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Follow-up to previous sessions of the WHO Regional Committee for Europe

This document contains information on action taken to follow up on a number of issues discussed at previous sessions of the Regional Committee and on the implementation of resolutions and strategies, or the preparation of major events.

The subjects selected for this paper include follow-up on:

- the Ministerial Conference on Counteracting Obesity;
- implementation of work on strengthening health systems;
- action taken towards implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases;
- update on health security;
- the European Environment and Health Committee (annual report).

Actions in each of these areas are implemented within the overarching framework of the WHO European Country Strategy and its current phase of Strengthening Health Systems in the European Region, and in accordance with priorities agreed in the Biennial Collaborative Agreements with 33 Member States.

Each of these subjects will be presented and discussed separately during the session.

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Follow-up to the WHO Ministerial Conference on Counteracting Obesity

1. In November 2006, ministers and state secretaries of health from 46 countries in the WHO European Region and more than 500 participants, including representatives from the European Commission, the Nordic Council of Ministers, Council of Europe, the United Nations Food and Agriculture Organization (FAO), the World Bank, the United Nations Children's Fund (UNICEF), the International Labour Organization, the European Union (EU) Platform on Diet, Physical Activity and Health, nongovernmental organizations and experts met in Istanbul to highlight the need for urgent action to deal with the obesity epidemic. As a result, the European Charter on Counteracting Obesity was signed. The follow-up to the Ministerial Conference on Counteracting Obesity involves Region-wide developments facilitated by the WHO Regional Office for Europe; review of and support for policy developments in countries; and the development of a Second WHO European Action Plan for Food and Nutrition Policy, presenting a detailed list of priority actions aimed at responding to the main health challenges for the Region, particularly obesity and nutrition-related chronic diseases.

Region-wide developments facilitated by the WHO Regional Office for Europe

Dissemination

2. The Charter was officially launched on 20 February 2007 at the WHO Regional Office for Europe, in the presence of Her Royal Highness Crown Princess Mary of Denmark and the WHO Regional Director for Europe. It is now being distributed to all Member States and has been presented at national and international meetings. Several countries have translated it into local languages. The Conference report has been printed and disseminated to Member States. The document, *The challenge of obesity in the WHO European Region and the strategies for response*, has been published in English, French, German and Russian and is being disseminated. It summarizes a more comprehensive document that is also to be published. The Charter has been widely read and is referenced in scientific and policy papers,[1] even outside the European Region, notably in the United States and Canada.

Establishment of alliances, partnerships and policy dialogue

3. Continuous exchange and collaboration is taking place with the European Commission. On 30 May 2007, the Commission released a white paper[2] that states its commitment to collaborating with WHO in following-up the European Charter on Counteracting Obesity by developing a nutrition and physical activity surveillance system for the 27 countries of the European Union and participating in the development and implementation of the Second WHO European Action Plan for Food and Nutrition Policy. The WHO Regional Office has held discussions with counterparts in Member States on establishing networks of countries that will specifically commit themselves to implementing some of the actions outlined in the Charter. The United Kingdom has agreed to take the lead in a network on the reduction of salt in industrially produced foods; Norway will lead the network on restricting the marketing of food and nonalcoholic beverages to children; and Portugal will play the lead role in the network on childhood obesity surveillance. Meetings have been held with FAO, UNICEF and the European Food Safety Authority to agree on joint activities. The European Charter on Counteracting Obesity has been presented at the thirty-fourth session of the United Nations Standing Committee on Nutrition (Rome, March 2007) and at the thirty-fifth session of the joint FAO/WHO Food Standards Programme Codex Committee on Food Labelling (Ottawa, May 2007). Meetings have been held with the European Childhood Obesity Prevention Alliance, the European Public Health Alliance, the European Heart Network, the International Baby Food Action Network and BEUC, the European Consumers'

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[1] *Implementation of the Committee's work programme*. Geneva, United Nations Economic and Social Council, 2007 (ECE/AC.21/SC/2007/8) (http://www.thepep.org/en/commitee/documents/ECE_AC.21_SC_2007_8.pdf, accessed 5 July 2007).

[2] *White Paper on a Strategy for Europe on nutrition, overweight and obesity related health issues*. Brussels, European Commission, 2007 (COM(2007) 279 final) (http://ec.europa.eu/health/ph_determinants/life_style/nutrition/documents/nutrition_wp_en.pdf, accessed 5 July 2007).

Organization to discuss common action in the areas of marketing foods to children and monitoring the commitment of private and public stakeholders. A dialogue with the private sector has also been entered into and meetings have been held with European food producers, sugar producers, vending machine dealers, fruit and vegetable producers, and snack and soft drink producers.

Surveillance and policy analysis

4. The two databases on: nutrition policy,[3] including national and regional estimates of overweight and obesity; and health enhancing physical activity[4] are continuously updated. A new web-based information database and analytical system is being developed in collaboration with the European Commission. The system will be able to link inventories of country policy documents and implementation tools to outcome variables, and will make it possible to measure progress made in each country towards fulfilling the key commitments in the main policy documents developed at the European level, i.e. the European Charter on Counteracting Obesity, the EU White paper on nutrition, overweight and obesity-related health issues and the Second European Action Plan for Food and Nutrition Policy. The system will cover five areas: a) policies; b) legislation; c) best practices; d) nutrition, diet and physical activity indicators; and e) status of implementation of key commitments. It will be possible to make comparisons between countries, to link policy documents to examples of implementation and to assess the progress of implementation, with both process and outcome indicators. A surveillance initiative to collect standardized data on childhood obesity has been launched and currently involves 12 countries. Methods to compare and pool data on the prevalence of overweight and obesity and to calculate trends are being reviewed, in collaboration with WHO headquarters.

Development of policy tools

5. The WHO European Region is piloting a global initiative to improve nutrition and physical activity in the school setting (the Nutrition-friendly school initiative). So far, 10 countries have been involved. The initiative takes into account the wide experience that European countries have in using the school setting to improve the lifestyle of the young generation, in particular through the European Network of Health Promoting Schools. A document on food and nutrition policy in the school setting prepared by the WHO Regional Office is being disseminated and has been translated into local languages. A tool has been developed for calculating the direct cost of obesity; it is currently being reviewed and tested.

Promotion of physical activity

6. The European Charter on Counteracting Obesity has given momentum to the work on physical activity, including in areas beyond its implications on the prevention of obesity. The WHO Regional Office for Europe is working to raise the profile of physical activity by strengthening the current policy frameworks, disseminating best practices and raising public awareness. The policy paper *Steps to health: a European framework to promote physical activity for health* has been finalized and disseminated. Selected country representatives were invited to take part in a study tour to observe directly those structures and projects that are most effective in increasing physical activity levels in the population. Move for Health Day was marked on 10 May to raise public awareness on physical activity through a Europe-wide campaign and a central initiative organized in collaboration with Finland.

Review of and support for policy developments since the Ministerial Conference

7. Several policy developments have taken place in Member States since the Ministerial Conference, some with direct WHO support and involvement. Some examples are given in this report, while a more comprehensive picture will be provided in the first progress report, expected in 2010.

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[3] Nutrition policy database [online database]. Copenhagen, WHO Regional Office for Europe, 2006 (http://data.euro.who.int/Nutrition/, accessed 5 July 2007).

[4] International inventory of documents on physical activity promotion [online database]. Copenhagen, WHO Regional Office for Europe, 2007 (http://data.euro.who.int/PhysicalActivity/, accessed 5 July 2007).

8. The German **EU presidency** organized a conference in February 2007 on Prevention for health: Nutrition and physical activity – a key to healthy living. With the conference and the resulting memorandum, Germany aimed to support the political actions that followed the WHO European Ministerial Conference on Counteracting Obesity. Portugal and Slovenia will take up the baton during their EU presidencies to further the work on disease prevention and health promotion in the area of physical activity and nutrition. The European Charter is mentioned as a background to the conclusions on health promotion and disease prevention of the Council of the European Union.[5]

9. **Policies** have been established by several Member States reflecting the recommendations of the Ministerial Conference and the process towards the Second European Action Plan for Food and Nutrition Policy. Italy has launched a new strategy for the prevention of noncommunicable diseases, entitled *Gaining health*, that specifically mentions the European Charter on Counteracting Obesity and the European Strategy for the Prevention and Control of Noncommunicable Diseases. Portugal has developed a national strategy covering primary, secondary and tertiary prevention and clearly identifying actors, resources and timeframes. New policies on obesity and nutrition have been developed by Croatia (*Action Plan for overweight and obesity prevention and treatment 2007–2011*) and by Norway (*Nutrition Action Plan 2007–2011*). The Russian Federation is developing a nutrition policy document based on the principles of the proposed outline of the Second European Action Plan. Germany and Switzerland are currently in the process of revising their policies on nutrition and physical activity. The Swiss programme is based on the Global strategy on diet, physical activity and health and on the European Charter on Counteracting Obesity.

10. Specific **collaborative mechanisms** have been set up in Italy and Portugal to coordinate initiatives in obesity prevention. In May 2007, Portugal launched a national platform against obesity, that envisages an integrated and multisectoral approach. In the United Kingdom, the Obesity National Support Team was set up to produce recommendations for improving local practice and guidance for action. An intersectoral working group for the development of an action plan for the reduction of overweight and obesity has been set up in Croatia.

11. Some countries have put in place specific **regulations or legislation** or are in the process of adopting them. In the United Kingdom, restrictions on advertising to children in both the broadcast and the nonbroadcast media have been put in place. A decree to include specific health messages in food advertising on television and radio, in newspapers, posters, leaflets, on the internet and through mobile phones was adopted in France in February 2007. Portugal is developing new legislation on the marketing and advertising of foods aimed at children and teenagers. Croatia is planning to establish a regulation on vending machines in kindergartens, schools, sports facilities and hospitals.

12. **Guidelines** to improve out-of-home meals and healthy nutrition in public catering have been developed in Bulgaria, Germany and Italy. Portugal intends to regulate the availability of different categories of foods in shops and canteens and to introduce award schemes to promote "healthy meal" options. Norway will introduce free fruit and vegetables in primary schools. France has prepared a guidance document to indicate the commitments expected from the private sector on actions related to the nutritional characteristics of food products, portion sizes, accessibility of fruit and vegetables, marketing and advertising, and the creation of new products with improved nutritional quality.

13. Some countries have implemented **information initiatives**. Bulgaria launched a national week on counteracting obesity in November 2006, during which a number of activities were organized to create public awareness and inform the general population about the Ministerial Conference. A web-based information tool promoting a healthy lifestyle for pregnant women was developed in the Netherlands.

[5] *Health promotion by means of nutrition and physical activity*. Brussels, Council of the European Union, 2007 (9363/07) (http://register.consilium.europa.eu/pdf/en/07/st09/st09363.en07.pdf, accessed 5 July 2007).

Development of the Second European Action Plan for Food and Nutrition Policy

14. The process of developing the WHO Second European Action Plan for Food and Nutrition Policy started in October 2005 and was concluded in June 2007. A drafting group produced an outline that was presented at the Ministerial Conference. A first written consultation with nutrition and food safety counterparts, nongovernmental organizations, intergovernmental organizations and other nutrition and food safety experts took place between November 2006 and January 2007, providing essential input for the development of a first draft of the Second Action Plan, produced with the support of an editorial group. The first draft was submitted to the Standing Committee of the Regional Committee (SCRC), discussed at a meeting in Germany in February 2007 and analysed in a second written consultation. Comments from the SCRC and the counterparts led to the development of a second draft that was discussed at the meeting of nutrition and food safety counterparts in Paris in June 2007. A third and final draft is submitted for discussion by the Regional Committee at its fifty-seventh session.

Implementation of work on strengthening health systems

Introduction

15. This report is submitted in compliance with the requirement set out in operative paragraph 4 of resolution EUR/RC55/R8, in which the Regional Committee requested the Regional Director to:

(a) take steps to mobilize the human and financial resources needed to support Member States in developing and implementing their strategies for strengthening health systems, as described in document EUR/RC55/9 Rev.1;

(b) organize a European ministerial conference on "Strengthening health systems" in 2007 or 2008, based on a consultative and participatory process with Member States, ensuring collaboration and harmonization with partner agencies;

(c) report back to the Regional Committee in 2007 and 2009 on implementation of the Initiative for Strengthening Health Systems in the Regional Office's work with countries in the European Region.

Progress made in supporting Member States in developing and implementing their strategies for strengthening health systems

16. During the 2006–2007 biennium the WHO European Region has experienced a period of political stability, with no major conflict in its territory and the European Union expanding to include some new members. Overall, it has also been a period of economic growth, which has helped the Member States to the east of the Region continue their recovery from the disruptions of the previous period. All Member States have continued striving to provide their citizens with effective, quality health care in a context of choice. They have done so in their specific national contexts, trying not to sacrifice equity and solidarity under the pressures of cost increases and sustainability. East and west, robust progress has been made in articulating democratic arrangements for stakeholders to defend their legitimate views and interests under the leadership of ministries of health.

17. The Regional Office has provided health system-related support to all Member States according to the four functions of health systems (stewardship, financing, resource generation and service provision). This has been done in accordance with the priorities set in the biennial collaborative agreements with countries and can be summarized as follows: direct and indirect support at country level on stewardship and governance (including support to health information systems) has been provided to 26 Member States; on financing to 22 Member States; on health service provision (public health, primary care, hospital care, quality, etc.) to 28 Member States; and on resource generation (mainly pharmaceuticals and human resources for health) to 24 Member States.

18. The European Observatory on Health Systems and Policies is a partnership between the Regional Office, Belgium, Finland, Greece, Norway, Slovenia, Spain, Sweden, the Veneto Region, the European Investment Bank, the Open Society Institute, the World Bank, the London School of Economics and Political Science, and the London School of Hygiene & Tropical Medicine. The Observatory is working on a range of priority themes related to strengthening health systems, in line with resolution EUR/RC55/R8. Key outputs include the Health Care Systems in Transition profiles, the volumes published by Oxford University Press/McGraw Hill for the Observatory, and sets of case studies and policy briefs. At country level, the Observatory works in close collaboration with the Regional Office and key partners on policy dialogues, bringing together senior decision-makers. As will be mentioned below, recent examples include Albania (the public-private mix for provision of services); Armenia (insurance mechanisms); Estonia, Latvia and Lithuania (human resources, health care delivery and insurance); Norway (hospital reform); Spain (decentralization) and Sweden (equity).

Stewardship and governance

19. Stewardship involves articulating a vision and identifying objectives for the health system; setting fair "rules of the game" for all players; adequately regulating the environment to promote rational, efficient, effective and socially responsive behaviour by providers and consumers; advocating for healthy public policies in other sectors and acting on the wider social determinants of health; collecting intelligence on health system performance and generating evidence for policy. Strengthening stewardship and governance of the health system has been a priority on the agenda in most of the 53 European Member States. To name but a few, Switzerland and the Netherlands have signalled this through emphasizing health system performance appraisal, the United Kingdom and Belgium by setting targets, Finland by leading the European Union in the development of "Health in All Policies", Germany by redefining essential pillars of its health system, etc.

20. The Regional Office has supported the launch of health system performance assessments in Armenia, Georgia, Kazakhstan, the Russian Federation, Ukraine and Uzbekistan, and it has participated in a health system performance review in Switzerland, jointly with the Organisation for Economic Co-operation and Development (OECD). Health policy reviews have been carried out in Croatia and Lithuania. Policy dialogues have been organized, in cooperation with other programmes, on issues of the private-public mix in health care in Albania, on hospital budget deficits in Croatia, and on the issue of health insurance funds and hospital governance in Estonia for the three Baltic countries. Studies have been produced on inequalities in health care in the Czech Republic and Hungary, as well as in Portugal and the Russian Federation. Support has been given to the restructuring of ministries, to further implement a modern stewardship function and build up their capacity in Azerbaijan, the Republic of Moldova, Romania, Turkey and Slovakia. Technical support has also been provided on the development of health system reform plans, as well as on their implementation and evaluation in Bosnia and Herzegovina, Portugal, Tajikistan and Ukraine. The Regional Office has contributed to work done under the EU presidencies of Finland and Germany, and the upcoming presidency of Portugal. Regional governance issues have been followed up by the Regions for Health network, which focuses particularly on the situation of subnational health systems within Europe.

21. On the evidence generation side, a study has been commissioned consisting of comparative analyses of the World Health Survey results, as have studies on health inequalities in Croatia, the Czech Republic, Hungary, Slovakia and Slovenia. A three-year project in partnership with the European Commission has also been initiated on an interactive atlas on health equity, with internet-based and paper-based products. The debate on key governance topics with senior policy-makers from countries in which WHO does not have country offices has continued in the Futures Fora meetings: the Ninth Forum was held on health systems governance and public participation; the Tenth Forum on equity in health; and the Eleventh Forum on ethical governance of pandemic influenza preparedness. The Regional Office is responding to these developments by improving its main statistical databases. The new European Hospital Morbidity database, for example, contains hospital discharge data from over 20 countries and provides a unique possibility for analysis and international comparison of morbidity and hospital activity patterns in countries. Global partnership initiatives and funds such as the Global Alliance for Vaccines and Immunization (GAVI) and the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM) have recently added components on strengthening health systems, to increase the sustainability and impact of projects they are funding. Accordingly, and following the fifty-fifth session of the Regional Committee, the Regional Office has arranged its internal structures to efficiently support Member States in accessing the health systems components of these initiatives and funds. By May 2007, five out of eight countries (Armenia, Georgia, Kyrgyzstan, Tajikistan, and Uzbekistan) eligible to have their proposals for health system strengthening (HSS) funded by GAVI had received Regional Office technical assistance at various stages of their proposals.

Financing

22. As indicated in the paper on health system financing presented to the Regional Committee at its fifty-sixth session (EUR/RC56/BD/1), "there is no single answer to the question of how to finance health systems. … In many European countries, the basic features of national health financing systems … are a part of national cultural identity (e.g. the United Kingdom's National Health Service, or Germany's social

health insurance system). … The WHO Regional Office for Europe must be able to support each country in the Region in responding to its particular challenges and priorities in its own context with an approach … built on three pillars: a set of objectives for health finance policy that are applicable to all countries, grounded in the core values of WHO; a conceptual framework for analysing the organization of national health financing systems; and a recognition and analysis of how key contextual factors, particularly fiscal constraints, limit the extent to which a country can sustain achievement of the policy objectives, and may limit the range of policy options that can be considered". Financing involves collecting funds, pulling them together and allocating resources to achieve the desired goals while promoting efficiency.

23. The main focus of the Regional Office's work in health financing has been on engagement with senior government decision-makers on national health financing policy – in Armenia, Azerbaijan, Bosnia and Herzegovina, the Czech Republic, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, the Republic of Moldova, Turkey, Ukraine and Uzbekistan. Analytical and technical support has been also developed on the intersection of health financing and health programmes, such as "HIV, TB and health systems" in Estonia, Latvia, and Lithuania, or the above mentioned support to the successful Kyrgyz GAVI-HSS proposal. The institutionalization of national health accounts has been supported in Armenia, Georgia and Kyrgyzstan. Also, some specific studies have been developed on equity and financial protection (in Estonia and Kyrgyzstan), on health system inefficiencies (in Croatia and Poland) and on voluntary health insurance (in Armenia).

24. A book on financial reform in eastern Europe is under preparation. A policy dialogue with senior officials from six European countries (Croatia, Estonia, Hungary, Poland, Slovakia and Slovenia) had been organized to discuss deficits and inefficiencies in health systems. Under a letter of agreement with the World Bank Institute, the Regional Office led the design and delivery of two regional (Budapest) and two subregional (Bishkek, in Russian) flagship training courses on health financing, health reform and policy analysis. A workshop on national health accounts development took place for south-east European countries. Finally, the Regional Office is pursuing and intensifying its work on improving the quality of health expenditure estimates that WHO reports for the Member States of the European Region; this is done in collaboration with OECD, the European Commission (Eurostat), the World Bank, and WHO headquarters.

Service provision

25. The service delivery function deals with the combination of inputs into a service production process that leads to the delivery of health interventions to individuals (personal health care) or to the community (public health, community services). It is concerned with how to efficiently produce and make accessible the best mix of high-quality services for any given society, in line with the health system goals and within the available resources. Robust services coordination between public and personal health care services are key components of networking initiatives in France, Germany, the Netherlands, Norway and Sweden. All European countries are facing the well-known challenges of extending the coverage of populations by the health services they require; improving service quality, safety and responsiveness; promoting client-oriented management; strengthening the delivery infrastructure (including management information systems, on which some countries – e.g. the United Kingdom and Spain – are spending significant resources) and understanding the impact of different service delivery strategies (e.g. the public-private mix) on the entire health system.

26. Redefining and adjusting **primary health care** is one of the top priorities for many European Member States. In this biennium, the Regional Office has focused its support on 17 countries. Emphasis has been placed on improving the quality of care (Uzbekistan), strengthening the primary level of care (policy dialogues in Belarus, Georgia, the Russian Federation and Uzbekistan), and integrating specialized services (Estonia, Kyrgyzstan). In support of this work, tools are being developed with the Netherlands Institute for Health Research (NIVEL) for: (i) measuring the performance of primary health care services (piloted with the support of Bosnia and Herzegovina, Estonia, the Russian Federation, Turkey and Uzbekistan); (ii) developing effective quality improvement strategies for primary health care (piloted with the support of Bosnia and Herzegovina, Georgia, Kazakhstan, Kyrgyzstan, Slovenia, Ukraine and Uzbekistan); and (iii) integration of specialized services to strengthen primary health care.

27. **Hospital** reforms in the European Region cover a wide range of issues, aimed at ensuring quality of care and responsiveness through effective clinical and general management. Rather than concentrating on hospital infrastructure, the Regional Office is placing emphasis on supporting performance assessment, hospital master plans, and quality and safety processes, as well as on introducing health promotion activities in the daily routine of hospitals (the Health Promotion in Hospitals project, for example, regroups 740 European hospitals in a network). Hospital reform policies have been reviewed and strategies have been proposed to improve equity, efficiency and effectiveness in the hospital system. Support has been provided to the development of hospital reforms and master plans (Albania, Belarus, Bulgaria, Estonia and Tajikistan); the introduction of accreditation systems to improve the quality of hospital care (Albania, Georgia and Slovenia); and the development of emergency medical services (Albania, Andorra, Tajikistan and The former Yugoslav Republic of Macedonia). A guideline for hospital emergency planning has been published. In addition, WHO has led the PATH (performance assessment tool for quality improvement of hospitals in Europe) project in a performance assessment framework encompassing six dimensions (clinical effectiveness, staff orientation, efficiency, safety, patient centeredness and responsive governance). With regard to patient safety, support for and evaluation of existing reporting systems has been provided to Poland and Hungary. A WHO-led study on patient safety in Europe is in preparation.

28. **Public health services** remain a major component of the Regional Office's support to strengthening health systems in European Member States. Policy advice and technical assistance have been provided to 12 countries, namely Estonia, Kyrgyzstan and Slovenia, as well as the nine south-eastern Europe countries within the framework of the Council of Europe's Stability Pact SEE Health Network (Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia). An evaluation of public health services is ongoing in 11 countries. In agreement with all international partners and using a sector-wide approach, the Government of Kyrgyzstan approved its National Public Health Services Strategy and Action Plan 2007–2015. The strategy will be put into operation using a step-wise approach and combining health protection and promotion actions such as safe drinking water, nutrition and supplemented food, with some structural and legislative reforms at the national level.

Resource generation

29. Although it is an often overlooked aspect, a true health system perspective of health gain would foster recognition that it is not enough for Member States to secure the necessary health services and their financing and governance. It is as crucial to invest in a timely and affordable fashion, in the "raw materials" (such as knowledge, technologies, human resources, buildings and information) needed to produce those services. Eastern and western European countries are facing the challenges of producing and deploying the right mix of human resources for the health system (categories, numbers and places) and maintaining their competence, quality and productivity through continuous education and training. Achieving the best affordable mix of pharmaceuticals and health technologies has become an issue not only of knowledge, manufacture, supply and demand of complex products but also of intellectual property rights at global level. In addition, the WHO-backed Health Metrics Network (HMN) has been set up to support national health information systems as a tool for decision-making, including implementation of the Tenth Revision of the International Classification of Diseases (ICD-10).

30. **Pharmaceuticals** continue to put severe pressure on the budget in many countries in economic transition. Owing to financial restrictions, medicines are largely paid out-of-pocket, a situation that sometimes generates catastrophic costs and directly affects the quality of care received. Counterfeit and low-quality drugs are another serious problem in the eastern part of the Region. Access to generic medicines (especially antiretrovirals and tuberculosis drugs) of good quality is crucial in ensuring effective treatment and containing the costs for both patients and the public sector. The Regional Office has continued to support countries in overcoming these challenges by implementing national policies on medicines in line with their health systems and policies. Capacity-building on medicines provision and reimbursement arrangements, as well as on public procurement and supply systems, is a major line of activity for the Regional Office in all eastern European countries. Strengthening medicines regulation constitutes another major area of WHO support, particularly in south-eastern Europe and the newly

independent states (NIS) (about 20 Member States). For example, drug regulators from all NIS and manufacturers from the Russian Federation and Ukraine have been trained in good manufacturing practices in the past biennium.

31. The Regional Office has supported countries in networking, through the network of drug regulatory authorities of the NIS (DRUGNET) and the Pharmaceutical Pricing and Reimbursement Information project (in partnership with the European Commission's – Directorate General for Health and Consumer Protection (DG SANCO)). European countries have been actively participating in the work of the Intergovernmental Working Group on Public Health, Innovation and Intellectual Property (IGWG) established pursuant to World Health Assembly resolution WHA59.24. Two briefing meetings were convened in Moscow and Istanbul for the NIS and south-eastern European countries in April and May 2007. The European Commission with the German EU presidency convened a briefing meeting with EU countries in April 2007. A regional consultation meeting is to be organized in August 2007 for all European Member States to discuss the draft strategy and work plans, in preparation for the second IGWG meeting that will take place in November 2007.

32. The **Health Workforce** represents a key resource for health systems. Insufficiencies, the wrong skill mix and low motivation have been consistently identified as major constraints on scaling up priority health interventions and attaining the Millennium Development Goals (MDGs). The Regional Office has supported more than 10 countries in the following ways: policy dialogues in Slovakia and Turkey; capacity-building in Poland and Kyrgyzstan; training of senior managers in Estonia; educational support to Azerbaijan, the Czech Republic, Georgia, Kazakhstan, Kyrgyzstan, the Russian Federation, Tajikistan and Ukraine. Specific studies have been commissioned on migration of human resources in Croatia, Estonia, Latvia, Lithuania, Poland, Slovakia, and the United Kingdom; on accreditation in medical education (MEDINE) and on clinical training (with the World Federation for Medical Education (WFME)) in Azerbaijan, Estonia, Kazakhstan, Kyrgyzstan, Latvia, Poland, the Republic of Moldova, the Russian Federation, Ukraine and Uzbekistan.

33. A technical paper on "Health workforce policies in Europe" is being submitted to the Regional Committee at its fifty-seventh session. The Regional Office has also engaged in close collaboration with OECD and Eurostat on harmonizing definitions for human resources for health, as well as in reinforced collaboration with the Association of Schools of Public Health in the European Region and WFME on quality in medical education and on the Bologna process for harmonization of higher education throughout the EU. A summer school on human resources for health issues is to be organized in collaboration with the European Observatory on Health Systems and Policies in August 2007. A study has been made of existing nursing and midwifery basic and post basic educational programmes in Europe and an analysis has been carried out of implementation of the Munich Declaration.

34. The Regional Office's work on **clinical technology** has focused on policy development, quality management programmes, patient safety and HIV/AIDS prevention. Blood safety remains an important issue in the European Region with regard to the HIV/AIDS epidemic and in view of increasing cross-border movements and existing inequalities in term of quality standards and safety requirements. At country level, support to blood safety activities has focused on baseline assessment (Kazakhstan, Kyrgyzstan and Uzbekistan), development of national blood policies and/or programmes (Albania, Belarus, Bosnia and Herzegovina, Croatia, Kazakhstan, Kyrgyzstan, Montenegro, the Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia), and capacity-building (Belarus, Croatia and Romania). At regional level, two regional meetings took place in 2007, on organ transplants and blood services in the European region. A publication "Blood services in south-eastern Europe: current status and challenges in the south-eastern European Member States" has been published, as well as an interactive CD-ROM in Russian on the clinical use of blood.

35. In summary, the Regional Office has kept the strengthening of health systems as a crucial line of action and as one of the key pillars of its work (together with tailored country work, evidence-based policy advice and partnership among all international agencies). Health systems receive high priority in all WHO interventions at country level, not only as a technical area (e.g. advising on methods of paying service providers, or on continuity of care) but also by means of linkages between health programmes

(e.g. on tuberculosis, or mother and child health) and health systems programmes, as evidenced in other documents presented to this Regional Committee. It will continue doing so in the coming years.

Preparation of the WHO European Ministerial Conference on Health Systems in 2008

36. Consistent with the mandate received from the Regional Committee at its fifty-fifth session, the Regional Office has worked intensively on mobilizing all Member States around an agenda for the Ministerial Conference that will single out the most relevant policy issues and challenges faced by health systems in the Region. To that end, the Office has engaged in a series of broad consultations with Member States, multilateral organizations (the European Commission, the World Bank, OECD, etc.), and key stakeholders, including policy-makers, academics and professional organizations. After two consultative meetings with Member States in Austria, and in Spain, consensus has been reached on the priority areas to be addressed by the Conference and some of the key European experiences that need to be brought to it. Under the slogan "Health systems, health and wealth", the aim of the Conference will be two-fold: first, to provide better insights into the impact of health systems on health status and, through the latter, on economic growth; and, second, to take stock of recent evidence on effective strategies to improve the performance of health systems, in the light of ever-increasing pressures on sustainability and solidarity.

37. An external advisory board composed of some 25 members has met 3 times to help the Regional Office determine and streamline the themes proposed by the consultative meetings; it has outlined the necessary steps and processes required for the success of this high-profile event. The process towards the Conference will focus on some key topics that have constituted the main themes and will form the preparatory events:

- health systems performance assessment (Belgium, March 2007);
- health workforce challenges (to be discussed in Belgrade, Serbia in September 2007, during the fifty-seventh session of the Regional Committee);
- coordinated health services (Bled, Slovenia, 19–20 November 2007);
- governance of the health system (early spring 2008).

38. A Conference research agenda is being developed in parallel. The Regional Office will present, in collaboration with the European Observatory on Health Systems and Policies, two background studies on health systems, health and wealth and on assessing health systems performance, to bring together the latest research in this field. In addition, a series of 12 short policy briefs on key health systems strategies will be published. This agenda will be supplemented with relevant studies underway in WHO and other organizations (e.g. the WHO study on health financing reforms in countries of central and eastern Europe and NIS, a study by the European Observatory on responding to the epidemic of chronic disease, and other relevant publications). Some documentation is already available on the Conference website: http://www.euro.who.int/healthsystems2008. A password-protected website containing draft documents and presentations has also been created, accessible to Member States' delegates, the Advisory Group and the involved partners.

39. The Conference will take place in Tallinn, Estonia, in June 2008, hosted by the Government of Estonia. The 2 1/2 day Conference will bring together ministers of health from all 53 Member States in the WHO European Region and up to 500 participants. High-level delegations will be invited, as well as experts, observers and representatives of international and civil society organizations and the mass media. Particular emphasis will be placed on engaging ministries of finance through ministries of health. The conference will result in a Conference Charter, for which a Charter drafting group has been established.

Action taken towards implementation of the European Strategy for the Prevention and Control of Noncommunicable Diseases

Introduction

40. At the Regional Committee's fifty-sixth session in September 2006, Member States endorsed the European Strategy for the Prevention and Control of Noncommunicable Diseases through resolution EUR/RC56/R2. This strategy, *Gaining health*, promotes a comprehensive and integrated approach to NCD prevention and control that takes account of existing Members States' commitments and experience. The goal of this strategy is to avoid premature death and significantly reduce the disease burden from NCD, thereby improving the quality of life and making healthy life expectancy more equitable within and between Member States in the European Region. The objectives of the strategy are to combine integrated action on risk factors and their underlying determinants across sectors with efforts to strengthen health systems towards improved disease prevention and control.

41. This section provides an update on the progress made since September 2006 regarding implementation of the strategy, with due attention paid to the specifications of the resolution.

Awareness and dissemination

42. The European NCD Strategy was published in all four WHO European official languages between September and December 2006 in printed and electronic versions. By May 2007, more than 2600 copies of the strategy had been distributed, including 700 in Russian.

43. Between September and December 2006, many countries requested support for implementation of the European NCD Strategy. Visits were made to more than 10 countries and 3 subregional meetings were held to present the Strategy, meet newly established NCD boards and advise countries.

Action plan for implementation of the Strategy

44. The Regional Office has developed an action plan for implementation of the European NCD Strategy. The full document was discussed with the WHO national counterparts for the European Strategy during their meeting in May 2007, following introduction of an outline of the action plan to members of the Countrywide Integrated Noncommunicable Diseases Intervention (CINDI) network in October 2006.

45. Phase I of the action plan covers the period until December 2008, during which time the aim is to lay down the building blocks for long-term action at international level and to achieve early successes. The action plan covers eight main areas: governance; alliances; communication; priority areas; monitoring and evaluation; research and development; training and capacity-building; and resource mobilization. Together, these elements will address the main demands made of WHO in resolution EUR/RC56/R2. The action plan indicates a schedule for achievement, with key milestones and deliverables. It is WHO's operational plan for action at the international level, and it will be reviewed and updated mid-term. Countries are encouraged to develop their own action plans for implementation of the European NCD Strategy. A progress report on implementation of phase I will be presented to the Regional Committee at its fifty-eighth session, together with an outline for phase II implementation.

Network of national counterparts

46. The list of WHO national counterparts for the European Strategy was updated and the first meeting since adoption of the Strategy was held in London on 2 and 3 May 2007 kindly hosted by the United Kingdom Department of Health. Thirty-four European countries were represented, as well as WHO headquarters, the European Commission and the World Bank. In the interests of joint working within countries, CINDI programme directors were invited to join the meeting and countries were encouraged to make up joint delegations including WHO national counterparts for NCD-relevant risk factors and related

fields. Key items for discussion at the meeting were WHO's proposed action plan and the process and outline for a European NCD report. There was also an opportunity to share information about recent developments in NCD prevention and control in countries, and to exchange experience in relation to priority areas.

47. In 2008, a first joint meeting of WHO national counterparts for NCD-relevant areas will be organized at regional or subregional level, in order to provide an opportunity to review the coordination and/or relationship of the multiple WHO counterparts for relevant related areas, and to promote the development of team working.

Development of an alliance for NCD with major partners

48. Attention will be focused on developing and strengthening synergies between existing partnerships, developing new partnerships where gaps exist and providing a forum for common efforts.

49. WHO continues to participate in key existing international alliances or partnership fora for NCD prevention and control, but it will seek to strengthen the connections between these entities, with the aim of taking more effective action in order to achieve common strategic goals. Discussions are taking place with major partners (intergovernmental and nongovernmental organizations, etc.) on ways and means of collectively strengthening advocacy and action on NCD in Europe. While the individual perspectives of partners are recognized, the promotion of joint action through common meetings, common work and common messages will be further explored, as will the advantages of establishing a regular, visible, collective forum.

50. Exploratory meetings have already taken place with the team responsible for the Europe and central Asia (ECA) region at the World Bank, to jointly develop an international initiative to meet the challenge of NCD and injuries in eastern Europe and central Asia. This will be in partnership with, and open to, governments and international organizations willing to join, and it will operate within the framework of the European NCD Strategy. As a first step in this initiative, it is proposed to organize a regional conference entitled "Meeting the challenge of noncommunicable diseases and injuries (NCDI) in the CIS countries" in the early autumn of 2007.

Country-specific support

51. Areas of particular interest for support are capacity-building in policy development, risk factor surveillance, public health practice, disease-specific programmes and primary health care development and these are being addressed through the framework of the Regional Office's biennial collaborative agreements with countries, as well as its intercountry work. Examples of country-specific support include development of a cancer control programme in Albania, review of the cardiovascular disease strategy in Estonia and a comprehensive update of NCD policy in the Russian Federation. Such work can also provide models and opportunities for intercountry support.

Priority areas of work

52. The action plan lists priority areas in which work is to be carried out. The first work package is an eighteen-month set of activities that began in early autumn 2006 to review NCD-relevant policies in countries in the WHO European Region and to develop advice to Member States on NCD policy development tailored to context. This builds on previous policy reviews and on WHO's global NCD survey that was carried out during 2005–2006; it will include a qualitative analysis of NCD policies in a sample of countries, a synthetic review and development of a self-assessment tool. It is supported by the Canadian Public Health Agency, the United Kingdom Department of Health and the WHO Collaborating Centre for NCD Policy in Ottawa, Canada.

53. Further priority areas of work due to be undertaken in 2007–2008 relate to disease-specific programmes; essential effective interventions; social determinants of health and health inequalities; chronic care; and primary care development.

European NCD Report

54. The European NCD Report is in preparation and will comprise three linked modules: the challenges posed by NCD, the policy responses and an illustrated guide to the Strategy. The outputs of the above mentioned NCD policy analysis will feed into the policy module, as well as providing inputs to other parts of the European NCD Report.

Action in related areas

55. The Regional Office has been active during the period 2006–2007 in tackling risk factors and their underlying determinants. Activities include the WHO European Ministerial Conference on Counteracting Obesity and the launch of the Obesity Charter, the Framework and other publications promoting physical activity and the European Tobacco Report. These are covered in detail in other working documents for the fifty-seventh session of the Regional Committee and will therefore, not be reported on further here.

56. The exercise of elaborating the Medium-Term Strategic Plan (MTSP) for the period 2008–2013 provides the opportunity for a more integrated approach to working on determinants, risk factors and diseases, and to strengthening health systems for improved NCD prevention and control. Issues of importance for implementation of the Strategy will be highlighted under each of the relevant strategic objectives during the planning exercise and efforts will be made to facilitate joint working on common issues.

Health security in the WHO European Region – progress report

Background

57. WHO's Eleventh General Programme of Work 2006–2015, which sets out the broad direction for the future work of the Organization, has identified strengthening global health security as a key priority, supporting an integrated approach to a society-wide response to emerging and new threats to health, including disaster and conflict situations.

58. At its fifty-sixth session the Regional Committee, following its discussion of health security based on document EUR/RC56/9 Rev.1, decided to call on the Regional Director to continue work on enhancing health security in the European Region through integrated and overall health systems preparedness and response.

Progress made

59. In the current biennium, health security aspects with a focus on health systems' preparedness for and response to crises are included as a priority area in the Regional Office's biennial collaborative agreements with 18 countries: Albania, Armenia, Azerbaijan, Bulgaria, Czech Republic, Georgia, Kazakhstan, Kyrgyzstan, Poland, the Republic of Moldova, Romania, the Russian Federation, Serbia, Slovakia, The former Yugoslav Republic of Macedonia, Tajikistan, Turkey and Uzbekistan. Eighteen professional staff and 14 administrative staff are engaged in managing the health security aspects of health emergencies and disasters at country and regional levels, with a focus on the technical aspects of health systems' crisis preparedness, health emergency response, and the recovery and rehabilitation of disrupted health systems.

60. A global survey to assess the current status of national "health sector emergency preparedness and response capacities" has been initiated; data from 21 European Member States have so far been collected and analysed. The data will be used to identify gaps, make recommendations and monitor progress. In the same context, a survey of Member States' capacity to respond to extreme weather events was carried out, with 19 countries having submitted information.

61. A discussion paper entitled Towards health security,[6] analysing recent health crises affecting the WHO European Region, was published and launched in connection with World Health Day 2007, which was on the theme of "International health security". Targeted at policy-makers, the publication reviews the lessons learned from tackling health events with security implications and highlights the fact that strengthened and well prepared health systems can effectively help to prevent health events from triggering a security crisis. Several countries in the Region organized national events to celebrate World Health Day and jointly to promote the importance of enhanced health system capacity in coping with traditional and new health threats that challenge health security.

62. In order to further build up and consolidate capacity in the European Member States, a series of technical workshops have been conducted at country and intercountry level in Slovakia – jointly with the Czech Republic – and in Armenia, Austria, Georgia, Poland and The former Yugoslav Republic of Macedonia. National health experts and hospital managers were invited to work together on further developing crisis preparedness plans for health facilities, with a focus on preparedness for a potential influenza pandemic.

63. A consultation was initiated involving health experts from Member States and WHO, which resulted in an agreement to continue work on developing standardized and practical tools for health systems preparedness that outline the key elements and critical topics to be addressed in the process of national and provincial health systems preparedness planning. A first draft outline was developed and

[6] Rockenschaub G, Pukkila J and Profili MC (eds.). *Towards Health Security. A discussion paper on recent health crises in the WHO European Region*. Copenhagen, WHO Regional Office for Europe, 2007.

further consultations will take place to consolidate and ensure broad consensus on the conceptual aspects of the planned guidance document.

64. As part of an initiative supported by the European Commission's DG Sanco, the Regional Office organized an expert consultation to agree on a standardized tool for assessing countries' capacity for managing health security threats and to evaluate the cross-border interoperability of national health sector preparedness plans. A reference document was finalized and the assessment in a pilot country will be conducted by an expert mission. This will involve a multidisciplinary team of public health experts testing the feasibility and validity of the tool, and it will yield recommendations on priority interventions. After the initial pilot assessment and any adjustments required to the tool, two further European countries will be assessed; comprehensive assessment reports drawn up jointly with Member States will identify the critical health security activities that need to be implemented in order to enhance international health security in the Region. This will be complemented by an assessment of the standards and organizational arrangements of emergency medical services in 27 member countries of the European Union.

65. Several country missions have been conducted in close collaboration with the European Centre for Disease Prevention and Control (ECDC), to evaluate Member States' preparedness to manage a potential influenza pandemic, and to build surveillance and laboratory capacity to detect and manage human avian influenza cases.

66. The revised International Health Regulations (2005) entered into force on 15 June 2007. IHR (2005) constitute the legal framework to "prevent, protect against, control and provide a public health response to the international spread of disease in ways that are commensurate with and restricted to public health risks, and which avoid unnecessary interference with international traffic and trade" (Article 2). Their scope encompasses epidemic alert and response components related to public health events of potential international concern of biological, chemical, or radiological origin that might eventually result in a "public health emergency of international concern" according to the Director-General's determination. The designation of IHR national focal points (NFPs) is crucial to implementation of the revised Regulations; as of 30 June 2007, 35 out of the 53 European Member States of WHO have designated their NFPs. Details of IHR contacts within the WHO Secretariat have been circulated to Member States. The Regional Office is in the process of organizing a series of briefings and consultations to ensure effective implementation of IHR (2005).

67. WHO has been coordinating the health chapter of the Intergovernmental Panel on Climate Change (IPCC), and a summary for policy-makers was discussed and approved by representatives of 120 governments. The full report on "Climate change: impacts, vulnerability and adaptation" will be available in the summer of 2007. The synthesis report, to which WHO is contributing, will be released in Seville, Spain in November 2007. Work on further developing "heat health warning systems" is ongoing, in collaboration with the World Meteorological Organization (WMO).

68. A joint initiative with DG SANCO – the Euro HEAT project – focuses on improving public health response to extreme weather events and has involved 100 experts and representatives from all EU countries. A climate information tool and heat health action plans are currently being tested. A summary for policy-makers and a technical summary, to be released in the summer of 2007, will contain the overall results and recommendations of the project. WHO regularly contributes to the health information updates on extreme weather events and seasonal forecasts. A joint workshop with ECDC was conducted to assess the potential implications of climate and ecosystem changes on the communicable disease burden in Europe.

69. WHO experts worked with local authorities to coordinate the health response to several natural disasters that affected Member States. Two earthquakes hit central Asia in December 2006 and January 2007, and WHO local disaster response professionals initiated an immediate response in Tajikistan and Kyrgyzstan. Joint assessment missions to the affected areas were carried out, with WHO experts participating as part of the UN country team, together with national authorities and other stakeholders. The Regional Office provided essential pharmaceuticals and health supplies for 3000 people in the most affected villages.

Building institutional readiness

70. To further improve WHO's institutional capacity to assist Member States in mitigating the health aspects of acute crises, emergencies and disasters, the Organization's standard operating procedures (SOPs) for health emergencies and its internal managerial and administrative arrangements are being revised, and a new "surge capacity mechanism" has been established to mobilize technical expertise to respond more effectively to future health crises. A public health pre-deployment course, preparing both external experts and WHO staff for future health emergency response operations, was organized jointly with WHO headquarters and held in Moscow. It included a field exercise at the training site of the Russian Ministry for Civil Defence, Emergency Situations and Elimination of Consequences of Natural Disasters (EMERCOM) in Noginsk.

Continued technical support to rebuild disrupted health systems

71. Despite the tightening security situation in the North Caucasus, WHO is continuing its efforts in Chechnya and neighbouring republics to help the authorities and partners rebuild local health systems in the rehabilitation and recovery phase of the post-conflict environment. Building up the capacity of local health professionals and providing technical assistance to rehabilitate health services are continued priorities of joint activities with UNICEF and partner NGOs – supported by the European Union and other donors.

72. Rebuilding and consolidating the local health system through technical support and continued health coordination are the key priorities of technical collaboration in the United Nations-administered province of Kosovo (Serbia). The main focus is to address "one of the most serious environmental health crises in Europe" affecting the Mitrovica Region, which in the past had one of the largest lead production industries, leaving a legacy of widespread environmental pollution with heavy metals. The unprecedented chronic lead exposure of the local population resulted in serious health consequences associated with elevated blood lead levels, particularly affecting vulnerable groups of Roma, Ashkali and Egyptian minorities living in three camps for internally displaced persons (IDP). In the framework of a "Lead Crisis Action Plan", WHO continues to implement its comprehensive approach to address this complex public health emergency in close collaboration with the United Nations Mission in Kosovo (UNMIK), health authorities and partners. Population-based interventions include health promotion with particular emphasis on measures to eliminate lead smelting activities, health education, nutritional support, improved sanitation and hygiene, psychosocial counselling, environmental risk management, screening and treatment. Voluntary relocation of the worst affected groups from the three IDP camps is progressing, and 460 people have moved to a safer location from the point of view of lead poisoning. Their mean blood lead levels after relocation were significantly lower. Lead smelting activities have been identified as the main risk factor for persistently elevated blood levels after relocation. Thirty-nine children with very high blood lead levels were (with consent from their parents) offered oral chelation treatment. A specially tailored oral chelation therapy programme was developed by WHO, and a special clinic has been established in close collaboration with the camp management and with support from the United Nations Kosovo Team (UNKT), the Regional Office, local health institutions and the Ministry of Health of Serbia. Although there has been a significant decrease in blood lead levels one month after therapy, repeated courses of treatment are required for effective case management.

73. The above-mentioned comprehensive multifaceted interventions have effectively improved the health status of the affected children and families. The Regional Office continues to advocate for voluntary relocation of the remaining families in one of the original camps, and emphasizes the need for continuation of this effective and evidence-based package of interventions. Educational and awareness-raising efforts will continue to concentrate on elimination of smelting practices, provision of occupational health measures for smelters, and provision of repeated chelation treatments for children. It is planned to broaden the interventions at a later date to cover the whole affected community in the Mitrovica area and beyond.

Annual report of the European Environment and Health Committee (EEHC)

Summary

74. This report is submitted in compliance with the requirement set out in paragraph 23(b) of the Declaration adopted at the Fourth Ministerial Conference on Environment and Health (Budapest, June 2004), to report annually to the WHO Regional Committee for Europe and to the United Nations Economic Commission for Europe (UNECE) Committee on Environmental Policy, as well as with Regional Committee resolution EUR/RC54/R3.

Introduction

75. The EEHC holds two regularly scheduled meetings each year, and it accordingly held its twenty-second meeting in Szentendre, Hungary at the headquarters of the Regional Environment Centres in November 2006 and the twenty-third meeting in Brussels, Belgium in February 2007. The outgoing Chairperson of the EEHC is Professor William Dab (France) and the outgoing Vice-chairperson is Mr Zaal Lomtadze (Georgia).

76. The mandate of the current EEHC expired with its twenty-third meeting. Nominations for candidates as members of the EEHC were received from the ministries of health of Belarus, Croatia, Cyprus, Estonia, Georgia, Kyrgyzstan, Latvia, Norway, Poland, the Republic of Moldova and Serbia. A call for nominations for candidates representing the ministries of environment was sent out by the UNECE Committee for Environmental Policy. Nominations were received from Austria, Belgium, Finland, Germany, Italy, Netherlands, Sweden and Uzbekistan.

77. The EEHC website (www.euro.who.int/eehc) has proven to be an effective tool for informing Member States of the EEHC's activities and disseminating good practice and case studies. From October 2006 to March 2007, the EEHC site was the sixth most popular section of the Regional Office web site, with over 55 000 hits. The site promotes exchange of information and country experiences and includes regularly updated information sent by the countries on the status of implementation of policy commitments undertaken in Budapest. In order to ensure transparency, all working papers for the Children's Environment and Health Action Plan for Europe (CEHAPE) Task Force and EEHC meetings are publicly available and can be downloaded both before and after the meetings.

78. Contributions from Denmark, Finland, France, Italy, Norway and Sweden to the operational costs of the EEHC are gratefully acknowledged. The EEHC also acknowledges the contributions kindly made by the Austrian Government in hosting the Intergovernmental Mid-term Review (IMR) meeting of June 2007. In addition, the Austrian Ministry of Environment has made a voluntary donation to the CEHAPE Task Force Secretariat that has made it possible to establish a helpdesk function for countries to facilitate implementation of the Budapest commitments. We also appreciate the contribution of unit C4 of the European Commission's DG SANCO, which organized a large youth meeting in Luxembourg in March 2007 in preparation for a major youth event to be held in parallel with the IMR.

EEHC meetings

79. In keeping with the decision taken at its first meeting in January 2005, the EEHC continued to concentrate its activities on monitoring and promoting the implementation of the CEHAPE and the Budapest Declaration. Its November meeting addressed water and sanitation. All Member States were invited to participate in the topic-oriented session and all representatives from the newly independent states and the countries of south-eastern Europe were sponsored to ensure maximum representation of Member States in the Region.

80. The next meeting of the EEHC is planned to take place in November 2007 after its new composition is set, by the Regional Committee for the health sector representation, and by the UNECE Committee on Environmental Policy for the environmental sector representation.

CEHAPE Task Force meetings

81. The fourth meeting of the CEHAPE Task Force was held in Cyprus in October 2006, hosted by the Cyprus International Institute for Environment and Public Health, in association with Harvard School of Public Health and the Ministry of Health of Cyprus. The fifth meeting took place in Brussels, immediately after the EEHC meeting mentioned above. The outgoing chairpersons of the CEHAPE Task Force are Mr Robert Thaler (Austria) and Dr Hilary Walker (United Kingdom).

82. Countries are progressing in their implementation of the Budapest commitments. At the first meeting of the CEHAPE Task Force held in Vienna in April 2005, only one Member State was implementing its national environment and health action plan (NEHAP), inclusive of child-specific actions. However, 12 Member States had started the revision of their NEHAPs, and 12 countries had already set up interministerial committees to ensure implementation of the Budapest commitments. Four other Member States were preparing a stand-alone children's environment and health action plan (CEHAP), while five Member States were drawing up or already implementing child-specific actions within other existing national plans. By June 2007, 8 Member States were implementing NEHAPs with child-specific actions, 16 Member States were revising their NEHAPs and 4 countries were preparing their first NEHAPs; 13 countries were preparing stand-alone CEHAPs, 5 countries were implementing child-specific actions already agreed in plans, and most countries already had programmes with CEHAPE components. In addition, many countries have set up national coordination groups or held national coordination meetings. More detailed information on the work of the CEHAPE Task Force, including reports on implementation by countries and organizations, is available at www.euro.who.int/eehc/20050407_1.

83. The next meeting of the CEHAPE Task Force will take place in November 2007, back-to-back with the meeting of the newly reconstituted EEHC.

Support to Member States in implementation of the Budapest commitments

84. A series of workshops were supported by the EEHC. They included a meeting in Bonn with officials from local authorities, and one in Pisa with environment and health scientists. The latter meeting reviewed the evidence available for risk management actions to reduce exposure of children to selected environmental hazards. The EEHC secretariat at the Regional Office for Europe continued to support Member States in their efforts to develop national plans and actions in follow-up to the commitments made at the Budapest Conference. Between October 2006 and June 2007 it organized workshops with senior policy-makers in Albania, Kyrgyzstan and Poland. It also continued to hold regular bilateral meetings with the individual members of the EEHC to ensure closer collaboration and coordination in their work.

85. An Environment and Health Performance Review (EHPR) was conducted in Slovakia in April 2007; a second one is due to take place in Poland in July 2007; and a third is planned for October 2007, with the following countries expressing interest: Czech Republic, Estonia and Greece. The EHPRs consist of a review of the national environment and health situation, and an evaluation of policy setting and implementation in the country. They also look at the institutional framework for drafting a national action plan addressing children's health and environment. The reviews are undertaken in cooperation with national focal points and technical counterparts. Interviews and meetings are held with representatives of various sectors and institutions in each country. For instance, in Slovakia, 17 institutions covering various sectors (ministries of health, environment, transport, finance, and education, public health authorities, environmental agencies, nongovernmental organizations, associations of medical doctors, private companies and others) were consulted. Final national reports with recommendations for action are then submitted to the countries reviewed for their consideration. The EHPRs are funded by a DG SANCO project within the framework of the public health programme.

86. There is a substantial need in many countries for WHO technical support to help build up their work on implementation of the Budapest commitments, and this must be properly addressed by the Secretariat.

Youth representation and involvement in the EEHC

87. Major progress has been made in promoting youth involvement in national and international policy-making since the original request by the EEHC and the CEHAPE Task Force. Following the first youth workshop organized by Norway in 2005 that elected young people to follow up implementation of the Budapest commitments, the representatives elected continued to attend the EEHC and CEHAPE meetings on a regular basis. As a result of the Luxembourg workshop organized by DG SANCO in March 2007, an existing small electronic network for young people was expanded to cater for a larger community of 16 to 20-year-olds, committed to drawing up a youth plan of action to address both the CEHAPE and the EC's European Environment and Health Action Plan. In a separate event that took place in Serbia, facilitated by the United Nations Children's Fund, and supported by a voluntary donation from Ireland, young people prepared 10 key audiovisual messages for the IMR on environment and health issues affecting children. The third, and most important, youth event took place on 12 June 2007, immediately before the IMR. The delegates re-elected youth members of the EEHC, the CEHAPE Task Force and the EC Consultative Forum, and presented their youth-friendly CEHAPE.

88. A number of countries – Austria, Ireland, Norway and Sweden – are already working with youth groups at national level in policy development and implementation. In addition, Malta, Poland and Serbia have requested assistance from the WHO secretariat of the EEHC in promoting youth involvement at national level.

Intergovernmental Mid-term Review meeting 2007

89. The Budapest Declaration calls on WHO to convene an intergovernmental meeting in 2007 to review the progress achieved in fulfilling the commitments made at the 2004 Conference. It also calls on the EEHC to present detailed proposals for the Fifth Ministerial Conference on Environment and Health to Member States, the WHO Regional Office for Europe and the UNECE Committee on Environmental Policy in 2007.

90. The IMR meeting took place in Vienna from 13 to 15 June 2007, hosted by the Austrian Federal Ministry of Agriculture, Forestry, Environment and Water Management. It was attended by 408 delegates, representing 49 Member States, young people, observers and members of the press.

91. The meeting concluded that cross-sectoral collaboration was the key to success, since health issues brought sectors together. A limited number of priorities, with a focus on "easier" issues, would be more supportive to the process. Economic issues and good communication were key aspects, and links to "hot topics" (i.e. climate change) could help to sustain the commitment and achieve the important objective of behavioural change. Environmental health indicators revealed that policy instruments were not yet being adequately implemented, particularly in eastern European countries, highlighting the need for additional efforts in terms of awareness-raising and capacity-building.