop health policies and strategies. This, combined with the work of the regional liaison offices, will strengthen support to the EUROHEALTH countries.

14. A new area of cooperation for environmental health with the Economic Commission for Europe is being developed and will be strongly pursued in connection with the Second European Conference on Environment and Health in June 1994.

15. Cooperation at the technical level between the Commission of the European Communities, the Council of Europe and WHO continues to expand; one particularly interesting example of this is the joint Healthy Schools project. On the other hand, it is interesting to note that EUROHEALTH, the programme of aid for economic restructuring of Poland and Hungary (PHARE, which now covers other countries also), and the programme of technical assistance for the Commonwealth of Independent States (TACIS), all benefit the same populations, and there is still room for closer cooperation between WHO and the Commission in this area.

16. The forty-third session of the Regional Committee requested WHO to clarify, at the highest level, its relations with the European Community; the Director-General and the Regional Director have taken appropriate steps and a task force combining staff of headquarters and the Regional Office is now working to bring this about.

Humanitarian assistance

17. With civil unrest and war in the European Region the Regional Office has taken measures in accordance with the WHO Constitution, adopting a clear strategy, a focused plan and effective operations.

18. During the past two years the tragedy in former Yugoslavia has killed more than 150 000 people, wounded hundreds of thousands, left nearly four million refugees, probably tens of thousands raped or tortured, and thousands severely disabled, to say nothing of the destruction of the fundamental ethical values, human dignity and human rights.

19. WHO's regional activities in former Yugoslavia have focused on five major programme areas: public health; equipment, supplies and logistic support; support to war victims; primary health care for refugees; and rehabilitation of the health care system. The activities have prevented the spread of communicable diseases, furnished thousands of tons of supplies, and fitted some amputees with artificial limbs, rehabilitating them in the community.

20. The projects for rehabilitation and support to war victims have paid special attention to the physically wounded, particularly amputees and those with cerebrocranial and spinal cord injuries. Approximately 1500 prefabricated prostheses have been delivered to former Yugoslavia, some 1000 persons being fitted with them thus far. Centres for the treatment of cerebrocranial and spinal cord injuries have been upgraded and personnel have been trained. Projects on mental health aspects of rape, torture and psychic trauma of war are also being established. The past year has emphasized the plight of migrants, refugees and ethnic groups and the importance of establishing policies and providing services particularly for mental health.

21. Some 60 regional staff are working in former Yugoslavia and there is a network of WHO offices in Zagreb (the Area Office), Belgrade, Sarajevo, Skopje, Split, Tuzla and Zenica, with warehouses in several of these locations from which supplies are distributed to the devastated populations - standardized kits with pharmaceuticals, aids to personal hygiene, and equipment for surgical, anaesthetic, medical and diagnostic procedures.

22. The war between Armenia and Azerbaijan continued with little attention from the outside world. Conflict in Georgia escalated, and the civil war in Tajikistan has made almost 10% of the population refugees. A special representative of the Regional Director is based in Dushanbe, Tajikistan with United Nations observers and in this capacity monitors and reports on the health situation and needs of the population in close cooperation with the Minister of Health.

EUROHEALTH programme

23. The EUROHEALTH programme is made up of 21 projects tailored to the needs of the countries of central and eastern Europe and newly independent States of the former USSR. Regional priorities have been realigned so that now almost all the country activities and some 65% of intercountry activities are focused on those countries.

24. Despite a reduction in the regional regular budget in real terms, the proportion of funds allocated for country activities was increased. The Regional Committee had requested the following measures to increase resources for the above countries: (a) that the European Member States finance the gap in resources; (b) that the priorities and efficiency of programme delivery be examined; (c) that large-scale joint ventures be set up; and (d) that the funds allocated to the regions from WHO's global budget be increased. The Regional Committee subsequently requested the Director-General and the Regional Directors to consider the necessity of increasing future allocations of the budget to regions. It was noted that bilateral assistance to the above-mentioned countries was far greater than resources available for the EUROHEALTH programme.

25. Funding for the EUROHEALTH programme is still therefore a major problem. The Regional Office has expanded its cooperation with the new special funds that have been established in a number of European countries for assistance towards those of central and eastern Europe and newly independent States, although overall effectiveness could be further improved if countries with such funds allocated specific, discretionary contributions to meet the EUROHEALTH priorities. EUROHEALTH has, however, brought about a new solidarity among the European Member States, with many of the western countries giving up their country budget allocations in favour of the above-mentioned category.

26. Many missions from the Regional Office to countries determined needs and areas of cooperation and initiated high-priority activities. Cooperative agreements have been signed with 19 countries, and some 85 meetings have been held directly related to the EUROHEALTH programme. It became evident during discussions with many of the new countries that there is a stronger awareness of the need to examine lifestyle and related health issues than previously, environmental issues being in a similar category in most of the countries. Action during the last 12 months has therefore aimed at establishing projects dealing with the more fundamental aspects of national policies and environmental health management structure.

27. A clearing-house is being established to provide the participating countries and organizations with information on requirements of countries of central and eastern Europe and newly independent States for essential drugs, vaccines and basic medical and surgical equipment.

28. A new Country Health Development department has been considerably strengthened to respond to these new challenges.

29. Much work has gone into the expansion of the regional network of liaison offices; five new ones in Bosnia-Herzegovina, Georgia, Kazakhstan, Latvia and Slovenia bring the total to 16, and the network is continually expanding. It is clear that a number of new countries could benefit from the advice of a permanent international WHO public health adviser as they seek to establish new policies and strategies. This would permit a more sensible exploitation of the international cooperation offered by different international organizations, nongovernmental organizations and donor countries. Discussions with UNDP are under way in four countries to establish joint projects with the attachment of a WHO public health adviser to UNDP offices in these countries to advise the government and the United Nations country representative on key public health policies.

Health services development

30. Major developments in this field include, in the countries of central and eastern Europe and newly independent States, strong public pressure for privatization and the introduction of new financing mechanisms and health insurance systems, while in western and northern Europe there is a move to clarify the respective roles of the public sector, financing institutions, providers of care and consumers. In an effort to assist countries the Regional Office launched the EUROCARE project. Through the Working Party on Health Care Reforms in Europe it provides a forum for top-level decision-makers, from both East and West, to discuss how to handle the process of change. EUROCARE is a powerful tool which can influence them and contribute to reform through local projects on health care development. The Regional Office has been drawing on the project's networks in the fields of financing, management, hospitals and training, and setting up "think-tanks" of protagonists for thorough discussions. The project staff are building up a system to monitor actual health care reform. "Health-in-transition" (HIT) profiles for Belarus, Hungary, Kazakhstan, Latvia, Poland and Uzbekistan, supplemented by some 15 "reform overviews" (known as "rovers") are now available.

31. The project is also supported by a network of medical schools oriented towards a public-health and quality-of-care approach influenced by the health-for-all concept; by a programme to facilitate the new roles general practitioners will play in new health care systems; and by the promotion of training and research in public health to facilitate efficient development of health policies and health care reforms.

32. The Nursing and Midwifery unit organized the first WHO meeting of government chief nurses of newly independent States of the former USSR: Armenia, Kazakhstan, Kyrgyzstan, Russia, Turkmenistan, and Uzbekistan, with observers from Mongolia. Work started on national action plans for nursing and on a project to provide packages of learning material on nursing. The participants also drew up the Nursing Declaration of Alma-Ata to guide nursing development in the newly independent States. Profiles are being established for all countries of central and eastern Europe.

33. The "third monitoring and evaluation of progress towards health for all", based on the updated regional health-for-all targets, the experience gained in the Region during the last evaluation, and the contributions of outside experts, was started at the Regional Committee's forty-third session. A special briefing session was held to advise and guide Member States, particularly the new Member States, for the exercise.

34. The health-for-all statistical database and "Highlights" of information on health have been updated and expanded. National and subnational packages are being prepared for presentation of similar data in several countries. Versions to demonstrate national systems are available for 15 countries. "Highlights" presenting basic data for a country in concise and "user-friendly" form, have been prepared for all newly independent States, most countries of central and eastern Europe, and selected western European countries.

35. Work continued on the European Nervous System (ENS), a pilot project with the Commission of the European Communities, to make information in four pilot areas: pharmacovigilance, food safety, health statistics, and emergencies, available through telecommunication networks.

Disease prevention and quality of care

36. Developments in countries of central and eastern Europe and newly independent States confirmed once more the importance of disease prevention (infections and chronic diseases) and quality of care particularly for women, children, and the elderly and certain other population groups.

37. With the assistance of voluntary contributions from France and the United States of America (through the Centers for Disease Control, Atlanta, GA), and from Rotary International, the Regional Office was able to provide support to a strong team of three professionals dealing with communicable diseases in general, poliomyelitis eradication in particular, and vaccine quality and provision in the above-mentioned countries.

38. As regards immunization programmes various field activities, meetings or workshops were organized in Austria, Belarus, Georgia, Italy, Kazakhstan, Latvia, Moldova, Russia, Tajikistan, Turkmenistan, and at the Regional Office covering such subjects as the implementation of operational targets in the national immunization plans to reach the goals of eradication of poliomyelitis and elimination of diphtheria, measles and neonatal tetanus. Special attention was paid to outbreaks of diphtheria in Russia and Ukraine where guidelines were issued and a network of laboratories established.

39. The Regional Office brought together major donors to discuss coordinated measures for better provision of different vaccines to individual countries in the above-mentioned category. In collaboration with UNICEF, WHO analysed the needs in these countries and succeeded in alleviating the most acute needs.

40. In the pharmaceuticals programme, voluntary funds were successfully negotiated to create a new special action programme, which has permitted the initiation of projects in several countries, for example, in Albania, Bulgaria and Lithuania. The Regional Office provided advice on countries' lists of drugs. In addition to the Essential Drugs List, a list of "emergency drugs" has been established and, through bilateral cooperation, such drugs have been quickly provided. The long-standing project for drug utilization studies is being pursued; and, through the newly-founded Forum of National Pharmaceutical Associations, lifestyle counselling is being provided as a routine service of pharmacies.

41. The real challenge lies in the search for better quality, efficiency and effectiveness of promotive and curative action to improve health. During the last year work has concentrated on three issues: research and development for quality indicators in selective fields; strong advocacy for routine application in all Member States of two pilot programmes to improve the quality of care (one for a hospital-based, hospital infection control system and another for diabetes prevention and control); and development of a first model for a national policy on quality of care.

42. Twenty countries now participate in the countrywide integrated noncommunicable disease intervention programme (CINDI), of which 11 are EUROHEALTH countries. CINDI provides support for changes in government policy and medical practice. Support to the countries of central and eastern Europe and newly independent States has been strengthened through a grant of US\$ 500 000 from the Ministry of Health and Welfare, Canada, and measures to implement the Victoria Declaration calling for international action in "heart health". Supplementing its original stringent epidemiological evaluation of risk factors and intervention programmes with a strong emphasis on health promotion, CINDI continues to be a most relevant programme in the European Region.

Healthy lifestyles

43. Work continues on the European tobacco action plan and the alcohol action plan. It has been alarming to see how successful commercial companies have been in promoting their interests in the above-mentioned countries. The alcohol action plan has been translated into 12 languages, and European networks of national counterparts, alcohol research centres and advocacy groups are being established. Two experts have been seconded to the Regional Office by Finland and the United Kingdom to assist in the work.

44. A meeting of ministers of health and finance on "investment in health" was held in Riga in April 1993 with the aim of ensuring the necessary political commitment for the development of effective, integrated, and comprehensive national HIV/AIDS prevention programmes in countries of central and eastern Europe and newly independent States. The meeting adopted the Riga Statement which outlines principles for action, and the Riga Initiative, which is a special programme of action and support for national AIDS programmes in those countries.

45. The Second European Conference on Food and Nutrition Policy was held in the Hague in April 1992. It was instrumental in preparing the regional contribution to the International Conference on Nutrition, held in Rome, in December 1992, where representatives of ministries of health and agriculture, industry (marketing and development), national consumer bodies, trade and retail companies, mass caterers, health educators and decision-makers considered the evidence of implementation of good nutrition policies in the Region and adopted a World Declaration and Plan of Action that was later endorsed by the Health Assembly in resolution WHA43.7. A specific European initiative was the introduction of a new section on breast-feeding in the plan of action.

46. Following the success of the Healthy Cities project, the "settings" approach has been successfully expanded to a "health-promoting schools" network (a joint project with the Council of Europe and the Commission of the European Communities), and a "health-promoting hospitals" network. The former covers 300 schools in 23 countries, the latter, which covers 20 hospitals in 11 countries, is being expanded and, linked to the hospitals twinning project, encourages the exchange of information and expertise. The progress of the Healthy Cities project is well documented; it covers 35 cities with WHO projects, while more than 500 cities are linked to the WHO movement through some 20 national networks. "Multi-city action plans" have brought together subgroups of the network to collaborate on issues of common interest. Work has also concentrated very much on spreading the network to the countries of central and eastern Europe and the newly independent States of the former USSR, where St Petersburg is the site of a special project that focuses on modernizing local public health structures and services, reforming services for mothers and babies, and on primary health care.

Environment and health

47. The regional Environment and Health Centre became fully operational, with the establishment of a project office in Nancy (France) joining the Rome and Bilthoven (Netherlands) divisions. This has more than trebled the Region's resources in the environment and health field, and enabled a major review of the status of environmental health in Member States, in close cooperation with the Commission of the European Communities. The primary outcome of this review will be a comprehensive report on the current situation (entitled "Concern for Europe's Tomorrow") to be presented at the Second European Conference on Environment and Health being organized by the Regional Office in cooperation with the Commission. The Government of Finland will be host to the Conference, which is to be held in Helsinki in June 1994, and has provided financial support for its preparation. The Conference will adopt an "action plan on environment and health for Europe".

48. The regional Centre is also improving environmental health information systems to measure the effects of environmental factors on health, and implementing several projects for cooperation with countries of central and eastern Europe to tackle their huge environmental health problems more effectively.

49. A very important contribution of the Rome division of the Centre is in studying health risks from the Chernobyl accident (a more-than-eightyfold increase in thyroid cancers among children in some of the areas subject to fall-out give a dramatic new dimension to the public health aspects of nuclear facilities): the "international thyroid project" aims to elucidate the origin of the thyroid cancer following the accident, determine the nature of the disease, explore measures to mitigate the extent of its effects, and estimate its dimension. A multinational framework for collaborating centres is now being established for this purpose.

50. The Regional Office was involved in the preparation of the ministerial conference on "Environment for Europe" held in Lucerne in April 1993, which resulted in the endorsement of a special environmental action plan for countries of central and eastern Europe.

Financial and managerial issues

51. The emergence of new Member States with major problems in the health sector has placed an extraordinary burden on the Regional Office. As the proposal for an additional regular budget to deal with the situation was not agreed to by the Regional Committee, efforts will now be intensified to mobilize other resources for the programme in cooperation with bilateral programmes, as well as through the multilateral programmes of other international and regional organizations concerned with integration. The Regional Committee asked the Regional Director to confer with the Director-General and the other Regional Directors on the possibility of increasing future allocations from WHO's budget to the regions.

52. In 1992-1993, 10% of the Region's regular budget allocation was frozen, and a cut of almost 5% was made for the so-called "cost absorption". Particular efforts are being made to improve management procedures and introduce new management tools, and further emphasis is also being placed on discussing programme priorities with all staff and creating conditions that are conducive to motivation, teamwork and the flexible use of staff.

REGIONAL COMMITTEE MATTERS

53. The Regional Committee met, for its forty-third session, in Athens from 6 to 10 September 1993, upon the kind invitation of the Government of Greece. Dr Y. Pierroutsakos, Secretary-General of the Ministry of Health, Welfare and Social Security of Greece was elected President of the Committee. The President of Greece addressed the inaugural ceremony.

54. Representatives of 45 of the Region's 50 Member States participated. Also present were observers from one non-Member State and two Member States of the Economic Commission for Europe, and

representatives of UNHCR, the Commission of the European Communities, the Council of Europe, and nongovernmental organizations.

55. Many Regional Committee matters have already been mentioned above, but the following items were not touched upon previously.

Standing Committee of the Regional Committee

56. The Standing Committee was established by the forty-third session of the Regional Committee as a permanent measure to strengthen the regional organization, creating stronger links between the Regional Office and the Regional Committee. Nine members were appointed in addition to the Deputy Executive President of the Regional Committee, who is *ex officio* Chairperson of the Standing Committee.

57. The report of the interim Standing Committee was received by the Regional Committee; the former had drawn up revised and new rules of procedure for the Regional Committee and itself, which were adopted by the Regional Committee. In connection with the conclusions and recommendations of the Executive Board Working Group on the WHO Response to Global Change, the Regional Committee noted with satisfaction that they are consistent with the general thrust of the changes already being introduced in the European regional organization (see also paragraph 60). On *rapprochement*, the Regional Committee agreed that the only sustainable health policy for Europe was one built on the strength of the organizations involved and which created and enhanced mutual support and collaboration, and all Member States were urged to continue to support the *rapprochement* strategy with the other major intergovernmental organizations in the Region.

European regional contribution to the Ninth General Programme of Work and priorities for the 1996-1997 programme budget

58. The European regional contribution to the Ninth General Programme of Work focused on the health issues specific to the countries of the Region and the uncertainties in predicting developments there. While high priority is given to efficiency, the main problem continues to be limited resources. To ensure maximum flexibility, the main thrusts will be European projects (35%-40% of the regular budget, including staff costs), and the EUROHEALTH programme (55%-60% of the regular budget) and, finally, emergency relief and humanitarian assistance.

59. The Regional Committee welcomed the initiative to simplify the programme planning process, *inter alia*, by reducing by one year the time between the setting of priorities and approval of the regional programme budget.

Reforms in WHO

60. In connection with the recommendations of the Working Group on the WHO Response to Global Change, the European regional organization had already played something of a pioneering role with regard to reform when the Regional Committee set up, in 1991, an Ad Hoc Committee on Future Orientations of the European Regional Organization of WHO in a Changing Europe. The report of the Working Group of the Executive Board was therefore welcomed by the Regional Committee as being generally in line with regional thinking, and it was noted that many of the suggestions made by the Ad Hoc Committee and the interim Standing Committee had been included in the report of the Working Group. The recommendations on an appropriate staffing structure and a more flexible staffing pattern were welcomed; it was hoped that recruitment of staff could be made to ensure the right skills and experience, without undue emphasis on geographical distribution.

Appointment of a regional "search group" for candidates for the post of Regional Director

61. The Regional Committee adopted a resolution which set in motion the procedure (used for the first time in 1988, and approved as a permanent mechanism in 1990), whereby a regional "search group" will evaluate every candidate for the post of Regional Director on the basis of a clear, detailed set of criteria laid down by the Regional Committee itself. The report of the regional search group will be made available to each Member State's delegation to the forty-third session of the Regional Committee (which will nominate a candidate for the five-year period starting in February 1995). Four members were elected to the regional search group, including the Chairperson of the Standing Committee as an ex officio member.

62. This process allows for an objective assessment of the candidates based on criteria related to expected quality of skills and performance, and if need be, on an active search for candidates.

Future sessions of the Regional Committee

63. It was confirmed that the forty-fourth session will take place in Copenhagen from 12 to 16 September 1994 and, upon the invitation of the Government of Israel, the forty-fifth session will be held in Israel from 4 to 8 September 1995.

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