WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE
COPENHAGEN

REGIONAL COMMITTEE FOR EUROPE
Fiftieth session, Copenhagen, 11 – 14 September 2000

Provisional agenda item 3(a)

EUR/RC50/7
17 July 2000
00713
ORIGINAL: ENGLISH

PROPOSED PROGRAMME BUDGET 2002–2003 – THE EUROPEAN REGION PERSPECTIVE

The present document is derived from, and should be read in conjunction with, the Strategic Budget for WHO for 2002–2003 (document EUR/RC50/7 Add.1).

A long-standing concern in the preparation of programme budgets for successive biennia has been to ensure that the Member States have a clear understanding of what the WHO Secretariat intends to deliver, and that whatever is delivered corresponds to the plans and aspirations of the Member States. In this regard the Strategic Budget for 2002–2003 marks a significant departure from previous biennia, both in its content and in the way it has been prepared.

Extensive consultations between regional and headquarters staff have taken place in the formulation of WHO's policy framework and corporate priorities. As a key instrument in advancing the process of reform and change in WHO, the Strategic Budget for 2002–2003 has also been developed jointly between all the six regions and headquarters.

In addition to the collectively agreed framework for 2002–2003, there is, however, also a need to spell out the European Region's perspective for the biennium and the proposed areas for priority action. The present document responds to that requirement: it outlines, in the light of the overall strategic framework for 2002–2003, the issues and challenges facing the European Region for the coming biennium, as well as the planned response to those challenges at both regional and country levels.

CONTENTS

Page

REGIONAL SITUATION: ISSUES AND CHALLENGES

Issues

1. The economic upheavals and the conflicts in central and eastern European countries during the 1990s have increased the gap in health status between countries in the Region, as is also reflected in the wide range of variations in many health indicators. Today, for example, the average lifespan varies by 15.3 years between Iceland, at 79.3 years, and Turkmenistan at 64 years.

2. The deterioration of the economic situation and the various conflicts in central and eastern Europe over the past 10 years have resulted in a massive movement of people across national borders. Of the 20 countries in the world with the highest percentages of older people, 18 are in the European Region; in those countries, between 13.2% and 17.9% of the population are over 65 years old. Within the next 20 years there will be a highly significant increase in the proportion of people in this age group, with the fastest growing population in most countries being those who are very old (i.e. aged 80 years and over). In the next 30 years, the proportion of people over 80 years (as a share of the over-65 population) will increase, in Europe as a whole, from 22% to over 30%. This demographic trend poses a major challenge for countries in ensuring adequate provision of health and social care for all citizens.

3. Large and increasing numbers of people in European societies today are at risk of experiencing poverty at some time in their lives. Poverty – whether defined by income, socioeconomic status, living conditions or educational level – is the largest single determinant of ill health. One third of the population in the eastern part of the Region – some 120 million people – live in extreme poverty. The increasing globalization of markets may widen the gap between rich and poor. Furthermore, there is already an unequal distribution among social groups of the benefits accruing from socioeconomic growth, and of such societal goods as access to education and employment.

4. Certain vulnerable groups, including ethnic minorities, gypsies, migrants and refugees, are at particular risk of poor health status. Their needs often receive very little attention, and they cannot always be reached through the usual health and welfare channels. This problem is increasing in many countries. Physically or mentally disabled people are also a group with very special problems and needs. The provision of outreach services and the reduction of financial and other barriers to service access can improve the health of people living in poverty.

5. Special efforts need to be made to identify groups at particular risk of poor health and premature death, and to analyse the causes of social differences in health. More attention must be paid to monitoring and evaluating the effectiveness of interventions to close the health gaps. Integrated policies are needed to support vulnerable groups.

Health challenges in Europe

6. The conditions within society in which *health services* are delivered are undergoing a substantial demographic, political and social transformation, and demands are increasing. The rise in the numbers of elderly people, the increasing levels of poverty, unemployment and migration, and the availability of new and expensive technologies are among the factors exerting pressure on the health services. At the same time, the gap in health service provision between countries, between regions and between social groups is widening and is becoming critical for many of the countries in the eastern part of the Region. Often the accessibility and quality of health services have suffered under the prevailing cost constraints.

7. In general, an overemphasis on care itself and in particular on curative care continues to dominate, while health promotion, disease prevention and rehabilitation efforts receive less attention than they deserve. There is a need to improve the scientific *evidenc*e on which policy decisions are taken. There are still gaps in the availability of accurate and valid information in many countries. Special efforts need to be made to improve information, so as to be able to predict future trends and needs. To be of value at a high

political level, such information should go beyond covering traditional health indicators to include indicators of structural, behavioural and social determinants.

8. *Coronary artery and cerebrovascular diseases and hypertension* together represent the most frequent cause of death in virtually every Member State, with cancer ranking second. Lifestyle-related factors such as smoking, poor nutrition, obesity and insufficient physical exercise play a key role in the development of cardiovascular diseases. The single most important risk factor for cancer is smoking, which is responsible for about a third of all cases of cancer in the European Region. Furthermore, alcohol-related harm, including accidents, represents another huge health problem in the Region.

9. Currently three major *psychiatric disorders* – depression, bipolar disorder and schizophrenia – account for about 10% of the total burden of disease. At the same time, the risk factors for mental health are increasing. At present there is both underdiagnosis and undertreatment of depression. Marked differences still prevail in the delivery of mental care services, and large asylums still exist in the eastern part of the Region.

10. The European Region is experiencing a re-emergence of once-forgotten diseases such as *cholera, diphtheria, malaria and syphilis*, particularly in some of the newly independent states. *HIV infection* is rapidly spreading in the eastern part of Europe while the incidence of *AIDS* has been falling in western Europe.

11. The incidence of and mortality from *tuberculosis* is increasing in many countries. In most cases the resurgence of tuberculosis is not so much linked to HIV infection as to the effects of poverty, including poor housing, malnutrition and substance abuse. Many countries are still not systematically following WHO's DOTS strategy for the control of tuberculosis.

12. The last confirmed case of *poliomyelitis* in the Region occurred in Turkey in November 1998 and the process of certifying poliomyelitis elimination continues. Poliomyelitis elimination in the European Region is part of the global eradication initiative, entailing high routine immunization coverage, supplementary mass immunization and enhanced surveillance. Although the global eradication date is set for 2000 it is expected that a number of issues will remain, particularly in relation to finalization of the certification process, which could continue until 2003.

13. Immunization has had a positive impact on the incidence of *measles* and a dramatic impact on the number of deaths. Many countries, however, are not yet prepared to initiate a campaign of elimination.

14. There was a major setback in the efforts to eliminate *diphtheria* from the Region by the year 2000, when a serious epidemic of the disease occurred in the eastern part of the Region in the beginning of the 1990s. This was due, *inter alia*, to a collapse of previously effective immunization and surveillance programmes. Thanks to massive immunization efforts, the sharply rising epidemic curve was reversed.

15. Endemic *malaria* resurged in the mid-1990s as a problem in the European Region, mainly as a result of economic instability, massive population movements and large-scale hydro-agricultural projects. The main countries affected are Armenia, Azerbaijan, Tajikistan and Turkey.

16. The coverage of *communicable disease surveillance* varies greatly, and only part of the estimated actual disease incidence is detected in the Region. Many laboratories have only limited capacity and resources. The worldwide spread of infectious agents resistant to antimicrobial drugs remains of particular concern.

17. The chances of a child being born healthy remain very unequal throughout the Region, and this is also true of the chances of a child surviving the first year. *Infant mortality* ranges from 3 to 43 deaths per thousand live births due, among other things, to the lack of implementation of the concept of integrated management of childhood diseases (IMCI). Likewise *maternal mortality* remains an important concern in

many countries. There is considerable inequity in the provision and quality of antenatal and postnatal services, and the basic requirements for ensuring a healthy birth are not met in large parts of the Region.

18. With regard to *environment and health*, the main problems in the Region lie within the areas of water and waste management, transport and food safety. In addition, most countries still lack appropriate and up-to-date food and nutrition policies.

REGIONAL STRATEGIES AND PRIORITY ACTION

Global framework

19. The overall mission of WHO is the attainment, for all people, of the highest possible level of health. Within this context, and supported by the health for all commitment pursued over the past two decades, the corporate strategy defines the overall framework for the delivery of WHO's technical work in terms of the following four strategic directions:

- reducing excess mortality, morbidity and disability, especially in poor and marginalized populations;
- promoting healthy lifestyles and reducing factors of risk to human health that arise from environmental, economic, social and behavioural causes;
- developing health systems that equitably improve health outcomes, respond to people's legitimate demands, and are financially fair; and
- developing an enabling policy and institutional environment in the health sector and promoting an effective health dimension to social, economic, environmental and development policy.

20. With these four main strategic directions, the priority areas of work for the Organization have been set out in broad terms and the overall WHO priorities are further elaborated in the global Programme Budget.

21. The corporate strategy aims at creating greater cohesion and consistency in delivery of WHO's services and emphasizes the need for complementarity in implementing actions at all levels of the Organization. Both when planning and during implementation, special attention (including budgetary and human resources) will be given to:

- areas with a potential for significant changes in the burden of disease with the use of cost-effective interventions;
- health problems with major socioeconomic implications, or which have a disproportionate impact on the lives of the poor;
- areas where there is seen to be a major need for new technologies; and
- opportunities to reduce health inequalities within and between countries.

22. In addition, the comparative advantage of WHO will be kept in mind, in its response to major demands for support from Member States.

Regional framework

23. Within the overall WHO corporate framework outlined in the global Strategic Budget for 2002–2003 (document EUR/RC50/7 Add.1), the focus for the Regional Office is to support countries in implementing relevant parts of the regional health for all policy framework (HEALTH21). Through this regional health policy development, 21 targets have been set for the European Region, as benchmarks against which to measure progress in improving and protecting health and reducing risks. Four main

strategies for action – in line with the thinking of WHO's corporate strategy – have been defined in HEALTH21 to ensure that scientific, economic, social and political sustainability drive its implementation:

- multisectoral strategies to tackle the determinants of health, taking into account physical, economic, social, cultural and gender perspectives;
- health-outcome driven programmes and investments for health development and clinical care;
- integrated family- and community-oriented primary health care, supported by a responsive hospital system; and
- a participatory health development process that involves relevant partners for health, at all levels – home, school and workplace, local community and country – and that promotes joint decision-making, implementation and accountability.

Challenges for the Regional Office

24. *Improving the evidence base*. With the aim of becoming a genuine forum for communication and a centre for expertise in public health, the Regional Office will further develop its capacity to receive, analyse, organize and disseminate information. Sufficient analytical skills must be available for providing up-to-date situation analysis and projections of different scenarios in support of decision-making. Dissemination of information should take full advantage of new and emerging technologies, and the audience with which information is shared should be expanded beyond the traditional health partners to include non-health sectors.

25. *Maintaining a high level of technical expertise*. To cover the very extensive expertise required today in the field of public health, the Office will strengthen its networks and increase external collaboration. In so doing, it will provide the technological answers best suited to the needs of Member States. In view of this, innovative formulas will be introduced to facilitate rotation and exchange of experts between the Regional Office, countries, WHO headquarters, and other regions and organizations.

26. *Strengthening public health proficiency*. To be truly effective in country health development the Regional Office must be able to support countries, not only in distinct and well defined narrow technical areas, but equally providing broad-based public health advice. A recruitment plan and training programme will be designed for this purpose. A new function of public health generalist will be developed, with the capacity to analyse problems, call on an extensive network of specialists, and act as an interface and neutral broker between decision-makers and experts.

27. *Energizing partnerships*. Taking into account the scope of the health area, the scarcity of resources for health and the increasing number of organizations involved, the Office will reinforce its cooperation with other organizations. To achieve concrete results, cooperation with other United Nations agencies, the European Union and other European governmental organizations, nongovernmental organizations and the private sector will be based on:

- establishing working practices based on recognition of the functions, mandates and modes of intervention of each partner, a systematic search for synergy and the definition of common objectives;
- support to countries in reinforcing their own capacity to manage international aid (this will be rooted in objectives and programmes defined in agreement with WHO and other partners); and
- regular follow-up and evaluation of results and use of invested funds.

28. *Improving coordination with WHO headquarters and the other regional offices.* In line with the "one WHO" approach, cooperation among all levels of the Organization will be based on open discussion and transparency. This spirit of cooperation will facilitate exchanges between staff members and their contacts at both headquarters and in the other regional offices, and will contribute to strengthening the overall image of the Organization.

29. *Updating of the country strategy*. The Regional Office's country work came into focus with the first five-year plan of the EUROHEALTH programme. This was set up in 1990 in order to help reorient the Office's programmes towards strengthening support to the countries of central and eastern Europe and the newly independent states of the former USSR. A first evaluation was carried out in September 1994, and the second five-year programme was subsequently modified, especially with regard to priority-setting. A second evaluation took place during 1999–2000, and it is clear that there is a need to replace the EUROHEALTH programme by a more up-to-date country strategy. This would be in line with the new global integrated approach to country work, aimed at closer collaboration at country level with other United Nations agencies and organizations.

30. The Office's work in countries will continue to be strengthened. In future, the balance will be shifted towards advocacy, coordination, policy development and overall public health guidance. In recognition of the large number of actors involved in health development at country level, the Office will actively contribute towards mediating a coordinated input from all external donors and national partners. Countries in transition will be supported in their resource mobilization efforts. Implementation of individual activities at country level will not be totally abandoned, but increasing emphasis will be placed on addressing health problems through longer-term cooperation and collaboration with major donor organizations, as has been the case with the poliomyelitis eradication programme. The Regional Office hopes to increase its impact in countries by influencing the thinking of major donor organizations; one such action will be to promote the adoption by other organizations of WHO's normative information such as guidelines and standard-setting norms.

31. To exert a real impact on the health status of countries, the underlying problems to be addressed include improving the economic, educational and general living conditions of the least privileged groups. To address such fundamental problems requires national policy-makers to be far-sighted, and at times willing to take controversial political decisions. The Regional Office's role here will be one of overall advocacy support at the highest political level, as well as provision of the evidence base on which stringent national policy decisions can be taken.

Specific priority areas for 2002–2003

32. The specific priorities for the European Region for 2002–2003 show nearly total alignment with the global priorities. Nevertheless, there are additional areas in the European Region that deserve special attention, such as the implications for health and health care of the increasing number of older people in the Region.

33. *Malaria, HIV/AIDS and tuberculosis* are major killers, and have a disproportionate impact on the lives of poor people.

Regional perspective

- A Region-wide strategy on malaria control has been formulated, focusing on endemic countries and those most at risk. Activities are part of an interregional approach to control and reduce the problem of malaria. The implementation in recent years of malaria control projects, provision of antimalarial drugs and reinforcement of health structures have helped contain the epidemics in the affected countries.
- Subject to funds available, the task forces (with participation of various Member States, donors, other organizations and agencies) for response to the epidemic of sexually transmitted infections (STI) and HIV/AIDS in eastern Europe and central Asia will be continued. Support is given to countries in addressing STI/HIV prevention, control and care in a coordinated and integrated approach within the various health sectors. WHO will strengthen its partnership with the UNAIDS programme.

- The training of human resources in tuberculosis management and control will be further strengthened, as will collaboration with WHO headquarters to promote and provide support to the DOTS PLUS strategy for the case-management of multidrug-resistant tuberculosis.

34. *Maternal health* is the area with the most marked differences in health outcome between developed and developing countries, and in itself a key milestone in the International Development Targets.

Regional perspective

- Maternal health is an important integral part of the women's and child health programmes. A project in pilot districts in the central Asian republics and Azerbaijan, focusing on perinatal health, family planning and integrated management, has resulted in a decrease in mortality and post-delivery complications and an increase in the number of mothers breastfeeding. The Office will continue to promote – through training workshops and other means – a holistic approach using evidence-based care and cost-effective interventions throughout pregnancy, birth and the neonatal period. Breastfeeding will continue to be promoted.

35. *Mental health* is a major, often forgotten contributor to the growing global burden of disease.

Regional perspective

- The mental health programme was re-established during the 1998–1999 biennium, with particular attention being paid to dealing with mental health problems in those areas of the Region where there had been conflict. The Internet-based "Wellbeing five" questionnaire and score system is being further developed as a diagnostic tool. It is increasingly being recognized that depression is a very common condition and measures for its early identification and management with modern medication are urgently needed. Furthermore, there is a great need for public education to change attitudes towards depression and other mental health disorders.

36. *Tobacco* is a major killer in all societies and a rapidly growing problem in developing countries.

Regional perspective

- Efforts to control tobacco use continue through the Action Plan for a Tobacco-free Europe, as well as through the global work on the drafting Framework Convention on Tobacco Control. A third five-year Action Plan is being implemented, with a ministerial conference on tobacco control scheduled for June 2001 (to be hosted by Poland). A Committee for a Tobacco-free Europe, set up in 1998 with the participation of countries, nongovernmental organizations and other agencies and organizations, monitors progress.

37. *Cancer, cardiovascular diseases and diabetes* are the leading causes of ill health in a growing tide of noncommunicable diseases.

Regional perspective

- The regional programmes concerned with noncommunicable diseases will continue to focus strongly on determinants and lifestyle factors.
- The European Charter on Alcohol and the European Alcohol Action Plan outline the main public health and treatment strategies. A third-five year Action Plan is being implemented, with a ministerial conference on young people and alcohol scheduled for February 2001 (hosted by Sweden).
- The possibilities for further strengthening support to countries in achieving a more integrated approach to community-based health promotion and disease prevention measures continue to be explored, *inter alia* through the countrywide integrated noncommunicable diseases intervention (CINDI) network.

- Since 1989, the Regional Office and the European Branch of the International Diabetes Federation have been jointly involved in running the St Vincent movement. This major effort reaches out to almost every Member State with an innovative approach to substantially reducing serious health problems for people with diabetes (mainly through increased self-care and community support). In accordance with the European Diabetes Action Plan, support to the implementation of national diabetes programmes will continue.

38. *Food safety* is a problem with potentially serious economic and health consequences, and an area of increasing public and public health concern.

Regional perspective

- The nutrition and food safety programmes are collaborating closely on the public health aspects of food and nutrition. An urban food and nutrition action plan has been developed in collaboration with the WHO Healthy Cities networks and various nongovernmental organizations. A possible policy in this respect and suggestions for a European action plan are being submitted to the Regional Committee in order to stimulate developments in this area.

39. *Safe blood* is a neglected area in many countries, and key to many aspects of human health.

Regional perspective

- The effective use of blood is an integral part of health care reform. Since 1998, the Regional Office has run a series of workshops on the use of safe blood and blood products in various clinical settings. WHO will continue efforts to put the issue of safe blood and blood products high on the agenda of national health authorities, and will advocate the development of a national policy in this area. Support will be given to the establishment of national blood transfusion services. Special emphasis will also be placed on reducing unnecessary transfusions through the effective clinical use of blood and blood products and alternatives to transfusion.

40. *Health systems* must perform well if technical interventions are to have maximum impact. The strengthening of health systems must therefore be at the heart of WHO endeavours.

Regional perspective

- Support to countries continues for the implementation of various aspects of the 1995 Ljubljana Charter on Health Care Reform. The work of the European Observatory on Health Care Systems, set up in 1999 to support and promote evidence-based health policy-making, is being continued.

41. *Investing in change in WHO* reflects the continuing efforts to improve the organizational response to the priorities and visions outlined in the new WHO agenda.

Regional perspective

- The Regional Office will continue to collaborate with WHO headquarters and the other regions to further streamline procedures and processes with a view to achieving more cost-effective and productive work. A cross-reference table between the 35 corporate work areas and the regional organizational structure and programmes is given in Annex 1.

OVERALL BUDGET FRAMEWORK FOR THE WHO EUROPEAN REGION

Regional planning allocation

42. The regional planning allocation for 2002–2003 is set at the same nominal amount as the approved programme budget for 2000–2001, i.e. US $51 699 000. The latter includes the additional country programme allocation of US $2.2 million received as a consequence of the Health Assembly's decision to

revise allocations to regions (resolution WHA51.31). The European Region also received US $915 000 from casual income for use in poliomyelitis eradication, Roll Back Malaria, tuberculosis, HIV/AIDS and the Tobacco Free Initiative, in accordance with the Health Assembly's appropriation resolution for 2000–2001 (WHA52.20).

43. The projected level of extrabudgetary funds for 2002–2003 is US $63 million.

44. For ease of comparison, the regular budget expenditure during 1998–1999 amounted to US $48 243 200, with extrabudgetary funds at US $51 016 425 (see document EUR/RC50/Inf.Doc./1).

45. For the strategic planning of WHO's budget for 2002–2003, the Director-General set a goal of achieving a 10% shift towards priority programmes. This will be reflected in a move of US $4 million from low- to high-priority programmes.

Country programme allocation

46. The Regional Committee in 1999 decided to maintain the level of additional budget allocations to Armenia, Azerbaijan, Bosnia and Herzegovina, Kyrgyzstan, the Republic of Moldova and Tajikistan (resolution EUR/RC48/R9) until the final additional allocation for the Region is received. After that time their allocations would be based on UNDP's Human Development Index.

47. From 2002–2003 onwards, the additional budget allocation will be distributed between Albania, Belarus, Bulgaria, Croatia, the Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Latvia, Lithuania, Malta, Poland, Romania, the Russian Federation, Slovakia, Slovenia, the former Yugoslav Republic of Macedonia, Turkey, Turkmenistan, Ukraine, Uzbekistan and Yugoslavia, based on the Human Development Index. Should a country attain a "high income status" as defined by the World Bank, it would cease to receive such allocation.

48. In line with resolution EUR/RC49/R5, a table showing the latest Human Development Index values is attached as Annex 2. For ease of reference, the table also includes a column showing the latest information on gross national product (GNP) per capita.

49. The Director-General, in the guidance for the preparation of the programme budget for 2002–2003 (bearing in mind that resolution WHA51.31 sets an upper limit of 3% per annum for the change in regional allocations and that the Organization has had to absorb cost increases in 2000–2001), decided that the change should be only 2% per annum in 2002–2003. The additional country programme allocation to be received in 2002–2003 will therefore be about US $1 million less than the additional country programme allocation of US $2.2 million received for the 2000–2001 biennium.

50. Preparation of individual plans of cooperation with countries will begin after the Executive Board meeting in January 2001, and details of the Office's country work will be presented to the Regional Committee in 2001.

Annex 1

RELATIONSHIP OF THE 35 CORPORATE BUDGET HEADINGS TO THE REGIONAL OFFICE FOR EUROPE'S ORGANIZATIONAL STRUCTURE AND PROGRAMMES

Budget No.	Acronym	Corporate "programme" (budget heading)	EURO Division[a]	EURO unit	EURO programme (*project)*
01 Communicable diseases					
01.1.01	CSR	Communicable disease surveillance	TS	Communicable diseases	Communicable disease surveillance and response
01.2.01	CPC	Communicable disease prevention, eradication and control	TS	Communicable diseases	Communicable disease control, prevention and eradication *Polio eradication* (see also 03.5.1)
01.3.01	CRD	Research and product development for communicable diseases	RG	Regional Director's Resource Group	
01.4.01	MAL	Malaria	TS	Communicable diseases	Roll Back Malaria
01.5.01	TUB	Tuberculosis	TS	Communicable diseases	Stop TB
02 Noncommunicable diseases					
02.1.01	NCD	Surveillance, prevention and management of noncommunicable diseases	TS	Noncommunicable diseases	CINDI NCDs in Europe (see also 05.3.1)
02.2.01	TOB	Tobacco	TS	Alcohol, tobacco and drugs	Tobacco-free Europe (see also 05.3.01)
03 Family and community health					
03.1.01	CAH	Child and adolescent health	TS	Reproductive, maternal and child health	Child and adolescent health
03.2.01	RHR	Research and programme development in reproductive health	TS RG	Reproductive, maternal and child health Regional Director's Resource Group	Reproductive health and pregnancy
03.3.01	MPS	Making pregnancy safer	TS	Reproductive, maternal and child health	*Making pregnancy safer*
03.4.01	WMH	Women's health	TS	Gender mainstreaming	
03.5.01	HIV	HIV/AIDS	TS	Communicable diseases	Sexually transmitted infections and HIV/AIDS (see also 01)
04 Sustainable development and healthy environments					
04.1.01	HSD	Sustainable development	TS	Health determinants	Social and economic development
04.2.01	NUT	Nutrition	TS	Food and nutrition policy	Nutrition (see also 04.4.01)

04.3.01	PHE	Health and environment	TS	Health and the environment	Environment and health coordination and partnership (up to 31.12.2000) Water and sanitation Air quality Children's health and the environment Transport *Waste management* *Mediterranean Action Plan* *Noise control* *NEHAPs* *Chemical safety* *(see also 04.5.01)*
04.4.01	FOS	Food safety	TS	Food and nutrition policy	Food safety (see also 04.2.01)
04.5.01	EHA	Emergency preparedness and response	TS CH	Health and the environment Emergency and humanitarian assistance	*Nuclear emergencies* (see also 04.3.01) (Humanitarian assistance offices) (see also 08.2.01, 11.1.01)
05 Social change and mental health					
05.1.01	HPR	Health promotion	TS	Health and the life course	Healthy schools Healthy workplace Healthy aging
05.2.01	DPR	Disability/injury prevention and rehabilitation	TS	External causes of illness	Accidents and injuries
05.3.01	MNH	Mental health and substance abuse	TS	Alcohol, tobacco and drugs Noncommunicable diseases	Alcohol and drugs (see also 02.2.01) Mental health (see also 02.1.01)
06 Health technology and pharmaceuticals					
06.1.01	EDM	Essential medicines: access, quality and rational use	CH	Health service organization and financing	Pharmaceuticals and technology (see also 07.4.01)
06.2.01	IVD	Immunization and vaccine development	TS	Communicable diseases	(see 01)
06.3.01	BCT	Blood safety and clinical technology	CH	Health service organization and financing	Quality of health systems (see also 07.4.01)

07 Evidence and information for policy					
07.1.01	GPE	Evidence for health policy	EC	Health information	Integrated database
					Qualitative information and knowledge base
				Integrated surveillance	
				Evidence on health needs and interventions	
				European Observatory on Health Care Systems	
			CH	Health policies at all levels	National health policies
					Subnational and urban health policies
					Health sector
					Economics for health
					Legislation and rights
			TS	Health impact assessment	Health impact assessment methods and strategies
					Global change and health
07.2.01	IMD	Health information management and dissemination	EC	Communication and advocacy	
				Health documentation services	Information distribution and promotion
					Publications
					Translation and editorial
					Documentation production and support
07.3.01	RPC	Research policy and promotion	RG	Regional Director's resource group	
07.4.01	OSD	Organization of health services	CH	Public health systems	
				Health service organization and financing	Health services organization and management
					Health service financing
					Primary health care
					(see also 06.1.01, 06.3.01)
				Human resources for health	Nursing and midwifery
					Family medicine
					Medical education
					Human resource planning
				Human resource development	Fellowships (see 09.2.01)
08 External relations and governing bodies					
08.1.01	GBS	Governing bodies	RG	Regional Director's resource group	
08.2.01	REC	Resource mobilization, and external cooperation and partnerships	CH	International partnerships	(see also 04.5.01 and 11.1.01)
				Country strategic cooperation	
			RG	Regional Director's Resource Group	Resource mobilization

09 General management					
09.1.01	BMR	Budget and management reform	OS RG	Budget and finance Regional Director's Resource Group	Budget (see also 09.3.01) Senior Policy Advisers to the Regional Director
09.2.01	HRS	Human resources development	OS	Human resource services Human resource development	Core Human Resource Services Divisional Human Resource Services Staff development and training (see also 07.4.01)
09.3.01	FNS	Financial management	OS	Budget and finance	Finance (see also 09.1.01)
09.4.01	IIS	Informatics and infrastructure services	OS	Administration, supplies and conference Informatics support	Travel Registry and communications Supply Building maintenance Canteen Printing and conference services Help desk Database development and maintenance Network management Web platform management
10 Director-General, Regional Directors and independent functions					
10.1.01	DGO	Director-General's and Regional Directors' offices	RD	Regional Director's Office	
10.2.01	DDP	Director-General's and Regional Directors' Development Programme and initiatives	RD	Regional Director's Resource Group	
11 Country programmes					
11.1.01	CLA	Country-level activities	CH	Country support services	(see 04.5.01 and 08.2.01)

[a] CH Partnerships for country health development
EC Information, communication and evidence
OS Operational support
RD Office of the Regional Director
RG Regional Director's Resource Group
TS Technical support and strategic development

Annex 2

HUMAN DEVELOPMENT INDEX AND PER CAPITA GROSS NATIONAL PRODUCT FOR SELECTED EUROPEAN MEMBER STATES

Country[a]	Human development index (HDI)[b]			Per capita GNP[c] (US $)		
	1998	**1997**	**1996**	**1998**	**1997**	**1996**
	Low (0.0–0.500) Medium (0.500–0.799) High (0.800 and above) *No countries in the European Region are in the "low" category; those with HDI values of between 0.600 and 0.850 are listed below.*			**Low income (0–760)** Lower middle income (761–3030) Upper middle income (3031–9360)		
Tajikistan	**0.663**	**0.665**	**0.575**	**370**	**330**	**340**
Uzbekistan	0.686	0.720	0.659	950	1020	1010
Republic of Moldova	**0.700**	**0.683**	**0.610**	**380**	**460**	**590**
Turkmenistan	**0.704**	**0.712**	0.660	**760**	**640**	940
Kyrgyzstan	**0.706**	**0.702**	**0.633**	**380**	**480**	**550**
Albania	0.713	**0.699**	0.656	810	**760**	820
Armenia	**0.721**	**0.728**	**0.674**	**460**	**560**	**630**
Azerbaijan	**0.722**	**0.695**	**0.623**	**480**	**510**	**480**
Turkey	0.732	0.728	0.782	3160	3130	2830
Ukraine	0.744	0.721	0.665	980	1040	1200
Kazakhstan	0.754	0.740	0.695	1340	1350	1350
Bosnia and Herzegovina (estimated)	0.759	**0.759**	**0.759**	above 760	**below 760**	**below 760**
Georgia	0.762	0.729	0.633	970	860	850
The former Yugoslav Republic of Macedonia	0.763	0.746	0.749	1290	1100	990
Romania	0.770	0.752	0.767	1360	1410	1600
Latvia	0.771	0.744	0.704	2420	2430	2300
Russian Federation	0.771	0.747	0.769	2260	2680	2410
Bulgaria	0.772	0.758	0.789	1220	1170	1190
Belarus	0.781	0.763	0.783	2180	2150	2070
Lithuania	0.789	0.761	0.750	2540	2260	2280
Croatia	0.795	0.773	0.759	4620	4060	3800
Estonia	0.801	0.773	0.758	3360	3360	3080
Poland	0.814	0.802	0.851	3910	3590	3230
Hungary	0.817	0.795	0.857	4510	4510	4340
Slovakia	0.825	0.813	0.875	3700	3680	3410
Czech Republic	0.843	0.833	0.884	5150	5240	4740

[a]Countries with a value for per capita GNP of less than US $760 in 1998 are shown in bold.

[b]Human Development Index (HDI): life expectancy, educational attainment and income.
Source of HDI figures: UNDP *Human development report.*

[c]Gross national product (GNP): the total output of goods and services for final use produced by an economy, including the net factor income from abroad, divided by the mid-year population.
Source of GNP figures: World Bank atlas.