



EUROPE

**Regional Committee for Europe
Fifty-fourth session**

Copenhagen, 6–9 September 2004

Provisional agenda item 7

EUR/RC54/Inf.Doc./2
1 June 2004
40237
ORIGINAL: ENGLISH

Implementation of the Regional Office's Country Strategy

By resolution EUR/RC53/R2, the Regional Committee requested the Regional Director to report back at its fifty-fourth session on the impact of implementation of the Country Strategy on working with countries in the European Region. To that end, and as requested by this resolution, this document contains short country-specific reports and outlines the achievements to date as well as the challenges for the years to come.

Contents

	Page
Implementation of the Regional Office’s Country Strategy.....	1
Introduction	1
Methodology	2
Albania	8
Andorra.....	11
Armenia.....	12
Austria	16
Azerbaijan	18
Belarus.....	21
Belgium	23
Bosnia and Herzegovina.....	25
Bulgaria	28
Croatia	31
Czech Republic	33
Cyprus	35
Denmark.....	36
Estonia.....	38
Finland.....	40
France	42
Georgia.....	43
Germany	47
Greece.....	49
Hungary	51
Iceland	53
Ireland.....	54
Israel	55
Italy.....	56
Kazakhstan	58
Kyrgyzstan	60
Latvia.....	64
Lithuania.....	66
Luxembourg	69
Malta.....	70

Monaco.....	71
Netherlands.....	72
Norway	74
Poland.....	75
Portugal	77
Republic of Moldova.....	78
Romania	81
Russian Federation	83
San Marino	86
Serbia and Montenegro	87
Slovakia.....	90
Slovenia.....	92
Spain.....	95
Sweden	97
Switzerland.....	99
Tajikistan.....	100
The former Yugoslav Republic of Macedonia	104
Turkey	106
Turkmenistan.....	108
Ukraine	110
United Kingdom.....	112
Uzbekistan	114
Conclusions and recommendations	117

Introduction

1. In September 2000 the WHO Regional Committee for Europe adopted its Country Strategy, "Matching services to new needs".¹ Prior to this, an evaluation had been made of the EUROHEALTH programme to support countries of central and eastern Europe.² In 1998, the Regional Committee had called for an evaluation of the EUROHEALTH programme and had subsequently requested the Regional Director to formulate approaches to working with the countries of the Region, and to make the necessary changes in the Regional Office to give effect to them.

2. In 2003, the Regional Committee adopted the following resolution (EUR/RC53/R2):

"The Regional Committee,

Recalling its previous resolutions on cooperation with countries, in particular resolution EUR/RC50/R5, and the principles outlined in the WHO Country Focus Initiative;

Mindful of the need for continuing review and strategic planning in relation to WHO's cooperation with countries in the European Region, as called for in resolution EUR/RC49/R5;

Having reviewed the WHO Regional Office for Europe's report on progress achieved in implementation of its Country Strategy "Matching services to new needs", as contained in document EUR/RC53/10;

1. AGREES that:

- (a) progress is being made by the Regional Office in its efforts to improve the quality of services and tailor them to the health needs of Member States;
- (b) the Country Strategy approved at the fiftieth session should be further pursued by the Regional Office through the specific services provided to individual countries or groups of countries;
- (c) Member States should support the Regional Office in further developing and implementing the European Country Strategy;

2. REQUESTS the Regional Director:

- (a) To continue initiatives that facilitate implementation of the European Country Strategy as described in document EUR/RC53/10; and
- (b) to report back to the Regional Committee at its fifty-fourth session on the impact of implementation of the Country Strategy on working with countries in the European Region, based on short specific reports from the country offices concerned."

3. This paper has been written in response to the request made in operative paragraph 2(b) above. It is intended to give an overview of what has been achieved ("impact") by the Regional Office in its work in and with Member States in recent years. To this end, it contains a full set of country-specific reports, based on what the various country offices have produced when evaluating their own work.

¹ Resolution EUR/RC50/R5.

² *External evaluation of the EUROHEALTH programme - Report of the external evaluators*. Copenhagen, WHO Regional Office for Europe, 2000 (document EUR/RC50/4).

Methodology

Definition of “impact” of the Country Strategy

4. In essence, virtually any effect can be seen as the result of a sequence of interconnected causes, each of which (and all of them together) can be analysed following the well known sequence:

- inputs and infrastructure
- processes
- outputs
- intermediate outcomes
- final outcomes.

5. The key methodological challenge in this exercise is posed by defining the word “impact”. In line with evaluation theory, impact can be interpreted in several ways.

Impact as a measure of health system achievements

6. In principle, “impact” should refer to measuring the final outcome as a consequence of a given intervention. In the health sector and since the contributions of Archibald Cochrane on the evaluation of health services³, the concept is related to effectiveness, “a measure of to what extent health services contribute towards an improvement in length or quality of life”. This definition has been carried through in many public health assessments⁴ and is incorporated in the WHO Strategy of Health for All⁵.

7. Therefore the *genuine* way to assess the impact of the Regional Office’s work on Member States would ideally be to measure final outcomes at country level, trying to sort out the extent to which those final outcomes have been influenced by the Office’s intervention (i.e. focusing on the long-term results and the ensuing changes or improvements in health status).

8. This genuine approach to impact evaluation is considered to be the most comprehensive of the various types of evaluation. However, in spite of their desirability, impact evaluations “are rarely possible because they are frequently costly, involve extended commitment and may depend upon other strategies. Also, the results often cannot be directly related to the effects of an activity or program because of other (external) influences on the target which will occur over time”⁶.

9. *The World health report 2000*⁷ and related documents⁸ have emphasized the importance of concentrating on three global (“final, final”) results, namely:

1. health gain
2. fairness in financial contribution (a measure of equity) and
3. responsiveness to the nonmedical expectations of the population.

³ Cochrane A. *Random reflections on health services*. London, RSM Press, 1999.

⁴ See Borus ME et al. *Evaluating the impact of health programs: A primer*. Cambridge, MA, MIT Press, 1982 and Black RE. *Data for program evaluation: Performance impact*. Washington, DC, National Academy of Science/National Research Council, 1995.

⁵ *Health for All targets: the health policy for Europe*, Copenhagen, WHO Regional Office for Europe, 1993 (European Health for All Series, No. 4).

⁶ *Making health communications programs work*. Washington, DC, United States Department of Health and Human Services, 1992.

⁷ *The World health report 2000. Health systems: Improving performance*. Geneva, World Health Organization, 2000.

⁸ see, for instance, Murray CJL, & Evans D, eds. *Health systems performance assessment, Debates, methods and empiricism*. Geneva, World Health Organization, 2003.

Admittedly the impact of the Regional Office's work on the above three final, final goals would be influenced by many other factors, many of them beyond the reach of WHO or of any organization (externalities, etc).

10. Ideally, it would be possible to ask "*has the Country Strategy had any direct repercussion on the Member States' health indicators?*" The same questions would also have to be asked with regard to fairness of financial contribution and responsiveness. At least two cross-sectional measurements of each of the three parameters (before and after the Office's intervention) would be needed in each Member State, as well as the calculations required to rule out the effect of the key confounding factors. Achieving that would raise extraordinarily complex methodological and operational difficulties⁹.

11. In the light of the above and as a reasonable second best option, the word "impact" could be taken to address the notion of effectiveness as related to *intermediate* result(s)/outcome(s), different from the final, final ones. The *World health report 2000* identifies several:

- access: whether or not patients can obtain the services they need at the right place and time;
- appropriateness: whether care is relevant to needs and is based on established standards;
- efficiency, often conceived as technical efficiency or achieving the best results at the lowest cost, etc.

12. Assuming that it would be impossible to assess to what extent WHO might have influenced health results, one could at least study whether access to services had increased as a direct consequence of the Regional Office's Country Strategy (i.e. "*has the Country Strategy had any direct repercussion on the country's population access indicators?*"). The same approach would have to be taken with the indicators of other "intermediate" results (e.g. appropriateness, quality, etc.), and then two cross-sectional measurements would need to be made (before and after the intervention) to assess impact.

13. It is quite clear that the same methodological and practical problems explained above would make this approach difficult to apply.

Impact as a measure of a health system is "functional adjustment"

14. The *World Health Report 2000* explained that the above-mentioned health system goals (health gain, fairness of financial contribution and responsiveness as well as the other intermediate results) depend on the way health systems perform four key health system functions, namely:

- service delivery
- financing
- resource generation, and
- stewardship (oversight).

15. The Service Delivery function includes producing and delivering personal and public health services, both of them at the levels of primary and specialized health care, including outpatient ambulatory care, basic hospitals and tertiary care hospitals. Here is where issues related to health service coverage and performance (including quality of care), management information systems, etc. belong.

16. The Financing function includes issues related to (i) revenue collection; (ii) pooling of risks and resources; and (iii) resource allocation. This is where public and private health insurance, purchasing, incentives, methods of payment and contracting, etc. belong.

⁹ Starting with the issues of availability and quality of information that *The World health report 2000* itself faced (as reflected in its widely debated "country ranking", based on indicators such as healthy life expectancy). Such problems are still far from being resolved.

17. The Resource Generation function includes (i) human resources issues; (ii) knowledge creation, including research; (iii) technologies, including pharmaceuticals; and (iv) investment in physical infrastructures.

18. Finally, the Stewardship function includes (i) formulating health policy – defining the system’s vision and direction; (ii) regulation – establishing and implementing fair rules; and (iii) intelligence – that is, assessing performance and sharing information with decision-makers and stakeholders.

19. In theory, it would be sound to assume for the purpose of this assessment that helping Member States adjust their health systems functions should lead them towards better health, more equity and more responsiveness. Based on that, the question could be formulated in a following way: *“Has the Country Strategy helped Member States to improve functional arrangements of their health systems (and hence facilitate their attainment of the desired goals)?”*

20. Unfortunately, however, measuring a health system’s adaptations to a new functional framework and its links with the advice and support given by the Regional Office would in practice entail a very complex research endeavour. Again, this would clearly exceed what is feasible in the context of this report.

Process and input improvements as proxies of “impact”

21. Difficulties related to demonstrating WHO’s achievements in countries in terms of outcomes *sensu stricto* should warn against the use of the word “impact”. Adopting a more pragmatic approach, input and process improvements could be seen as proxies for outcomes of the Country Strategy. The rationale here is that the products of both WHO and the country concerned, as well as the quality of the processes through which they are delivered, would influence the final outcomes. Should such a rationale be accepted, the “impact” of the Regional Office’s work would be related to:

- the identification of needs by the country
- the ability of the Member State to address public health issues
- the decision-making process in the Member State concerned
- the choices made by the country
- the knowledge base, know-how and technical skills in the country, etc.

22. Such a process approach is consistent with the fact that by definition WHO works with, for and through countries, mostly on support processes. In fact, the “result-based management” technique with which WHO recently started to plan its activities is based on this approach. And more importantly, such an approach would not face impossible challenges in terms of feasibility, because usually the elements involved can be measured.

23. With some caution, even WHO’s internal efficiency issues (*“can WHO prove that its services and products are now carried out and implemented in the country in a more efficient way than before?”*) could also be included here.

24. Finally, input improvement could be understood to have some effect on the desired outcomes. In that case, the degree to which WHO has managed to strengthen its resource base in the country (relative progress) would have to be measured. Doing so would assume that WHO’s country presence is an end in itself, which would give very limited value to the evaluation as a measure of impact (inputs are mobilized with the intention of having an impact, but they cannot be assumed to be a good thing *per se*).

25. In summary, the main approach used in this report is that of a process evaluation, with some attention also paid to inputs and outputs (but not much to outcomes, at least in quantitative terms).

Other methodological aspects

Time span

26. As already mentioned, the Regional Office's Country Strategy "Matching services to new needs" was produced in the year 2000. Therefore, the time span for this report should be the period 2000–2003. However, this would not take proper account of the complexities of the functional and organizational arrangements necessary to set the strategy in motion (and would make the report cumbersome, as many details would have to be accounted for).
27. A relevant methodological consideration for this report is that there was no proper measurement of country work which could have served as a baseline for successive measurements.
28. The following developments in implementing the Country Strategy have taken place:
- (a) The Regional Office was reorganized along functional lines, including the creation of the Division of Country Support, two technical support divisions, a Division of Evidence, Information and Communication, and a Division of Administration and Finance. All started operations in 2001.
 - (b) In 2002 the Regional Office formulated its aim as being "to support Member States in developing their own health policies, health systems and public health programmes; preventing and overcoming threats to health; anticipating future challenges; and advocating public health". The challenge has therefore been to match the country health needs as perceived by WHO and those identified by the Member States themselves. All ministries of health discuss all these aspects with Regional Office staff during the World Health Assembly, sessions of the Regional Committee and other meetings during each biennium. Member States also explicitly indicate what they prefer in their collaboration with WHO, so that the Regional Office and the country concerned work on mutually agreed priorities (i) led by country perceptions, (ii) strategically based on country health needs and (iii) explicitly negotiated in a spirit of transparency and accountability.
 - (c) Another important step has been the use of Biennial Collaborative Agreements (BCAs) as a mechanism to relate with Member States in which WHO has a country office. For western European Member States, the Futures Fora (FF) programme is one of the equivalent key mechanisms. Both mechanisms (see also below) were implemented in the biennium 2002–2003.
29. In summary, the biennium 2002–2003 (and the first months of the ongoing 2004–2005 biennium) have been considered as the appropriate time frame to be covered by this report. The foundations of improved country work were laid during 2000–2003 (namely, integrating country offices in pursuit of the Millennium Development Goals, participating in and influencing United Nations Development Assistance Framework exercise, sharing the health agenda with other partners, increasing WHO's responsiveness to country priorities and preferences, improving resource mobilization by the countries from the Global Fund to Fight AIDS, Tuberculosis and Malaria as well as from other sources, etc.).

Quantitative and qualitative analysis

30. Another important methodological issue is the information for assessing progress in this report. The need to balance quantitative and qualitative analysis raises serious questions (availability and accuracy, validity and reliability of data, etc).
31. BCAs and FF generate very different types of information. The process of developing the BCA is far more country-specific and generates better quantitative information than that available for FF countries. Each Member State in the eastern part of the Region now has a specific country strategy, out of which priority areas of collaboration between WHO and the country are identified. Taken directly from those priority areas, the BCA includes a "choice" of country and global expected results as well as of

products to be delivered. These are converted into a work plan (with detailed activities, tasks, deadlines, budgets, time schedules, etc.). The WHO country offices have been given substantial influence over BCA implementation. At the beginning of the biennium they produce an inception report. Implementation is also monitored, with weekly and bi-monthly reports.

32. By way of contrast, the FF is a mechanism to gather together Member States around important issues that will shape the future of health policy in the entire Region, but it produces comparatively little country specific-information. Most western European Member States (who are sometimes bilateral donors themselves) also currently request WHO support in particular areas. Some are exploring the possibility of developing specific bilateral agreements with WHO similar to the BCAs.

33. All possible efforts have been made to increase the information base on country work, but this is not completed as yet. It must be acknowledged that measurements are sometimes less solid than would have been desirable. Thus a pragmatic approach has been chosen. Whenever relevant quantitative information has been available, it has been selected for this report; at other times, descriptions and qualitative approaches have been used. In the absence of appropriate measurements, the baseline is constituted by the findings of report by the Office of WHO Internal Audit in April 2001, the EUROHEALTH programme evaluation and the report on external evaluation of the Regional Office's Health Care Reform programmes.¹⁰

Other information issues

Member States with a country office and those without

34. The above-mentioned difference between Member States where WHO has a country office (and with whom it works through BCAs) and western European Member States (with which WHO works through FF and other means) has proven decisive. This difference is simply recognition of the fact that WHO (following the directives of its governing bodies) pays more attention to countries in more need. But on the other hand, the result is that collaboration with "BCA countries" is much better documented than collaboration with western European (FF) ones. Owing to this fact, the country-specific assessments included in this report will present more details for each of the BCA countries than for FF ones.

35. In all cases, the respective country-specific part of the report has been given to each Member State for clearance prior to inclusion in the report.

Sources of information

36. The information used in preparing this report has come from varied sources. While building on the Regional Office's general databases and on the records kept by technical units, specific attention has been paid to information generated by the Division of Country Support. Extensive use has been made of the documentation produced as a result of the FF programme's coordinating role and especially of the BCA-related reports.

37. The new operational approach for country work processes within the Division of Country Support is based on the "management by processes" doctrine. It is customer-driven, participatory in nature and team-oriented. These main work processes at the Regional Office are:

- assessing country health needs
- capturing country health priorities and preferences
- negotiating with countries
- BCA implementation and follow-up
- performance evaluation, including closure of the BCA.

¹⁰ *Full report on the external evaluation of the WHO Regional Office's Health Care Reform programmes.* Copenhagen, WHO Regional Office for Europe, 2002 (document EUR/RC52/BD/2).

38. Each of the above processes is split into activities and tasks. They involve staff at the Regional Office in Copenhagen, the various WHO centres and the country offices. Consistent with a systems approach, the processes are all inter-related and have a cyclical relationship.

39. Through the performance evaluation process, the Regional Office assesses the work done during the biennium at the end of its second year, thus ensuring that the necessary lessons have been learnt. These reports are non-judgemental and based on facts and figures. The BCA closure report, first issued by the respective country offices, is an assessment of what has and has not been achieved and done during the entire biennium. Each BCA evaluation report also includes a review of the products delivered during the biennium. It is thus an appraisal of the effectiveness, efficiency, relevance, adequacy, etc. of the entire intervention. Its intention is to ensure consistency in the strategy followed (and indeed to avoid WHO continuing to commit resources to delivering a product that has already been completed, etc.).

40. The country-specific BCA evaluation reports for 2002–2003 have been extensively used as the base for the present paper.

Albania

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Strategy and action plan on tobacco control	1. Health policy, with a focus on health policy implementation, institutional capacity-building and health legislation
2. Action plans on alcohol and drugs	2. Health systems, with a focus on: <ul style="list-style-type: none"> – Hospital reform – Primary health care – Health financing
3. Health system reform, with emphasis on primary health care	3. Addressing lifestyles: <ul style="list-style-type: none"> – Tobacco and alcohol
4. Health information systems	4. Surveillance and control of communicable diseases, including HIV/AIDS
5. Epidemiological surveillance	5. Food safety
6. Environment and health	6. Mental health
7. Food safety	7. Making Pregnancy Safer
8. Health of women and children	8. Integrated Management of Childhood Illness
	9. Disaster preparedness and response
	10. Environment and health (unfunded)
	11. Pharmaceuticals (unfunded)
	12. Human resources for health (unfunded)
	13. Tuberculosis (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Department of health policy and planning established at Ministry of Health.
- Tobacco control strategy and action plan finalized.
- Framework Convention on Tobacco Control adopted; signature pending.
- Draft law on smoking developed.
- National plan for alcohol control developed jointly with WHO.
- National action plan on food and nutrition developed jointly with WHO, UNICEF and FAO.
- National action plan on food safety developed and adopted.
- Integrated Management of Childhood Illness (IMCI), a common strategy of WHO and UNICEF, officially recognized as a national programme.
- Paediatrics curriculum at Medical Faculty updated by inclusion of IMCI. IMCI textbook for students prepared.
- IMCI strategy for children from 1 week to 5 years of age included in contract of family physicians.
- IMCI strategy included in national plan of action on children.
- Necessary structural changes implemented for negotiation of IMCI with all stakeholders (Ministry of Health, Medical Faculty, Health Insurance Institute, local authorities).

- Disease surveillance system strengthened by reinforcing public health laboratories, enhancing personnel skills and supporting publication of the most needed technical manuals.
- Intermediate public health laboratories (IPHLs) improved by providing the necessary equipment and supplies and developing software to establish laboratory-confirmed surveillance of four selected diseases (brucellosis, salmonellosis, shigellosis and gonorrhoea) whose diagnostic criteria are already standardized at national level.
- Legislation amended to include sudden acute respiratory syndrome (SARS) in the group of diseases for obligatory reporting within 24 hours.
- National mental health policy document approved and launched.
- Unit established for managing the health aspects of disaster response.

The health strategy document 2001–2010 and the plan of action that were prepared in 2001 are still pending government approval, despite efforts to promote their adoption.

There is a strong WHO country presence in Albania, which has substantially influenced policy-making processes at all levels of government. WHO has been quite successful in its resource mobilization efforts in Albania by attracting other partners such as the United Kingdom's Department for International Development (DFID), the European Commission (EC) and the Italian government.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Intersectoral committee on tobacco control established and chaired by Minister of Health. Expert committee set up to draft national strategy and action plan.
- Public awareness of tobacco control heightened. Smoking banned in health facilities by ministerial order.
- Active participation in meetings of Intergovernmental Negotiating Body.
- Task force established on drafting national plan for alcohol control, with membership from different fields (health system, education, police, finance).
- Surveys carried out on alcohol consumption among the adult population of Tirana, attitudes of the public towards alcohol consumption, and alcohol experimentation and consumption among young people attending school.
- Albanian Nursing Association's magazine "Nursing" launched.
- National task force on assessment of hospital performance set up and terms of reference defined.
- Documents on strategies and indicators for performance assessment translated.
- Report on completeness of mortality and birth data finalized.
- Second edition of Health Care Systems in Transition (HiT) for Albania finalized, approved and launched.
- Three policy briefs translated – Funding health care: Options for Europe; Regulating entrepreneurial behaviour in Europe; Hospitals in a changing Europe.
- Financial sustainability plan drawn up for national immunization programme.
- Draft set of environment and health indicators developed.
- Evaluation of national environmental health action plan (NEHAP) carried out.
- "NEHAP-air" project implemented, including risk assessment and programme on urban air quality.

- Support provided to build capacity in: hospital performance assessment; perinatal care; management of childhood diseases; tobacco control; primary health care (PHC)/community nursing and PHC/community medicine; mental health issues (for general practitioners, mental health teams, and psychiatric hospital staff); SARS.
- Various glossaries produced (on AIDS, safe motherhood, IMCI, quality of care, immunization, food safety, tobacco control, alcohol and drugs) to support BCA products.
- Health map produced and distributed to all Albanian institutions and other agencies.
- Second and third volumes of tenth revision of International Classification of Diseases (ICD-10) provided and translated.
- Material on “Making pregnancy safer” and “Effective promotion of perinatal care” shared with country.
- Technical manuals for public health laboratories and training of personnel provided and translated.

Other relevant aspects of WHO/EURO’s country presence

- Good synergy between Liaison Office and WHO Office for Humanitarian Assistance in Albania and their merge at the end of the biennium.
- Liaison officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at better meeting the country’s needs.
- Cooperation with agencies and bodies of the United Nations system; United Nations Theme Group on HIV/AIDS, United Nations Development Assistance Framework (UNDAF) and Common Country Assessment (CCA), where WHO has had considerable impact, contingency planning, security, and participation in United Nations country team meetings.
- WHO country office is becoming a centre of information and a library for those interested.
- Coordination and partnership with national and international partners in the health sector.

The WHO country office in Albania consists of the Head of Office, the Liaison Officer, four national professional officers, two experts on health policy and hospital management, and nine administrative support staff.

Andorra

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Environment and health	Food safety and nutrition; environment and health; health promoting schools. No formal Biennial Collaborative Agreement with WHO. Collaboration facilitated through Regional Office's Futures Fora programme.
2. Nursing	
3. Health care systems	
4. Nutrition and food safety	
5. Pharmaceuticals	
6. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- Regional Office contributed to settlement of communication crisis regarding perceived risk of population exposure to dioxin.
- Regional Office may have contributed to increased awareness of effects of tobacco on health.

Main products delivered and main lines of activities developed by WHO/EURO in the country during 2002–2003

- In response to 2003 dioxin crisis, Regional Office convened expert contacts, organized reviews of investigations and contributed to series of public consultations, lectures and media interviews.
- Problem-based learning curriculum for nurses developed in cooperation with School of Nursing.
- Final draft of health care system in transition (HiT) profile for Andorra delivered (2003).
- Materials on evidence-based recommendations as tools for decision-making in public health, and on rapid response to public health threats (extreme weather events; various communicable diseases, including SARS, anthrax and smallpox) shared with country during Futures Fora events.
- Materials for the Fourth European Ministerial Conference on Environment and Health shared with country.
- Materials for signature of Framework Convention on Tobacco Control shared with country.

Other relevant aspects of WHO/EURO's collaboration

- Regional Office cooperates with country on ongoing basis in surveillance programme for control of food infections and intoxications in Europe and in global environment monitoring system for food programme in Europe.
- Country participates in Regional Office networks on pricing and reimbursement of pharmaceuticals and on rational drug use.

In future both sides would potentially benefit from a more strategic form of cooperation.

Armenia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Health policy/Enhancement of stewardship capacity of Ministry of Health
2. Health information system	2. Health systems, with a focus on health financing and strengthening PHC/family medicine
3. Mental health	3. Human resources for health development, including licensing
4. Blood safety	4. Health promotion policies and strategies, with a particular focus on reduction of environmental risks for children and health promotion at workplace
5. Tobacco control	5. Tobacco control
6. Malaria	6. Health information system, including communicable disease surveillance
7. Provision of health services	7. Mother and child health
8. Communicable disease surveillance	8. Malaria
9. Environment and health	9. Tuberculosis
10. Mother and child health	10. STI/HIV/AIDS (unfunded)
11. Reproductive health and development of genital cancer screening	11. Immunization and vaccine development (unfunded)
12. Tuberculosis	12. Disaster preparedness and response (unfunded)
13. HIV/AIDS and sexually transmitted infections (STIs)	
14. Expanded Programme on Immunization (EPI)	
15. Promotion of healthy lifestyles	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Strategy on restructuring State Hygiene and Sanitary/Epidemiological Surveillance Inspectorate developed and endorsed by Ministry of Health.
- DOTS strategy for tuberculosis control continued to be implemented in the civilian sector (since 1995). However, the epidemiological trend is worrisome: tuberculosis transmission is increasing due to a lack of control at regional level, occurrence of multidrug-resistant tuberculosis and an increase in the incidence of HIV/AIDS.
- National strategy on protection of mother and child health developed and adopted by government within framework of Poverty Reduction Strategy Programme (PRSP). To ensure implementation of PRSP, medium-term public expenditure framework 2004–2006 endorsed by government.
- Strategy on improvement of mother and child health 2004–2015 endorsed by government.
- In framework of the PRSP, decision taken to gradually increase share of health expenditure in State budget (from 6.3% in 2003 to 11.9% in 2015).
- Strategy on primary health care endorsed by government.

- Ministry of Health adopted Decree No. 446 on introduction of tenth revision of International Classification of Diseases (ICD-10).
- Armenian Edition of ICD-10 finalized and published.
- Armenian infectious disease surveillance software developed and web site created by end 2003.
- National Environmental Health Action Plan (NEHAP), developed with WHO expertise, approved by government and endorsed by President in August 2002.
- Government application to Global Drug Facility (GDF) for anti-tuberculosis drugs approved.
- National tuberculosis control programme developed, based on WHO recommendations, and endorsed by government in December 2003.
- National programme on HIV/AIDS prevention and care endorsed by government in April 2002. National Intersectoral Board for HIV/AIDS Prevention established on 1 April 2002. On 4 December 2003, composition of board modified to take in all national programmes. Board renamed National Intersectoral Board for National Health Programmes, chaired by Minister of Health.
- With WHO and UNAIDS support, Country Coordination Mechanism developed and submitted a proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) to support national programme on HIV/AIDS prevention and care. In 2003, GFATM approved a two-year grant of US\$ 3.2 million for the programme.

WHO/EURO assistance and support from other partners contained the spread of tuberculosis and malaria epidemics, and high EPI coverage was achieved.

WHO technical assistance and expertise made a significant contribution to the development of national policy documents, strategies, action plans and legislative documents aimed at improving health services; however, implementation and enforcement of these policies requires further support to the Ministry of Health's stewardship function.

The WHO country office is being integrated into the United Nations House and the work of agencies and bodies of the United Nations system. Further strengthening of WHO's country team would be beneficial.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Outline of national mental health plan and draft law on mental health prepared.
- Draft of national health policy paper prepared.
- WHO/EURO document on national quality policies in health systems provided.
- Draft of national action plan on tobacco control finalized and submitted to government for adoption.
- Antimalarial drugs provided for 2003 transmission season.
- Report on assessment of the pharmaceutical sector.
- Surveillance standards for communicable diseases developed.
- Report on assessment of the environmental health situation.
- Report with findings and recommendations on transmission of HIV from mother to child.
- Report on pilot cancer screening and prevention.
- Five-year DOTS implementation plan developed.
- Technical report on DOTS implementation.

- Tuberculosis manual in Armenian published for medical students and physicians.
- Report on assessment of the EPI and immunization services.
- Study tour on health system reforms to Kyrgyzstan, followed by report with observations and recommendations.
- Support provided for development of draft of national policy paper, with recent efforts to involve all national and international stakeholders in development of final document.
- Series of training sessions organized for local specialists on ICD-10 and use of RUTENDON computer software.
- Mortality/birth under-reporting study carried out.
- Study tour made to Georgia for exchange of experience on reporting forms based on ICD-10.
- Assessment mission on mental health carried out.
- Support to situation analysis and needs assessment on safe blood transfusion.
- Participation by Armenian specialists in International Conference on Illicit Tobacco Trade, meeting of newly independent states (NIS) on Framework Convention on Tobacco Control (FCTC) and fifth session of Intergovernmental Negotiating Body (INB).
- Support provided to Ministry of Health in organizing World No Tobacco Day campaign, with broad media coverage, programmes, shows and round tables.
- Assistance provided with malaria surveillance activities and preparation of large intersectoral workshop on updating national Roll Back Malaria (RBM) strategies.
- Armenian specialists attended training on malaria control issues organized at Martsinovskiy Institute (Russian Federation).
- Technical assistance provided with development of primary health care and health financing mechanisms, with a focus on health insurance.
- Assistance provided with development of national strategy paper on environmental health reform.
- Assistance provided with further introduction of WHO strategies on prenatal care, IMCI and protection of health of children under five years of age.
- Series of training sessions organized on different aspects of IMCI programme.
- Training provided on Making Pregnancy Safer/Promoting Effective Perinatal Care.
- Within framework of reproductive health programme, fellowships provided on colposcopy and histopathology.
- Mission organized on assessment of tuberculosis situation.
- Workshop held on development of national care plan and treatment protocols for HIV/AIDS.
- Fellowship provided on methods of laboratory diagnosis of measles/rubella.
- Training courses organized for EPI mid-level managers.
- Assistance provided with elaboration of an integrated action plan on measles elimination, mumps and rubella control and prevention of congenital rubella syndrome.
- Participation by six officials in Global Alliance for Vaccines and Immunization (GAVI)/WHO financial sustainability planning workshop.
- Study tours organized to gain experience of developing health promoting schools.
- Technical assistance provided with development of draft national action plan on alcohol and drug harm reduction.
- Training seminar held on "Mass media and alcohol".

- Support provided to EPI managers for polio post-eradication activities and strengthening surveillance of acute flaccid paralysis (AFP).
- Support provided to national RBM programme management.

Other relevant aspects of WHO/EURO's country presence

- Liaison officer and Administrative Assistant posts transformed from short-term to fixed-term positions (selection of the Administrative Assistant on new contractual basis not yet accomplished). All WHO country staff undergoing extensive training aimed at better meeting country's needs.
- WHO country office involved in finalization of the United Nations Development Assistance Framework (UNDAF) for 2005–2009.
- Position of International Head of Office established.

The WHO country office in Armenia consists of the Head of Office/Liaison Officer and two administrative support staff.

Austria

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Fifty-third session of Regional Committee	No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through Regional Office's Futures Fora programme.
2. Sudden health emergencies	
3. Tobacco control	
4. Injury prevention	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control signed on 28 August 2003.
- Fifty-third session of Regional Committee, held in Vienna, strengthened cooperation between Regional Office and country.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Regional Office supported Fifth European Health Forum (Bad Hofgastein, October 2003): staff participation in steering committee for conference, keynote presentations, and seminars.
- Regional Office also assisted in preparations for Seventh World Conference on Injury Prevention and Safety Promotion (June 2004).
- Smallpox and SARS preparedness in country used as case study on “rapid response decision-making” at fifth Futures Forum (December 2003). Case study published in proceedings of 2004 Futures Forum.
- Materials for Fourth European Ministerial Conference on Environment and Health (Budapest, June 2004) and on Transport, Health and Environment Pan-European Programme (THE PEP) shared with country.
- Materials for signature of Framework Convention on Tobacco Control shared with country.

Other relevant aspects of WHO/EURO's collaboration

- Preparations for Fourth European Ministerial Conference on Environment and Health actively supported by country. Austria was lead country for development of Children's Environmental Health Action Plan for Europe (CEHAPE) and hosted first meeting of Ad hoc Working Group (Vienna, 14–15 July 2003).
- Country contributed actively to THE PEP by launching (together with France, Malta, the Netherlands, Sweden and Switzerland) joint project and workshop series on “Transport-related health impacts, costs and benefits with a particular focus on children”. First technical workshop on review of exposure and epidemiological status held in Vienna on 24 and 25 April 2003.
- Country collaborates with Regional Office's Investment for Health and Development programme and provided case studies on poverty and health.
- Active cooperation in fields of reproductive health, nursing and midwifery care, and mental health.

- Country participates in several Regional Office networks including those on pricing and reimbursement of pharmaceuticals and rational drug use, Health Promoting Schools, Health Promoting Hospitals, and Regions for Health.
- Country provides support to WHO European Centre for Health Policy, which accommodates secretariat of European Observatory on Health Systems and Policies.

In future both sides would potentially benefit from a more strategic form of cooperation.

Azerbaijan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy, with emphasis on poverty reduction	1. Health systems (including health financing and health information systems)
2. Essential drugs	2. Health promotion policies and strategies (including health promoting schools)
3. Healthy lifestyles	3. Tobacco
4. Health systems, with emphasis on primary health care	4. Blood safety
5. Communicable diseases surveillance	5. Communicable disease surveillance, including HIV/AIDS
6. Health information system	6. Resource generation (essential medicines)
7. Tuberculosis	7. Malaria
8. HIV/AIDS	8. Countrywide Integrated Noncommunicable Disease Intervention (CINDI) programme
9. Malaria and cholera	9. Tuberculosis (unfunded)
10. Immunization, including hepatitis B vaccine schemes	10. Substance abuse (unfunded)
11. CINDI	11. Disaster preparedness and response (unfunded)
12. Health promoting schools	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Tuberculosis programme continued through capacity-building of local specialists, development of guidelines and training materials based on WHO recommendations on DOTS strategy, participation in training courses abroad and development of curriculum on DOTS strategy for Azerbaijan Medical University.
- Agreement reached between Ministry of Health and Ministry of Justice and data from both ministries now included in WHO reporting form.
- Application to Global Drugs Facility (GDF) prepared with WHO support, GDF approval granted and country started to receive anti-tuberculosis drugs free of charge.
- Malaria control improved through capacity-building for managers, entomologists and mid-level personnel.
- New birth and death registration system and tenth revision of International Classification of Diseases (ICD-10) introduced, new client software installed, national information system developed for registration, collection and analysis of birth, death and perinatal death data at national and subnational levels.
- Training sessions organized for mid-level EPI managers at both central and district levels, and monitoring system established.
- Surveillance of poliomyelitis maintained and improved through monitoring, training sessions and implementation of project on environmental sampling at 10 sites.
- Measles elimination programme approved by Ministry of Health and national measles laboratory provided with necessary equipment.

- Cooperation secured between different ministries on tobacco control and national tobacco control programme developed.
- Substance abuse control system strengthened.
- Voluntary counselling and testing for HIV/AIDS introduced by Ministry of Health.
- Working group established under leadership of Deputy Minister of Health to elaborate proposals on improvement of health system financing.
- Rehabilitation department at National Substance Abuse Centre established by Ministry of Health, based on WHO recommendations.
- Ministry of Health abolished payment system in PHC facilities introduced in 1997.

In general, WHO support has been focused on improving the quality of and access to health care. While some results have been achieved, especially in pilot districts where a World Bank project has been operational, there are many challenges ahead. One example of major policy change was the abolition of the payment system in PHC facilities that was introduced in 1997. However, the impact of that change in term of improving access to health services has not been assessed.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Case study prepared on process of development of poverty reduction strategy programme (PRSP).
- National workshop organized on “Poverty and health”: all stakeholders brought together and cooperation initiated between different ministries and agencies.
- National programme for tobacco control developed; World No-Tobacco Days widely celebrated.
- National tobacco centre established.
- New birth and death registration system developed, ICD-10 translated into Azerbaijani, training materials on ICD-10 developed, published and distributed.
- National data presentation system (DPS) developed.
- Case book of examples of use of indicators and Health Information System/DPS package produced.
- Fifth and sixth national conferences for improvement of health information system conducted.
- “Mapping” exercise carried out on all projects related to health care reforms in the past 10 years.
- State policy on alcohol for 2002–2010 developed.
- Project carried out on primary prevention of substance abuse at community level (Lenkoran district).
- Draft Health Systems in Transition (HiT) report prepared and submitted to WHO/EURO.
- Training sessions in malaria control held at both central and district levels.
- DOTS curriculum developed for medical university.
- WHO tuberculosis manual and guidelines for national tuberculosis programme translated into Azerbaijani and widely distributed among tuberculosis specialists.
- Draft national drugs formulary developed and sent for comments to WHO/EURO.
- National action plan for measles elimination developed, based on WHO recommendations.
- Capacity-building sessions held on CINDI approach. Ministry of Health expressed full commitment to implementation of CINDI programme.
- National strategic plan on prevention of spread of HIV/AIDS developed.

- Sentinel and behavioural survey carried out among hard-to-reach populations of sex workers and intravenous drug abusers in three sites; report produced and sent to WHO/EURO.
- Voluntary counselling and testing system introduced.
- Trainers trained in adolescent reproductive health.
- Capacity built up in field of communicable disease surveillance and national conference held.
- Health promoting schools strategy being developed.
- National financial sustainability plan for immunization developed.

Other relevant aspects of WHO/EURO's country presence

- Basic Agreement signed in 2003.
- WHO country team strengthened. WHO represented on Common Country Assessment (CCA) thematic groups, United Nations Development Assistance Framework (UNDAF) steering committees, United Nations communication team, HIV/AIDS team, contingency planning team and security management team and contributing to regular update of United Nations web site and drafting of United Nations bulletins and booklet on 10 years of United Nations activity in Azerbaijan. However, challenges still lie ahead to ensure full integration of WHO country office in United Nations team, partly due to location of WHO's main office in Ministry of Health.
- WHO publications distributed as widely as possible among United Nations agencies, international organizations and local health specialists.
- Cooperation with international NGOs (Memorandum of understanding on joint activities signed by Liaison Office and Mercy Corps).
- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Procedure initiated for transforming Administrative Assistant post to fixed-term position.

The WHO country office in Azerbaijan consists of the Head of Office/Liaison Officer, one national professional officer on malaria and three administrative support staff.

Belarus

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health system development	1. Health care delivery/reform of health system
2. Health promotion policy and noncommunicable diseases	2. Health financing
3. Drug policy	3. Strengthening stewardship function
4. Tobacco	4. Health information system
5. Expanded programme on immunization	5. Environment and health (with emphasis on young people)
6. Environment and health	6. Reproductive health
	7. Tuberculosis
	8. Human resources for health (unfunded)
	9. Addressing lifestyles (tobacco) (unfunded)
	10. Noncommunicable disease prevention (with focus on prevention of alcohol abuse) (unfunded)
	11. HIV/AIDS (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Framework plan (“Concept”) of health system development approved by Council of Ministers. Health care reforms (development of primary health care, financing, programme of state guarantees in health care provision) developed.
- Awareness of importance of tobacco control issues heightened.
- Grant for HIV/AIDS control (US\$ 17 million) obtained from Global Fund to Fight AIDS, Tuberculosis and Malaria.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- National environmental health profile prepared
- Package of documents issued on regional programmes of state guarantees.
- Guidelines published for family physicians on rational nutrition, hypertension control, prevention of tobacco smoking, NCD prevention in PHC and CINDI methodology and practice, and series of corresponding training workshops conducted.
- Report issued on qualitative study of people’s perception of environmental health risks, including those related to consequences of Chernobyl disaster.
- Report issued on activities of WHO Collaborating Centre on Oral Health.
- Study tour to United Kingdom on health system reforms organized for national health authorities.
- Technical assistance provided on health service provision and health financing issues.
- Assessment made of situation in pharmaceutical sector.
- Training in good manufacturing practice organized for local specialists.

- Assessment made of injection safety for immunization.
- Joint WHO/USAID/PATH project launched on strengthening information system for management of national immunization programme and surveillance of vaccine-preventable diseases.
- Support provided to poliomyelitis eradication programme activities.
- Evaluation made of impact of environmental health policies and NEHAP.
- Global Youth Tobacco Survey carried out.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. All WHO country staff undergoing extensive training aimed at better meeting country's needs.
- Participation in United Nations Theme Group on HIV/AIDS, Common Country Assessment (CCA), editorial board of United Nations Bulletin, United Nations operations management team and Local Salary Survey Committee.

The WHO country office in Belarus consists of the Head of Office/Liaison Officer and two administrative support staff.

Belgium

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Environment and health	Continuation of priorities from 2002–2003 Other priorities for collaboration in 2004–2005 currently under discussion, possibly under a strategic agreement framework
2. Mental health	
3. Sudden health emergencies	
4. Health policy and systems (through the European Observatory on Health Systems and Policies)	

Main results achieved during 2002–2003 with WHO support

- Commitment made by Regional Office and President, Federal Public Service for Public Health, Food Chain Safety and the Environment (FPS) to a strategic agreement for cooperation between FPS and WHO/EURO.
- Framework Convention on Tobacco Control signed on 22 January 2004.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Series of high-level visits by executive management from Regional Office to Belgium and by FPS officials to Regional Office served as a platform for policy exchanges and provided framework for commitment to strengthen cooperation.
- Country hosted fifth Futures Forum on evidence-based recommendations as decision-making tools (June 2003), and chemical threat in Belgium taken as case study on “rapid response decision-making” at sixth Futures Forum (December 2003). Case study published in proceedings of 2004 Futures Forum.
- Regional Office contributed to and facilitated celebration of national environment and health day (17 December 2003).
- Support provided with hosting final meeting of working group on Children’s Environment and Health Action Plan for Europe (15 December 2003) and participation in other activities related to Fourth Ministerial Conference on Environment and Health.
- Participation facilitated in steering committee and preparations for ministerial conference on mental health (Helsinki, 2005).
- Active cooperation between country and Regional Office on mental health component of Office’s Stability Pact project with governments of south-eastern Europe and Council of Europe.
- Country’s presidency of European Union supported by 2002 publication of European Observatory on Health Systems and Policies.¹¹
- Materials for Fourth European Ministerial Conference on Environment and Health and Transport, Health and Environment Pan-European Programme (THE PEP) shared with country.
- Materials for signature of Framework Convention on Tobacco Control shared with country.

Efforts during the past biennium contributed to the initiation of work on a bilateral strategic agreement for cooperation between the Ministry of Health and WHO/EURO.

¹¹ Mossialos E. and McKee M. *EU law and the social character of health care systems in the European Union*. Brussels, Peter Lang, 2002 (Work and society, vol. 38).

Other relevant aspects of WHO/EURO's collaboration

- Belgium (host of European Centre for Health Policy since December 1998) laid foundation for extending agreement to European Observatory on Health Systems and Policies. Agreement signed on 26 February 2004.
- Ongoing collaboration on food safety and Healthy Cities (Liège accredited member of European Network of Healthy Cities).
- French- and Flemish-speaking parts of country participate in several other Regional Office networks, including those on pricing and reimbursement of pharmaceuticals and rational drug use, Health Promoting Schools, Health Promoting Hospitals and Regions for Health.

Bosnia and Herzegovina

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy and health system development	1. Mental health and substance abuse
2. Communicable diseases	2. Health care reform (support to EU Programme): <ul style="list-style-type: none"> – Primary health care reform – Pharmaceutical sector development – Accreditation and quality assurance – Public health management and planning
3. Noncommunicable diseases	3. Immunization and preventable diseases
4. Mental health	4. Food safety
5. Health promotion (Food and nutrition, tobacco control, alcohol)	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Mental health project successfully implemented. Regional mental health project office established in Sarajevo. Country mental health project office based in Banja Luka. High political commitment given to project.
- Alcohol action plans prepared in both entities. Training in primary prevention for family doctors, media, teachers and other school staff delivered.
- Application for Global Alliance for Vaccines and Immunization (GAVI) funding approved in 2002, including five-year supply of hepatitis B vaccine and US\$ 100 000 for training.
- Immunization management review carried out and report delivered to authorities.
- Prioritization exercise in communicable diseases carried out and major laboratories assessed.
- Application for tuberculosis drugs from Global Drug Facility approved (resulting in a three-year supply of drugs).
- Stewardship concept introduced among national decision-makers and senior officials.
- Fellowship package delivered.
- Hospital pharmacy standards prepared and good pharmacy practice project implemented.
- Draft food and nutrition action plan prepared for Federation of Bosnia and Herzegovina (plan for Republika Srpska in preparation).
- Draft tobacco strategy documents prepared. Collaboration established with World Bank-funded project working on tobacco strategy.
- Past and ongoing health sector projects mapped.

Strong commitment and support from the new government have led to substantial scaling-up of WHO/EURO's work. Particularly mention should be made of ongoing work related to strengthening health system functions. This has also attracted a substantial number of international agencies active in health (EC and others) from whom WHO received additional resources for continuation of its work.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Members of Healthy Cities network trained.
- Support provided for attendance at business meetings of Healthy Cities network in the United Kingdom and Croatia.
- Web site created for Healthy Cities network.
- Report prepared with recommendations on activities to be implemented as result of two assessment missions in Bosnia and Herzegovina to analyse current status and advise on strengthening of health system functions.
- Workshop on social health insurance held for senior policy-makers and institutional leaders.
- Health Systems in Transition (HiT) report for Bosnia and Herzegovina launched.
- Workshop on stewardship organized and report submitted.
- Workshop held on improvement of communicable disease surveillance – prioritization exercise organized jointly with epidemiological services of NATO/SFOR forces present in Bosnia and Herzegovina.
- Assessment of microbiological laboratories carried out.
- Capacity built up through fellowships and training abroad in medical education reform; “epidemiology in action”; health education, disease prevention and health promotion; sexual and reproductive health; health needs assessment; food safety and nutrition; Global Youth Tobacco Survey; pharmaceuticals.
- Tobacco control centres being established in both entities.
- World No Tobacco Day campaign 2003 supported.
- WHO comments on and inputs to draft national tobacco strategy documents submitted to government.
- Workshops held on primary prevention, early detection and early intervention of hazardous and harmful alcohol consumption for representatives of mass media, schoolteachers and family practitioners.
- Workshops held on health promoting schools for teachers from pilot schools (continuation of series of workshops organized earlier under project).
- Brochure prepared about activities of health promoting schools participating in network.
- WHO Liaison Officer is member of National AIDS Advisory Board.
- Five consultancy missions on implementation of project on good pharmacy practice carried out.
- Technical support provided for development of “Inception Report” to GAVI.
- Immunization management review for Federation of Bosnia and Herzegovina carried out in 2003, report prepared and delivered to Federation health authorities.
- WHO long-term consultant on immunization appointed, working closely with authorities.
- Participation in subregional workshop on cold chain, logistics and immunization safety.
- Technical assistance provided for development of application for anti-tuberculosis drugs from Global Drug Facility.
- Support being provided for translation of relevant WHO publications and printing of information materials.
- Food and nutrition guidelines under preparation.

- Publications related to World Health Days, World No Tobacco Day, World Health Report, etc. regularly received and distributed.
- WHO reference centre (print and online publications) established at WHO country office.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Head of Country Office undergoing extensive training aimed at better meeting country's needs.
- Participation in United Nations Theme Group on HIV/AIDS, United Nations security management team and United Nations Resident Coordinator Group meetings.
- Strategic partnership forged with European Commission delegation to Bosnia and Herzegovina. Project on "European Union support to the health care reform in Bosnia and Herzegovina" to be implemented through the BCA 2004–2005.

The WHO country office in Bosnia and Herzegovina consists of the Head of Office/Liaison Officer and four administrative support staff.

Bulgaria

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Drug policy	1. Mental health
2. Blood safety	2. Pharmaceuticals
3. Tobacco control	3. Food and nutrition
4. Food and nutrition	4. Blood safety
5. Communicable disease surveillance	5. Tobacco
6. Mental health	6. Communicable disease surveillance
7. Tuberculosis	7. Hospital reforms (unfunded)
8. HIV	8. Health policy, with emphasis on poverty reduction (unfunded)
9. Health promotion	9. Reproductive health (unfunded)
	10. Environment and health (unfunded)
	11. Addressing lifestyles (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Draft Public Health Law developed and commented on by WHO/EURO.
- Strategy for restructuring hospital sector and budget-supported plan of action commented on by WHO/EURO. Document coordinated with all ministries and adopted by Council of Ministers.
- Drug policy document in line with EU requirements developed jointly with WHO.
- Government decree on criteria, conditions and rules for inclusion of pharmaceuticals in country's positive drug list commented on by WHO and adopted.
- Policy document on blood safety finalized, translated into English and sent to WHO/EURO for comments.
- Framework Convention on Tobacco Control (FCTC) signed.
- Overall immunization policy developed in line with WHO recommendations.
- Report prepared (in English and Bulgarian) on assessment of communicable disease surveillance system.
- Plan of action drawn up for strengthening communicable disease surveillance.
- National capacity in mental health strengthened.
- Feasibility of large-scale Voluntary Counselling and Testing (VCT) to control HIV/AIDS tested; VCT introduced.
- National tobacco control programme developed and adopted by Council of Ministers.

The Ministry of Health has been substantially drawing on WHO resources in shaping the country's health system reform, including open dialogue with WHO staff at the request of the Minister. For instance, WHO and the European Commission played a crucial role in revision of the new public health legislation.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Technical assistance provided with restructuring of hospital sector.
- Senior officials from WHO/EURO participated in consultation meeting on public health law.
- WHO funded representatives of other countries of central and eastern Europe with extensive experience in public health to participate in discussions on public health law.
- National drug policy launched at conference, with round table discussion loaded on Ministry of Health's web site.
- Workshops and seminars held with WHO experts on pricing and reimbursement, pharmaco-economics and drug policy development; members of Commission on Positive Drug List trained.
- Technical assistance provided with development of Positive Drug List.
- Capacity-building in blood safety supported: training course held on quality management in blood transfusion services for countries of central and eastern Europe; five Bulgarian specialists participated in European School of Transfusion Medicine.
- World No Tobacco Day campaigns 2002 and 2003 supported at central and local levels.
- Intercountry consultative meeting on FCTC held in Sofia for countries of south-eastern Europe with adoption of joint position on texts of Convention.
- Training workshop held for health professionals from public health services on problems of tobacco control and FCTC.
- National reference centre on tobacco control established under National Centre of Public Health.
- Support provided for Bulgarian participation in Intergovernmental Negotiating Body meetings on the FCTC.
- Consensus meeting of experts working on National Food and Nutrition Action Plan held.
- Communicable disease surveillance system assessed.
- Assessment made of cold chain, adverse vaccination reactions, vaccine supply and bio-products necessary for immunization scheme.
- Survey of safe injection practice carried out.
- Two experts trained (training of trainers) in European Programme for Intervention Epidemiology Training (EPIET).
- Two-day workshop on mental health problems organized for journalists.
- National conference on mental health held.
- Two training courses on STI/AIDS prevention and care held for obstetricians/gynaecologists and general practitioners.
- Six VCT centres opened.
- Two training courses on DOTS implementation carried out using WHO modules.
- CINDI health monitor survey done for second time, after five years of work. Data from 9000 respondents statistically processed and prepared for international comparative publication.
- Workshop on "Evidence-based public health. Prevention of chronic noncommunicable diseases" held for representatives from eight CINDI zones.
- WHO tenth revision of International Classification of Diseases (ICD-10) translated. Three thousand copies of ICD-10 Bulgarian version printed and distributed.
- WHO DOTS modules distributed throughout country.

- Publications related to World Health Days, World Health Report, etc. regularly received and distributed.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Liaison Officers undergoing extensive training aimed at better meeting country's needs.
- Participation in United Nations Theme Group on HIV/AIDS, United Nations contingency planning and security, United Nations country team meetings, "UN House".
- Coordination and partnership with national and international partners in field of health sector.

The WHO country office in Bulgaria consists of the head of Office/Liaison Officer, one technical officer and one administrative support staff.

Croatia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Improvement of quality of health care	1. Prevention of noncommunicable diseases and addressing lifestyles
2. Pharmaceuticals	2. Environmental health, with a focus on water safety
3. Health technologies	3. Mental health
4. Integrated health care	4. Health financing
5. Women's health	5. Pharmaceuticals
	6. Food safety
	7. HIV/AIDS (unfunded)
	8. Tuberculosis (unfunded)
	9. Health policy (unfunded)
	10. Improvement of clinical use of blood (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Quality standards for hospitals developed, based on existing national and internationally recognized standards (Agence Nationale d'Accréditation et d'Evaluation et Santé, International Society for Quality in Health Care, Joint Commission on Accreditation of Health Care Organizations), and implemented.
- National strategy on health system quality developed.
- Awareness of importance of blood safety raised and capacity built up.
- Protocols and guidelines developed for monitoring and evaluation of implementation of quality assurance standards in hospitals.
- Hospital accreditation programme included in Article 87 of Croatian Health Care Law adopted in 2003.
- Based on Article 87, following documents prepared:
 - guidelines for hospital survey
 - rules and guidelines for hospital accreditation
 - guidelines for self-assessment of medical laboratories
 - rules and guidelines for accreditation of medical laboratories (outside hospitals).
- New law endorsed on establishment of agency for drugs and medical products.
- Croatian regulations and legislation harmonized with European norms, based on European New Access approach.
- National standards and guidelines developed for promotion of women's health. Priorities identified: breast cancer; motherhood and perinatal care; adolescent girls; ageing; violence against women; unhealthy behaviours; women with disabilities.
- Application to Global Fund to Fight AIDS, Tuberculosis and Malaria approved and awarded.

WHO/EURO has established a good relationship with the Andrija Stampar School of Public Health, which resulted in the launch of the *World report on violence and health* for the Stability Pact countries.

The Andrija Stampar School of Public Health started training in second-generation HIV/AIDS surveillance for central and eastern Europe and the newly independent states under a WHO-funded project. Efforts to improve the quality of health systems received strong support from WHO/EURO.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Network set up at regional level to monitor adverse drug reactions.
- Network of national experts in health technology assessment established, drawing on international experience and knowledge, particularly from International Society of Technology Assessment in Health Care (ISTAHC).
- Existing or proposed technology assessment structures and functions critically reviewed; general status of medical technology development assessed, investigated and reported.
- Cooperation established with experts from Andrija Stampar School of Public Health, Croatian Medical and Biological Engineering Society, Croatian Medical Informatics Society, Ministry of Health and Croatian Chamber of Economy.
- Quality standards followed up by using prepared questionnaires for: quality of medical documentation, quality of patient care, quality of risk management.
- Training provided in health technology assessment and health care technology management (efficiency, safety, hazards and responsibilities) and in implementation of clinical guidelines.
- Clinical guidelines developed on 31 diseases. All developed guidelines and those in process available on Ministry of Health's web site. Additional patient-friendly information provided as available and appropriate.
- Project on tobacco control within the Stability Pact finalized.
- Global Youth Tobacco Survey training workshop conducted for participants from countries of central and eastern Europe, in collaboration with United States Centers for Disease Control.
- Public awareness of tobacco control heightened.
- *World report on violence and health* launched.
- Training in second-generation HIV surveillance carried out.
- Strategic action plan for health of women in Europe delivered and translated into Croatian.
- WHO Operational Guidelines for Ethics Committees that Review Biomedical Research translated into Croatian.
- Publications related to World Health Days, World Health Report, etc. regularly received and distributed.
- World Health survey completed and documentation submitted to WHO headquarters.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at better meeting country's needs.

The WHO country office in Croatia consists of the Head of Office/Liaison Officer and one administrative support staff.

Czech Republic

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Multisectoral health promotion policy	1. Noncommunicable diseases
2. Health information system	2. Addressing lifestyles (alcohol and tobacco)
3. Health system performance and development	3. Tuberculosis
	4. Mental health
	5. Health system development, with a focus on: <ul style="list-style-type: none"> – Health management – Human resources for health – Access to health care for vulnerable groups including the elderly
	6. Public health functions, including dealing with new threats and emergencies
	7. Injuries (unfunded)
	8. HIV/AIDS (unfunded)
	9. Young people's health (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- “Health 21” (long-term programme for improving health of population in Czech Republic) adopted by government.
- Health information system strengthened and further developed: indicators and methodology updated, instruments developed and harmonized together with European Commission.
- Sample survey of health status of Czech population (HIS CR) 2002 published.
- Draft review of “health promotion policy” prepared.
- Article published in Parliamentary Bulletin providing information on health promotion policy review.
- Data presentation system included as regular part of postgraduate training at Institute of Advanced Medical Studies.
- Project implemented on further development of integrated health care.
- Project implemented on strengthening of community care.
- Existing WHO programme networks, (e.g. Healthy Cities, Healthy Schools, CINDI, Safe Communities and Healthy Enterprises) engaged as important partners in implementing Health 21 programme.
- Communicable disease surveillance strengthened: new system for vaccine distribution organized, new advisory body for vaccine-preventable infections established and new decree on immunization drawn up.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Questionnaires on integration and continuity of care and self-assessment tools for system integration and partnership shared with country and translated.
- Publications related to World Health Days, World Health Report, etc. regularly received and distributed.
- Review carried out of policies, infrastructures and institutions relating to health promotion in Czech Republic.
- Major challenges assessed and key assets and opportunities identified, resulting in increased national capacity to define, implement, evaluate and sustain a robust strategy for health promotion, contributing to continuous development of effective health promotion policy.
- HIS CR (physical, mental and social health, lifestyles, utilization of health services, quality of life, satisfaction with health system) performed with three-year periodicity since 1993 by Institute of Health Information and Statistics (IHIS).
- All three existing versions of data presentation system (DPS) and active tables updated; new indicators (150 items) added in response to requests from health policy-makers.
- Training in DPS organized for all levels of service delivery; training provided in integrated care and community care.
- Regular communication with WHO database in Upsala on adverse drug reactions.
- Continuous communication with WHO centre in Oslo on development of classification of new medical products.
- Involvement in preparation of International Conference of Drug Regulatory Authorities (February 2004).
- Framework Convention on Tobacco Control signed.
- Data from CINDI Health Monitor Survey from 3040 respondents statistically processed and prepared for international comparative publication.
- Continued work done on European Longitudinal Study of Pregnancy and Childhood.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position.

The WHO country office in the Czech Republic consists of the Head of Office/Liaison Officer and one administrative support staff.

Cyprus

During 2002–2003, Cyprus transferred to the European Region. Discussions were initiated between the WHO Regional Office for Europe and the Ministry of Health on priorities for collaboration in 2004–2005.

Denmark

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Health norms and standards; comparable statistics; quality of health systems. No formal Biennial Collaborative Agreement (BCA) with WHO; priorities for 2004–2005 collaboration under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme
2. Environment and health	
3. Sudden health emergencies	
4. Health information and evidence	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control signed on 16 June 2003.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- In-house debate between Regional Office staff and Minister of Interior and Health on reform in and the future orientation of the Danish health system in February 2003, and Minister's suggestion of three areas for collaboration with the Regional Office: norms and standards, statistics and quality development.
- Cooperation in developing project on the capacities of national health information systems in the European Region.
- Notable cooperation with the tobacco programme, through the national counterpart, including presentation of national tobacco control policy at the tobacco counterparts meeting in August 2003.
- Sharing of Regional Office materials on evidence-based recommendations as tools for decision-making in public health, and on rapid response to public health threats (such as extreme weather events and various communicable diseases, including severe acute respiratory syndrome (SARS), anthrax and smallpox) with Danish participants in the Futures Fora series in 2003, which may have contributed to high-level decision-makers' awareness of the benefits of making national contingency plans for emergencies (for example, avian and other types of influenza).
- Sharing of materials for Fourth Ministerial Conference on Environment and Health and for signing of Framework Convention on Tobacco Control with country.

During 2002–2003, the Regional Office undertook several initiatives to increase cooperation with the host country of its Copenhagen office, during which the health minister visited the office several times.

The Regional Office will respond to the country's request for cooperation on quality development in health systems in 2004–2005. The Office has provided high-level policy exchange in a number of areas relevant to Denmark, such as rapid public health alert and response. Denmark is an active member of several committees convened by and programmes of the Regional Office, including the Standing Committee of the Regional Committee (SCRC) and the Futures Fora, respectively.

Other relevant aspects of WHO/EURO's collaboration

- Long-standing cooperation with Healthy Cities and urban governance programme.
- Participation in several other networks of WHO Regional Office for Europe, such as those concerned with pricing and reimbursement of pharmaceuticals, rational drug use, and health promoting schools and hospitals.

In future both sides would potentially benefit from a more strategic form of cooperation.

Estonia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Health policy
2. Integrated health care services	2. Health systems <ul style="list-style-type: none"> – Health financing – Hospital reforms – Pharmaceuticals
3. Health care resources	3. Environment and health
4. Health system performance assessment	4. HIV /AIDS /STI
5. Health information system	5. Addressing lifestyles (unfunded)
6. Community-based health promotion	6. Mental health (unfunded)
7. Nutrition and food safety	7. Children and young people's health (unfunded)
8. NEHAP implementation	8. Long-term and chronic care (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Working mechanism for policy development at national and local levels established, including through Healthy Cities network.
- Multisectoral strategies implemented on basis of national policies and WHO recommendations.
- National HIV/AIDS programme externally evaluated in terms of content, scope and coverage, as well as quality and integrity of implementation efforts.
- Primary health care (PHC) reform evaluation framework developed and evaluation performed.
- Collaboration strengthened between three Baltic countries in field of pharmaceutical policy.
- Book on “Health Promoting Schools in Estonia 1993–2002” published in 2002.
- Socioeconomic determinants (SED) research methodologies introduced in public health.

The WHO country office provided policy advice to the Ministry of Health and supported ongoing changes in the health system of this country about to accede to the European Union. The stewardship function of the health system was thus promoted. WHO has begun high-level policy dialogue with the government. This will be further promoted in the next biennium.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Draft of updated Health Care in Transition (HiT) profile prepared.
- Report on PHC reform evaluation developed.
- Report on school milk and lunch programme impact on poor (SED research) produced.
- Publications related to World Health Days, World Health Report, etc. regularly received and distributed.
- Core WHO Healthy Cities network publications made available and translated into national language for development of national network.

- Technical support and advice provided for tackling socioeconomic determinants of health and making investments in health.
- Technical support and advice provided on validation of health policy and institutional options.
- Support provided for further development of national Healthy Cities network and WHO guidelines made available in national language.
- Report with clear summary of findings and suggestions for further programme development delivered to country and used extensively by Ministry of Social Affairs and other relevant institutions to reorganize HIV/AIDS-related activities.
- Technical support provided for developing framework for evaluation model based on key policy objectives of national PHC system.
- Baltic guidelines for economic evaluation of pharmaceuticals developed by three countries with WHO support and agreed by ministers in 2002.
- Support provided for capacity-building in assessment and appraisal of clinical and cost-effectiveness evaluations in support of applications for inclusion of drugs on positive reimbursement lists.
- Support provided for capacity-building in health system performance assessment; project on burden of disease developed.
- Support provided for capacity-building in health system performance assessment and fairness in financial contribution study according to WHO methodology.
- Training of trainers seminars on implementation of tenth revision of International Classification of Diseases (ICD-10) using WHO ICD-10 modules. ICD-10 used since 1997 but standardized training still needed.
- Comparative analysis of different databases conducted to assure quality of morbidity (incidence) data and national statistics.
- Survey on health promoting schools carried out.
- Overview produced of national children's health programme with special emphasis on impact on poor families and children.
- Capacity-building on food and nutrition and WHO operating programmes for analytical laboratories, OPAL I and OPAL II.
- Report on national environment and health action plan (NEHAP) implementation discussed in two seminars and placed on WHO/EURO web site.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at better meeting country's needs.

The WHO country office in Estonia consists of the Head of Office/Liaison Officer and one administrative support staff.

Finland

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health promotion policy	Ministerial conference on mental health to take place in Helsinki in 2005. No formal Biennial Collaborative Agreement (BCA) with WHO; priorities for 2004–2005 collaboration under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme.
2. Tobacco control	
3. Pharmaceuticals	
4. Environment and health	
5. Mental health	
6. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- Review of national health promotion policy and infrastructures in 2002, with possible contribution to reaffirmation of government's commitment to health promotion.
- Framework Convention on Tobacco Control signed on 16 June 2003.
- Possible contribution by Regional Office to the passing of legislation on the promotion of generic pharmaceuticals in 2002.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Series of country missions leading to delivery of report reviewing and appraising Finland's overall health promotion system, its past performance and future potential.
- Meeting of Regional Office's national counterparts on tobacco control in the European Region during 12th World Conference on Tobacco or Health (Helsinki, 3–8 August 2003).
- Joint organization with Regional Office of meetings to prepare for the 2005 ministerial conference on mental health.
- Joint project of National Research and Development Centre for Welfare and Health (STAKES) with Regional Office on health data needs assessment.
- Delivery of health care systems in transition (HiT) profile in 2002.
- Sharing of materials for Fourth Ministerial Conference on Environment and Health and signing of Framework Convention on Tobacco Control with the country.
- Sharing of materials for rapid response to public health threats (such as extreme weather events and various communicable diseases, including severe acute respiratory syndrome (SARS), anthrax and smallpox) with participants in Futures Fora series.

Other relevant aspects of WHO/EURO's collaboration

- Support to European Centre for Health Policy (ECHP) in Brussels and as partner in European Observatory on Health Systems and Policies.
- Active collaboration with Healthy Cities and urban governance programme, with national Healthy Cities network of 13 members, coordinated by STAKES.
- Participated in several other networks of the Regional Office for Europe, such as those concerned with pricing and reimbursement of pharmaceuticals, rational drug use, and health promoting schools and hospitals.
- Active collaboration on reproductive and women's health, control of noncommunicable diseases, nursing and midwifery care, and nutrition and food safety.

In future both sides would potentially benefit from a more strategic form of cooperation.

France

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Public health legislation	No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through Regional Office's Futures Fora programme.
2. Alcohol harm reduction	
3. Health evidence	
4. Hospital performance	
5. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- Support to preparatory work for new public health law during 2002 and 2003 may have contributed to its presentation to parliament in 2003.
- Framework Convention on Tobacco Control (FCTC) signed on 16 June 2003. Government made tobacco control a national public health priority. Significant increase in cigarette prices (by up to 18%) and parliamentary vote for a ban on selling cigarettes to minors (16 years) and packs with less than 19 cigarettes.
- Agreement reached with government for worldwide launch of *World report on road traffic injury prevention* on 7 April 2004 (World Health Day).

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Health impact assessment of 2003 heat-wave carried out in several workshops. Heat-wave in France taken as case study on “rapid response decision-making” at fifth Futures Forum (December 2003). Case study published in proceedings of 2004 Futures Forum.
- Workshop on HIV surveillance convened for policy-makers and experts from western European countries.
- Materials for Fourth European Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country, and case study on best practice in tobacco control being published by WHO headquarters.
- Materials on using evidence-based recommendations as tools in public health and on rapid response to public health threats (extreme weather events; various communicable diseases, including SARS, anthrax and smallpox) shared with country during Futures Forum events in 2003.
- Materials on hospital performance and accreditation shared with country.
- Health Evidence Network initiated through funding from France.

Other relevant aspects of WHO/EURO's collaboration

- WHO Collaborating Centre for Mental Health in Lille developing a national community-based mental health strategy, an activity supported by health ministry.
- Government provided support to Regional Office's work on communicable disease surveillance in Stability Pact countries in south-eastern Europe.
- France participates in several of WHO's European networks (e.g. pricing, reimbursement and rational use of pharmaceuticals, and health promoting schools and hospitals).
- Active collaboration in areas of poverty and health, and nutrition and food safety.

In future both sides would potentially benefit from a more strategic form of cooperation.

Georgia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Health policy (with emphasis on primary health care coordination)
2. Tobacco control	2. Health financing (including access to essential drugs)
3. Primary health care	3. Health information system
4. Noncommunicable diseases	4. Hospital management
5. Communicable disease surveillance	5. Disaster preparedness and response
6. Health information system	6. Tuberculosis
7. Mental health and drug abuse	7. HIV/AIDS
8. Maternal and child health	8. Food safety
9. Tuberculosis and malaria	9. Substance abuse (illicit drugs)
10. Healthy lifestyle	10. Nutrition
	11. Noncommunicable diseases (unfunded)
	12. Tobacco (unfunded)
	13. Malaria (unfunded)
	14. Maternal and child health (unfunded)
	15. Mental health (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Applications for funds to fight AIDS and malaria approved by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFTAM). Country will receive US\$ 12 127 000 and US\$ 806 300 accordingly.
- Advertising of tobacco and alcohol products by TV and radio prohibited from 1 April after law adopted by parliament.
- Law on tobacco control adopted, banning smoking in medical institutions, schools, educational institutions and public transport.
- Report by European Observatory on Health Systems and Policies, “Health Care Systems in Transition, Georgia” published.
- Draft national tobacco action plan prepared on basis of principles of Warsaw Declaration for a Tobacco-Free Europe, European Strategy on Tobacco Control and Framework Convention on Tobacco Control (FCTC).
- Increased awareness among society and policy-makers of importance of tobacco control issues; FCTC signed in February 2004.
- Reporting and registration of children in primary health care institutions improved. New reporting formats and guidelines prepared and distributed to all health institutions and included in routine statistical package. Training sessions for representatives of health institutions held.
- Fundamental reorganization of psychiatric care system begun with changes and refinement to national legislation on psychiatric care. Law on psychiatric care revised by WHO experts and some work done to improve national strategic plan on psychiatric care.

- Early implementation phase of Integrated Management of Childhood Illness (IMCI) programme completed. Strong commitment to extend programme and begin third, expansion, phase.
- Country selected at fifty-third session of WHO Regional Committee for Europe for membership of Joint Coordinating Board of Special Programme for Research and Training in Tropical Diseases for three-year term of office starting 1 January 2004. Dr Paata Imnadze, Director, National Centre for Disease Control selected as member of Board.
- Family physician project launched jointly with United Kingdom's Department for International Development. Focus by WHO on drug reimbursement component of the project.

WHO/EURO and other partners facilitated a substantial policy shift towards primary health care. The family medicine concept requires strong political support from the new government.

WHO/EURO has been able to contribute to resource mobilization for malaria and HIV/AIDS.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- “The Smoker’s Body” printed and distributed among pupils, students, journalists and parliamentarians during information campaign on tobacco control.
- Materials (FCTC documents, related protocols, 10 key issues for global tobacco control and FCTC) translated.
- Newsletters, brochures and leaflets about tobacco control published and distributed.
- Statistical publication in three languages (Georgian, Russian and English) based on national health indicator database prepared, printed and distributed.
- WHO press releases distributed to mass media representatives during World Tuberculosis Day.
- Assessment made of general malaria situation, focusing particularly on laboratory equipment, insecticide storage and related details.
- Support provided for malaria drug efficacy monitoring study to assess resistance to anti-malaria drugs.
- WHO guidelines issued for country feasibility study on telemedicine.
- Workshop on “Supporting primary health care (PHC) development in Georgia community mobilization, the media’s role and opportunities” held.
- Regular participation by national representatives in sessions of International Negotiating Body on FCTC.
- Support from WHO/EURO for organization of World No Tobacco Day.
- Participation in Global Youth Tobacco Survey.
- Round table and press conference on FCTC organized.
- Training session held on prevention of cardiovascular diseases for primary health care doctors.
- Survey conducted to assess current national health policy and programmes for prevention and control of noncommunicable diseases.
- Assistance provided for implementation of national plan of action for strengthening laboratory capacity.
- Participation of local specialists in first and second courses of two-year project on laboratory management and skills-strengthening for diagnosis of epidemic-prone diseases.

- Workshops organized on prioritization of infectious disease surveillance system and assessment of surveillance system inventory.
- Support provided for maintenance and development of national health indicators database.
- Quality control made of statistical data provided by medical facilities (indicators such as incidence and prevalence of noncommunicable diseases, mortality and morbidity).
- Training course held on implementation of tenth revision of International Classification of Diseases (ICD-10) and RUTENDON.
- Training workshops organized for heads and doctors of substance abuse centres.
- IMCI midterm review meeting organized with attendance of WHO specialists.
- Training sessions held on various aspects of tuberculosis control programme.
- National workshop held for PHC specialists on prospects for the introduction of updated DOTS strategy into family medicine centres and PHC system.
- Caucasus health care financing workshop for representatives of Armenia, Azerbaijan and Georgia organized.
- Implementation of drug reimbursement project as part of a larger family medicine pilot project facilitated by WHO/EURO.
- Post-introduction evaluation of hepatitis B immunization in Tbilisi and other regions.
- National professionals assisted by WHO/EURO in assessment of working quality of programme on safe laboratory containment of a wild poliovirus.
- Participation of national representatives in course on operational research in reproductive health, Almaty, Kazakhstan.
- Workshop organized on development of health telematics.
- Participation of national specialists in series of meetings for preparation of 2004 Budapest Ministerial Conference on Health and Environment.
- Participation, in framework of capacity-building, of national professionals in WHO meetings in 2003 on the following health topics:
 - nursing;
 - mental health;
 - reproductive health;
 - tobacco;
 - rational drug use;
 - communicable diseases (malaria, injection safety, immunization/Global Alliance for Vaccines and Immunization (GAVI), poliomyelitis, diphtheria, strengthening public health laboratory capacities, tuberculosis);
 - HIV/AIDS, blood safety;
 - nutrition;
 - environment and health;
 - noncommunicable diseases/countrywide integrated noncommunicable disease intervention (CINDI) programme;
 - PHC;
 - hospitals performance and management;

- partnerships for health and in meetings of medical associations and World Organization of Family Doctors (WONCA).

Other relevant aspects of WHO/EURO's country presence

- Involvement of WHO country office, as part of United Nations family, in all joint activities of agencies and bodies of the United Nations system in country: working group on Millennium Development Goals Report, Theme Group on HIV/AIDS, country team and security meetings, contingency planning working group for Disaster Management Training Programme, all joint United Nations activities and meetings with representatives of United Nations and other international organizations.
- Regular participation of WHO country office, with government and donor organizations as well as other stakeholders, in all coordination mechanisms in regard to health issues: Interagency Coordination Committee working on communicable diseases/vaccination issues, PHC Coordination Board, Country Coordination Mechanism targeting collaboration with GFAMT, national tuberculosis steering committee.
- Head of Country Office/Liaison Officer and Administrative Assistant posts transformed from short-term to fixed-term positions. Country staff undergoing extensive training aimed at better meeting country's needs.

The WHO country office in Georgia consists of the Head of Office/Liaison Officer, one project officer and two administrative support staff.

Germany

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Violence and health	Suicide prevention, diabetes mellitus, HIV prevention, poverty and health. Other priorities for 2004–2005 collaboration currently under discussion, possibly under a strategic agreement framework. Collaboration facilitated through WHO/EURO's Futures Fora programme.
2. Tobacco control	
3. Communicable diseases (TB control and microbiological resistance)	
4. Environment and health	
5. Pharmaceuticals	
6. Mental health	

Main results achieved during 2002–2003 with WHO support

- Awareness of violence and health increased throughout country after national launch of *World report on violence and health*, June 2003, organized by GTZ (Gesellschaft für Technische Zusammenarbeit) and KfW (Kreditanstalt für Wiederaufbau). WHO/EURO support included press conferences, interviews and German translation of summary report.
- Tuberculosis DOTS (directly observed treatment, short course) strategy adopted in 2003.
- Framework Convention on Tobacco Control (FCTC) signed 24 October 2003.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Workshop held on thermal stresses, in cooperation with German weather services (Freiburg, May 2003). Workshop proceedings published in WHO/EURO Health and Global Environmental Change series.
- Framework for health protection and adaptation to climate change developed in collaboration with Potsdam Institute for climate research.
- Burden of disease from climate change assessed and published as part of the *World health report 2002*, with funding from German Ministry for the Environment.
- Launch of national suicide prevention programme organized through WHO/EURO task force on suicide prevention, in collaboration with Ministry of Health and Social Security (Berlin, 3 July 2003).
- European consultation on antimicrobial drug resistance organized in collaboration with Robert Koch Institute, (November 2003).
- International workshop on poverty and health convened (Düsseldorf, 2002).
- New system of categorizing drugs with potentially dangerous effect on driving developed in country and put forward through EuroPharm Forum.
- Support provided for development, implementation and evaluation of national environmental health action plan (NEHAP), including coaching and country missions.
- Materials for Fourth Ministerial Conference on Environment and Health, and on Transport, Health and Environment Pan-European Programme (THE-PEP) shared with country.
- Materials for signature of FCTC shared with country.
- Materials on evidence-based recommendations as tools for policy-making in public health shared with country during fourth Futures Forum in 2003.

The launch of the *World report on violence and health* with GTZ was a major event, with good coverage in the German popular press. This illustrates that the country's competencies in cooperation for development and on health matters should be taken into account in the future. A more strategic form of cooperation with the health ministry might be explored in the future.

Other relevant aspects of WHO/EURO's collaboration

- Continuing cooperation between Germany and the Bonn Office of the WHO European Centre for Environment and Health.
- Annual meeting of European Forum of Medical Associations and WHO (Berlin, February 2003).
- Germany a Healthy Cities project participant.
- Active cooperation of Germany and WHO/EURO on pricing, reimbursement and rational use of pharmaceuticals.
- Lower Saxony and North Rhine-Westphalia members of WHO/EURO's Regions for Health Network.
- Germany a participant in European Network of Health Promoting Schools and Health Promoting-Hospitals project.
- WHO Collaborating Centre for Drinking Water Hygiene and WHO Collaborating Centre on Health Promoting Water Management and Risk Communication delivered numerous activities on behalf of WHO/EURO regarding water safety.

Greece

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Public health surveillance	1. Public health surveillance at 2004 Olympic Games, Athens. 2. Implementation of public health programme (through public health training for senior health administrators in Greece). No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through WHO/EURO's Futures Fora programme.
2. Tobacco control	
3. Health care systems	
4. Environment and health	
5. Mental health	
6. Nutrition	

Main results achieved during 2002–2003 with WHO support

- Support provided to preparatory phase of public health surveillance, and capacity for health risk assessment and rapid alert, to ensure public health preparedness for 2004 Olympic Games.
- Framework Convention on Tobacco Control (FCTC) signed 16 June 2003.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- In preparation for 2004 Olympic Games, senior WHO/EURO staff member seconded to Ministry of Health and Social Solidarity, to advise on public health matters and especially on public health preparedness for forthcoming Olympic Games.
- European Observatory on Health Systems and Policies opened hub in Athens, late 2002.
- WHO/EURO collaborated with Ministry of Health and Social Solidarity on conferences organized during European Union (EU) presidency in first half of 2003: on mental illness and stigma in Europe, and on EU enlargement, health and health care.
- Meeting of nutrition counterparts in WHO European Region organized by WHO/EURO and hosted by Ministry of Health and Social Solidarity (Athens, 28 February–2 March 2003).
- Materials for Fourth Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.

During Greece's EU presidency in 2003, cooperation was very active. In preparation for the Olympic Games, it focused on methods of public health surveillance and managing public health risks. This cooperation will continue. In particular, WHO/EURO will provide public health training to Greek senior health administrators.

Other relevant aspects of WHO/EURO's collaboration

- Greece a key partner in Social Cohesion Initiative within Stability Pact for south-eastern Europe, especially for mental health project.
- Greece invited to participate in Futures Fora.
- Long-standing cooperation between Greece and Healthy Cities and Urban Governance programme. Athens is a Healthy City and participant in European Network of Healthy Cities.
- Greece a participant in WHO/EURO's activities in nursing and midwifery care, European Network of Health Promoting Schools, Health Promoting Hospitals project, and pricing and reimbursement of pharmaceuticals.

In future both sides would potentially benefit from a more strategic form of cooperation.

Hungary

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Multisectoral policies	1. Health policy and systems, with a focus on equity
2. Primary health care	2. Addressing lifestyles, with a focus on tobacco, alcohol and drugs
3. Health care financing	3. Food and nutrition
4. Alcohol action plan	4. Support for Budapest Conference
5. Mental health	5. Follow up of Budapest Declaration and Children's Environment and Health Action Plan for Europe (CEHAPE)
6. Health promotion	6. Prevention of noncommunicable diseases (unfunded)
7. Public health	7. Telemedicine in health care delivery (unfunded)
8. Environment and health	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Suicide prevention and depression care projects successfully finished.
- Survey on health promotion in different age groups successfully finished.
- Fulfilment of national environmental health action plan, phase 1 (NEHAP 1).

Implementation of activities in BCA 2002–2003 only 40%. Partly attributable to temporary absence of Liaison Officer (LO) (between retirement of previous LO and recruitment of new LO), organizational and personnel changes in certain WHO programmes, as well as major organizational changes in the health system and delays with appointment of national counterparts in Hungary.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Report on fulfilment of NEHAP 1 prepared.
- Publication on suicide prevention.
- Regions for Health Network countries' report on health promotion in different age groups developed.
- Seminar on cancer prevention organized.
- Workshop on sudden acute respiratory syndrome (SARS) carried out.
- International workshop on health in transition organized by European Observatory on Health Systems and Policies.
- Preparation for Fourth Ministerial Conference on Environment and Health.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Country office staff undergoing extensive training aimed at better meeting the country's needs.

The WHO country office in Hungary consists of the Head of Office/Liaison Officer and one administrative support staff.

Iceland

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Crisis communication (sixth Futures Forum on crisis communication to be hosted by Iceland); launch of Health Care in Transition (HiT) profile of Iceland. No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme.
2. Environment and health	
3. Sudden health emergencies	
4. Health care systems	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 16 June 2003.
- Iceland participates in several of WHO's European networks (e.g. pricing, reimbursement and rational use of pharmaceuticals, and health promoting schools).
- Drafting group for European Strategy for Tobacco Control chaired in 2002.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Materials for Fourth European Ministerial Conference on Environment and Health shared with country.
- Missions carried out to prepare the HiT profile. Final draft delivered in 2003.
- Materials for signature of FCTC shared with country.
- Materials for rapid response to public health threats (extreme weather events; various communicable diseases, including SARS, anthrax and smallpox) shared with country during Futures Forum events.

The country's strong commitment to European coordination of the FCTC and its hosting of the forthcoming sixth Futures Forum are indicative of close links between its representatives for international health affairs and the Regional Office.

There is a scope for enhancing collaboration with WHO/EURO in future.

Ireland

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Communicable diseases (SARS)	Mental health and substance abuse; organization of health services; programme planning, monitoring and evaluation. Contribution to food- and nutrition-related activities during Irish presidency of EU. No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through Regional Office's Futures Fora programme.
2. Tobacco control	
3. Noncommunicable disease prevention	
4. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed in September 2003.
- Priority in health activities during EU presidency given to noncommunicable diseases, focusing on prevention of cardiovascular diseases.
- High-level European ministerial conference on HIV/AIDS held in Dublin.
- Initiation of planning process for summer 2003 Special Olympics, with special attention to SARS.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Mission carried out to advise on planning for 2003 Special Olympics with a focus on the SARS outbreak at that time.
- Support provided for development and implementation of National Environment and Health Action Plans, including coaching and country missions.
- Involvement of country in European coordination process for negotiation of FCTC.
- Materials for signature of FCTC shared with country.
- SARS threat in Ireland taken as case study on “rapid response decision-making” at fifth Futures Forum (December 2003). Case study published in proceedings of 2004 Futures Forum.
- Materials for the Fourth European Ministerial Conference on Environment and Health shared with country.

Cooperation has focused on the areas of tobacco control and communicable diseases. The Regional Office may also have contributed to setting the health priorities for Ireland's EU presidency.

Other relevant aspects of WHO/EURO's collaboration

- Participation in Regional Office's Healthy Cities and Urban Governance programme, with Dublin being a Healthy City.
- Active collaboration in the biennium 2002–2003 also focused on areas of nursing and midwifery, poverty and health, pricing, reimbursement and rational use of pharmaceuticals, and European networks of Health Promoting Schools, Health Promoting Hospitals, and Regions for Health.

In future, both sides would potentially benefit from a more strategic form of cooperation.

Israel

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Mental health; health and behaviour; health information/citizens health empowerment; food safety; tobacco; prevention of noncommunicable diseases; HIV/AIDS and tuberculosis; maternal health and safe blood were topics suggested. No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through Regional Office's Futures For a programme.
2. Sudden health emergencies	
3. Health care systems	
4. Mental health	
5. Nutrition and food safety	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 20 June 2003.
- Israel cooperates with the Regional Office's European networks of Healthy Cities, Health Promoting Schools, Health Promoting Hospitals, reimbursement and pricing, and rational use of pharmaceuticals, and is represented in the Regions for Health network.

More concrete data on the outcomes of this collaboration are not available.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Health Care System in Transition (HiT) profile delivered in 2002.
- Participation in a mission to help correct vitamin B (thiamine) deficiency of certain infant formula products imported into Israel.
- National mental health counterparts meeting held in autumn 2003, aimed at supporting mental health policy development.
- Materials for Fourth European Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.
- Materials on "evidence-based recommendations as tools for policy-making in public health", and on rapid response to public health threats (extreme weather events; various communicable diseases, including SARS, anthrax and smallpox) shared with country during Futures Forum events in 2003.

Overall strategic cooperation may have been hindered due to the security situation in the country.

Other relevant aspects of WHO/EURO's collaboration

- Active collaboration with Regional Office's fellowship programme. Ministry of Health continues to provide support to capacity-building for nationals from central Asia.
- Active cooperation on nutrition and food safety.

In future both sides would potentially benefit from a more strategic form of cooperation.

Italy

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	No formal Biennial Collaborative Agreement with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through Regional Office's Futures Fora programme.
2. Environment and health	
3. Investment in health	
4. Health care systems	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 16 June 2003. Awareness of tobacco and health built and events organized to commemorate World No-Tobacco Days.
- Heat health warning system for Rome implemented in July 2003.
- Ministry of Environment contributed to Fourth Ministerial Conference on Environment and Health and commissioned specific studies on urban air pollution, transport, global climate change, genetically modified organisms and other topics.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Collaboration in development of heat health warning system for Rome.
- Several health conferences during Italian EU presidency in second half of 2003 supported (e.g. EU conference on tobacco and media, Rome, 13–15 November 2003).
- Workshop on purchasing health services convened in Veneto Region in May 2003 for managers of regional health administrations.
- Workshop organized in Orvieto to assess combined effects of climate change and stratospheric ozone depletion.
- Support provided to Verona municipality in project to build new hospital.
- Series of reports on environment and health in Italy issued.
- Materials for the Fourth European Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.

Other relevant aspects of WHO/EURO's collaboration

- Continuing cooperation with WHO European Centre for Environment and Health in Rome and with WHO European Office for Investment for Health and Development in Venice (Veneto Region).
- Country invited to participate in Futures Fora.
- Country participates in Regional Office's mental health task forces.
- Country has several Healthy Cities (including Milan, Bologna, Arezzo, and Ferrera) and participates in European Healthy Cities network. Also participates in networks of Regions for Health, pricing, reimbursement and rational use of pharmaceuticals, Health Promoting Schools and Health Promoting Hospitals.

- Bocconi University in Milan provided 10 fellowships for international degree of Master of Public Health (MPH) to Kazakhstan School of Public Health for 2003.
- Country collaborates actively with Regional Office's fellowships programme.

In future, both sides would potentially benefit from a more strategic form of cooperation.

Kazakhstan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Drug policy	1. Primary health care with a focus on family medicine
2. Substance abuse	2. Health information system
3. Tobacco control	3. Maternal and child health
4. Health service management	4. Environment and health
5. Health information system	5. Communicable disease surveillance (tuberculosis, HIV/AIDS, plague)
6. Tuberculosis control	6. HIV/AIDS
7. HIV surveillance	7. Substance abuse
8. Measles elimination	8. Nutrition
9. Maternal and child health, with emphasis on Integrated Management of Childhood Illness (IMCI) and reproductive health	9. Reproductive health (unfunded)
10. Health promotion	10. Food safety (unfunded)
	11. Addressing lifestyles (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- National tobacco and alcohol action plans developed and under review by parliament.
- National law restricting smoking in public places endorsed by parliament in 2003.
- Proposal for second round of funding from Global Fund to Fight AIDS, Tuberculosis and Malaria approved, bringing a total of US\$ 22 360 000 for implementation of national strategic programmes on HIV/AIDS prevention.
- Cooperation with United Nations system strengthened through development of Common Country Assessment/United Nations Development Assistance Framework (CCA/UNDAF); CCA/UNDAF finalized and fully endorsed by government.
- Participation in multicountry public health initiatives (PHI); support provided to Kazakhstan School of Public Health (KSPH) for training food safety managers from central Asian republics.

An international conference on primary health care was held in Almaty to commemorate the twenty-fifth anniversary of the Alma-Ata Declaration with the participation of the WHO Director-General and the Regional Director for Europe. The conference resolution was included in the portfolio documents for the 113th session of the WHO Executive Board.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- National tobacco and alcohol action plans developed and finalized by National Healthy Lifestyles Centre, with support from WHO/EURO.
- Integrated Management of Childhood Illness (IMCI) training materials translated into Kazakh.
- Mapping exercise conducted by KSPH – activities and projects of international organizations working in health care in Kazakhstan.

- Survey of epidemiological situation related to substance abuse conducted by national research centre of psychiatry and substance abuse.
- Support provided for policy update and development of alcohol and tobacco action plans.
- Ministry of Health assisted by WHO/EURO in negotiations concerning Framework Convention on Tobacco Control (FCTC).
- Support provided to National Healthy Lifestyles Centre in organization of World No Tobacco Day 2003 campaign with broad media coverage and national competitions.
- Project and training sessions on primary prevention, early detection and early intervention of substance abuse.
- Support provided for training programmes in health care management and curricula development training projects at KSPH.
- Support provided for central Asian regional training programmes in food safety at KSPH (PHI).
- Series of training activities organized on tuberculosis management and reference laboratory.
- Monitoring and coordination of donor support in tuberculosis control.
- Participation of specialists in training on sexually transmitted infections case management.
- National meetings, task force and focal point activities on implementation of IMCI.
- Support for development of national reproductive health strategy.
- WHO/EURO assessment mission and report on development of national master plan.
- Strengthening of national Healthy Cities, health promoting schools and countrywide integrated noncommunicable diseases intervention (CINDI) networks.
- WHO/EURO support for participation in CINDI World Health Monitor Survey.
- Central Asian republics information network (CARINFONET) training sessions and seminars on implementation of tenth revision of International Classification of Diseases (ICD-10), vital statistics registration and quality in health care facilities.

Other relevant aspects of WHO/EURO's country presence

- Opening of new WHO field office in Astana in October 2003 to provide operational access to Ministry of Health.
- Increased cooperation with agencies and bodies of United Nations system: active participation in theme groups on HIV/AIDS, communication and gender.
- Participation of country office staff in intensive training course on country work management, health system and health policy.
- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position.

The WHO country office in Kazakhstan consists of the Head of Office/Liaison Officer, Head of Suboffice in Astana, technical officer, medical officer on EPI, medical officer on tuberculosis, medical officer on IMCI, and five administrative support staff.

Kyrgyzstan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Action plans on alcohol and tobacco	1. Health system reform (Manas programme), including health information systems and health financing
2. Drug policy and rational drug use	2. Health systems development, including pharmaceuticals, human resources and nursing
3. Health system reform, with emphasis on human resources	3. Integrated maternal and child health, including reproductive health
4. Health information systems	4. Tuberculosis, HIV/AIDS in prisons
5. Emergency preparedness	5. Public health, including communicable disease surveillance (expanded programme on immunization, parasitic diseases, malaria, hospital-acquired infections)
6. Epidemiological surveillance	6. Mental health (including substance abuse)
7. Malaria	7. Health promotion policies and strategies (including health promoting schools)
8. Mental health	8. HIV/AIDS
9. Maternal and child health, including vaccines	9. Emergency preparedness and response
10. Health promotion	
11. Control of communicable diseases	
12. Control of noncommunicable diseases	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Substantial progress in reorganization of preventative, rehabilitative and treatment services for substance addicts, as well as training of health professionals.
- Certification as poliomyelitis-free zone (2002).
- Draft law on tobacco and intersectoral action plan on tobacco control prepared by the Ministry of Health jointly with WHO. Intersectoral discussions on Framework Convention on Tobacco Control (FCTC) organized and signed in February 2004.
- National health data base, including health care indicators package, improved and made available to all interested users. Significant progress achieved in further development of unified computerized health information system. Tenth revision of International Classification of Diseases (ICD-10) implemented for death causes and morbidity coding. All preparatory work completed for implementation of WHO live birth definition and registration criteria from 1 January 2004.
- Reform base strengthened by government in response to collaborative efforts of international community including WHO.
- Main achievements of health system reform (also supported by World Bank (WB), United Nations Agency for International Development (USAID), United Kingdom Department for International Development (DFID), and Swiss Agency for Development and Cooperation):

- single payer system introduced in all oblasts;
- oblast merged and central rayon hospitals restructured and optimized;
- clinical protocols to improve quality of services implemented;
- national health promotion centre established, disaster preparedness services strengthened and sanitary/epidemiological surveillance laboratories rationalized;
- institutional and managerial capacities of the Ministry of Health, Mandatory Health Insurance Fund and other health providers strengthened, with involvement of all interested parties in health policy development, monitoring and evaluation;
- partnership in area of health (Ministry of Health, donors and international organizations, including WHO) strengthened;
- (partial) reforms of medical education in development and implementation of module-based education system in Kyrgyz Medical Academy.

WHO/EURO's role in the health reform process was greatly strengthened by the presence of a project (with funding provided by the DFID) leading work on health policy analysis related to the reforms introduced in 2001. When the reform process was challenged by parliament in late 2002, the evidence produced by WHO on the effect of the reforms was central to the response made by all donor partners and the Ministry of Health. This led to a round table meeting in February 2003 attended by the President, the Prime Minister, the WHO Regional Director for Europe, and other political leaders and representatives of international organizations. At this meeting, the government decided to strengthen the legal basis for the reforms and extend them nationally.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Draft national policy on substance abuse prevention produced.
- Guidelines on “Instruction on Death Certification” based on ICD-10 instructions for physicians prepared, printed and distributed to health care facilities together with nationally adopted version of ICD-10.
- Decree adopted by the Ministry of Health on hospital infection prevention and hospital waste management (including plan of action).
- Healthy schools strategy fully supported by the Ministries of Health and Education and launched in four schools in Bishkek. Healthy schools network included in European network.
- Coordination committee on substance abuse prevention established, involving ministries of health, education and culture, State Committee on Tourism, Sport and Youth Policy, and State Commission on Drug Control. Education of substance abuse specialists, introduction of therapeutic communes, early detection/early intervention methodology, training of medical staff, etc., promoted.
- Public awareness and capacity-building in tobacco control addressed (school poster competition, concert by pupils, support for sporting events, social survey on “Youth and smoking”, competition for best journalistic publication, etc.)
- Rational use of drugs concept developed, involving capacity-building, training for local specialists, clinical protocols development, support for drug information centre, monitoring of adverse reactions to drugs and distribution of evidence-based information on drug management, etc.
- Capacity of local specialists strengthened by provision of training under WHO fellowships in areas such as reproductive health, healthy schools, health economics, health management, public health, health promotion, and malaria prevention.

- Training seminars organized on quality of death certification by physicians; implementation of the live birth definition, birth and perinatal registration, etc.
- WHO Information Centre in Bishkek: seventh and eighth annual meetings of Central Asian republics information network (CARINFONET), organized on ICD-10 implementation, vital statistics registration, quality in health care facilities, civil acts registration offices (Ministry of Justice) and oblasts statistics departments (National Statistics Centre).
- In emergency preparedness, drugs and emergency materials purchased by WHO kept at drug store and distributed in emergency kits. PCs, communication devices and four minivans purchased. Technical support on bio-terrorism provided to Ministry of Health.
- Malaria control (following outbreak in summer 2002): malaria field office opened in south of country (Osh), specialists trained at oblast and rayon level, technical capacities strengthened, support provided in field monitoring in risk areas, translation and printing materials.
- National Integrated Mother and Child Health Centre and Integrated Management of Childhood Illness (IMCI) established in Ministry of Health, plus follow-up seminars and training of trainers.
- Two national surveys on reproductive health (“Rapid assessment on safe motherhood needs in the Kyrgyz Republic” and “Cervical cancer screening”) carried out, with results translated, printed out and distributed to specialists.
- More than 20 surveys conducted by the WHO Health Policy Analysis programme.
- Healthy schools: training of fellows in Latvia and at Almaty School of Public Health, festival involving all pilot schools, etc.
- WHO-promoted donors’ meeting held to discuss support in the area of health promotion.
- Assessment made (jointly with the World Bank) of HIV/AIDS in prisons and support provided to national HIV/AIDS centre for implementation of second-generation HIV surveillance. Support given to country application to Global Fund to Fight AIDS, Malaria and Tuberculosis (GFAMT) (grant of US\$ 17 million awarded).
- Support for DOTS strategy monitoring for tuberculosis; advocacy to German Development Bank (KfW) for anti-tuberculosis drugs supply; assessment of tuberculosis situation in prisons. Support for country application to GFAMT (grant of US\$ 2.7 million awarded).
- Support provided for capacity-building, monitoring and evaluation of vaccines (EPI), organization and conducting of immunization of women (aged 26 to 36) against rubella. Video and radio advertising spots developed and broadcast. Measles laboratory delivered. Support provided in cooperation with GAVI on hepatitis B prevention among newborns.

Other relevant aspects of WHO/EURO’s country presence

- Official accreditation of WHO country office from Ministry of Foreign Affairs received in 2002.
- Cooperation with agencies and bodies of United Nations system: CCA/UNDAF process, Theme Group on HIV/AIDS, joint United Nations project on improving quality of reproductive health services, contingency planning, security, common services, updating United Nations booklet, renovation of United Nations conference hall, etc. WHO materials and reports supplied to United Nations House and Library for visitors.
- Cooperation with partners on country level to better integrate programmes (promoting reform process, HIV/AIDS, tuberculosis, hospital-acquired infections, waste management, quality of institutionalization in health system, essential health technologies package, etc.)
- Cooperation with embassies (Israel) in the area of training.

- More than 3000 WHO materials, books, guidelines and posters distributed via WHO Documentation Module to national libraries, partners, health professionals and international organizations.
- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. All WHO country staff transferred to term-limited contracts. WHO country staff undergoing extensive training aimed at better meeting country's needs.

The WHO country office in Kyrgyzstan consists of the Head of Office/Liaison Officer, technical adviser/national officer on malaria (funded by USAID), eight health policy project staff (funded by DFID), four staff of WHO information centre for central Asian republics, project officer on household hygiene and three administrative support staff.

Latvia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Public health strategy and action	1. Health policy and systems with emphasis on health financing, decentralization, private sector, health system monitoring and youth-friendly health services
2. Nursing	2. Mental health (including substance abuse)
3. Alcohol action plan	3. Alcohol
4. Food safety	4. Tobacco
5. Health impact assessment (replaced by health systems performance)	5. Patients' rights
6. National Environment and Health Action Plan (NEHAP)	6. HIV/AIDS (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Law on patient's rights prepared by Ministry of Health with support of WHO/EURO.
- Interministerial agreement on further coordinated support to WHO health promoting school project signed, including references to coordinated actions between three ministries (education, family and children's affairs, and health).
- National action plan "Latvia fit for children" jointly developed with United Nations Children's Fund (UNICEF), Latvian National Committee (LNC), and United Nations Educational, Scientific and Cultural Organization (UNESCO) and submitted to Cabinet of Ministers.
- Draft of national policy on nursing developed and submitted to Ministry of Health in October 2003. Finalization of policy document delayed by various obstacles – long absences and several changes of nursing focal points – both in Ministry of Health and in WHO/EURO.
- National programme for alcohol control policy for 2004–2008 developed and launched in November 2003.

WHO provided timely support to the Ministry of Health for the development of the law on protection of patients' rights; as a result of this, the reforms to the health care system have taken on a new dimension. Patients and society at large have, for the first time, been actively involved in countrywide discussions on quality, patients' expectations and corruption in the health care system.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- High-level workshop held on health policy and health system development for new Ministry of Health health reform team.
- Conference on "10 years of health promoting schools in the Baltic states: Opportunities and development" held to evaluate development of health promoting schools network in Baltic States.
- Survey on reproductive health conducted jointly by WHO, United Nations Development Programme (UNDP) and United Nations Population Fund (UNFPA).

- Memorandum of Understanding between Ministry of Health and United Nations Resident Coordinator finalized and signed to facilitate and support development of national policy on youth-friendly health services (YFHS), integrating all components of YFHS delivery in a unified approach, and of a YFHS strategic plan 2005–2007.
- Capacity-building on YFHS for health service providers.
- Workshop to finalize national policy on nursing held in May 2003.
- Interministerial working group on alcohol action plan set up under leadership of Ministry of Health.
- Discussions held on draft law on patients' rights (more than 200 participants, including patients, nurses, health professionals, representatives from ministries concerned, members of parliament and students).
- Assessment and evaluation of impact of national plans on environment carried out, using methodology for national evaluations developed by WHO/EURO.
- Assessment of environmental health situation carried out and compared with results of 1995 assessment.
- WHO publications distributed to participants of Third Baltic Region Conference "Together against AIDS".
- Publications related to World Health Days, World Health Report and others regularly received and distributed.

Other relevant aspects of WHO/EURO's country presence

- Cooperation with agencies and bodies of United Nations system: common shared premises since 1999, common services, security, contingency planning, interagency group dealing with all issues of common interest, United Nations web site with WHO Liaison Office page.
- WHO Documentation Centre (DC) functioning and given official status within library of Medical Academy. DC literature electronically catalogued and available through internet home page of Medical Academy of Latvia.
- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. WHO country staff undergoing extensive training aimed at better meeting country's needs.
- State tuberculosis and lung disease centre proposed by WHO/EURO for designation as a WHO collaborating centre for research and training in multidrug-resistant tuberculosis.

The WHO country office in Latvia consists of the Head of Office/Liaison Officer and one administrative support staff.

Lithuania

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Public health strategy and action	1. Health policy development and health systems support
2. Harmonization of health legislation with that of European Union	2. Mental health
3. Health information system	3. Noncommunicable disease prevention
4. Mental health	4. Tobacco control
5. Health promotion and noncommunicable disease prevention	5. Prevention of traumas and accidents
6. Tobacco control	6. Health information system (including environment and health information) (unfunded)
7. Environment and health	7. Pharmaceuticals (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Updating of national health programme started.
- Revision of national health programme with regard to mental health policy and strategy.
- Nutrition and food safety strategy and plan of action adopted by government.
- Northern dimension initiative on public health issues launched, with representatives of governments of Nordic countries and countries of Baltic region, European Commission, WHO and World Bank.
- Drug control department established.
- National HIV/AIDS prevention and control programme 2003–2008 approved and Joint United Nations Programme on HIV/AIDS (UNAIDS) theme group made operational.
- National strategy for drug control and addiction prevention for 2004–2007 adopted.
- Intersectoral committee for implementation of youth-friendly services project set up, with Liaison Officer as member.
- Healthy living movement initiated, with WHO documents and principles serving as basis.
- Lithuanian poliomyelitis laboratory accredited as WHO national poliomyelitis laboratory in 2003.
- National action plan on tobacco developed.
- Countrywide integrated noncommunicable disease intervention (CINDI), health policy, regions for health, communicable diseases and mental health discussed in parliament.
- Redesignation of two medical libraries as official WHO documentation centres for next five-year period.
- Redesignation of Lithuanian Health Information Centre as WHO Collaborating Centre.

Much has been achieved during 2002–2003 in the development and reform of the mental health system. Sustained and well coordinated joint efforts by WHO/EURO, counterparts, the Ministry of Health, nongovernmental organizations, politicians, mass media and the general public helped to raise awareness about the burden of mental disorders on society, mental health problems and effective ways of preventing them. WHO expertise was presented in parliament and contributed to the revision of the national health programme with regard to mental health policy and strategy.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Awareness raised with regard to issues of pharmaceuticals and medical technologies in the country. Three WHO/ EURO presentations on drugs and financial reforms made at conference on pharmaceuticals.
- WHO country profiles on tobacco 2003.
- *Health in the Baltic countries*, 2003, eleventh edition prepared by Lithuanian Health Information Centre (WHO Collaborating Centre).
- European health promoting schools network report on Lithuania, 2002.
- Second WHO Ministerial Conference on Nursing and Midwifery in Europe report translated and published.
- *Moving on from Munich*, reference guide to implementation of Declaration on Nurses and Midwives, translated and published.
- Publications related to World Health Days, World Health Report and others regularly received and distributed.
- Conference on research and good practice for regional health policy formulation held.
- Conferences on suicide prevention held in parliament with participation of Minister of Education and chaired by head of parliamentary health committee.
- Specialists from Albania, Georgia, Kazakhstan, Kyrgyzstan, Mongolia, the Republic of Moldova, Tajikistan and Uzbekistan trained in Lithuania in health financing.
- Regional conferences held on “Development of health promoting schools in Lithuania” in connection with tenth anniversary of project in country.
- Twelve seminars held on “Healthy environment for children”.
- Regional meeting held on national health indicator databases in European Member States and their use to support decision-making in health systems.
- Participation in meeting on public health issues in “Northern Dimension” countries with discussions on common policy to control communicable diseases and spread of alcohol and tobacco.
- National conference on tobacco control held.
- World No Tobacco Day 2002 and 2003 campaigns carried out.
- Survey on housing and health conducted and results presented in the American Journal of Public Health, September 2003, Vol. 93, No 9.
- Training course on environmental health impact assessment carried out.
- Assessment of injection safety carried out.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at better meeting country's needs.
- Cooperation with agencies and bodies of the United Nations system: Theme Group on HIV/AIDS, joint work on youth-friendly services, overview of Liaison Office work and BCA 2002–2003 implementation published in United Nations Development Programme bulletin.

The WHO country office in Lithuania consists of the Head of Office/Liaison Officer and one administrative support staff.

Luxembourg

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Mental health. No formal Biennial Collaborative Agreement (BCA) with WHO; priorities for 2004–2005 collaboration under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme.
2. Health evidence	
3. Nutrition and food safety	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 16 June 2003.
- Participation by Luxembourg in activities related to pharmaceutical pricing and reimbursement, rational drug use and the EuroPharm Forum; the European Network of Health Promoting Schools; and nutrition and food safety.

More concrete data on the outcomes of this collaboration are not available.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Discussion and analysis of mammography screening in Luxembourg used as case study on evidence-based recommendations as tools for decision-making in public health during the fourth Futures Forum (June 2003), and published in proceedings.
- Health Evidence network (HEN) synthesis report on osteoporosis screening drafted (2003) at request of Director-General of Health.
- Materials for Fourth Ministerial Conference on Environment and Health and for signing of FCTC shared with country.

There is scope for enhancing collaboration with the Regional Office in future.

Malta

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Environment and health	1. Environment and health
2. Pharmaceuticals	2. Pharmaceuticals
3. Public health reporting	3. Organization of health services
4. Tobacco control	4. Evidence for health policy (epidemiological analysis and development of policy implications) (unfunded)
	5. Health promotion (unfunded)
	6. Hosting of the seventh Futures Forum by Malta in November 2004

Main results achieved during 2002–2003 with WHO support

- Malta one of first countries globally and within European Region to sign (16 June 2003) and ratify (24 September 2003) Framework Convention on Tobacco Control (FCTC); announcement by health authorities that amended 2003 regulation on smoking in public places would come into force from 5 April 2004, in line with Article 8 of FCTC.
- Development of national policy on pharmaceuticals.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Support from Regional Office in building capacity in intervention epidemiology, through participation of ministerial department heads in two-week course (November 2003).
- Evaluation by Malta of its national environment and health action plan (NEHAP), based on WHO guidelines and with Regional Office support.
- Contribution to publication of first national health interview survey (March 2003).
- Contribution to public health report (2002).
- Sharing of materials for evidence-based recommendations as tools for decision-making in public health and rapid response to public health threats with Maltese participants in Futures Fora.
- Sharing of materials for Fourth Ministerial Conference on Environment and Health; transport, health and environment pan-European programme (THE PEP); and signing of FCTC with the country.

The Biennial Collaborative Agreement (BCA) with WHO may have helped to give environment and health higher status as a public health issue. Previously, according to leading health decision-makers in the country, this area was often marginalized owing to national budgetary constraints. The WHO focus on the environment and health will be taken forward in the next biennium. Overall, from the perspective of the WHO Regional Office for Europe, the BCA has facilitated more focused cooperation and enabled the Regional Office to deliver a range of country-specific products. A feature of these products is that they were usually developed within the country and Malta therefore has ownership of them.

Other relevant aspects of WHO/EURO's collaboration

- Carrying out by Malta of multilateral project within framework of implementation of THE PEP, to contribute to the Fourth Ministerial Conference on Environment and Health.

Monaco

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Food and nutrition	No formal Biennial Collaborative Agreement (BCA) with WHO; priorities for 2004–2005 collaboration under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme.

Main results achieved during 2002–2003 with WHO support

- Participation by Monaco in Regional Office's work on nutrition and food safety, especially in food component of WHO Global Environmental Monitoring System (GEMS) and WHO surveillance programme for control of foodborne infections and intoxications in Europe.
- Participation by Monaco in activities related to nursing and midwifery care, and reimbursement, pricing and rational use of pharmaceuticals.

More concrete data on the outcomes of this collaboration are not available.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Invitation of Monaco to participate in Futures Fora.

There is scope for enhancing collaboration with the Regional Office in future.

Netherlands

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
Environment and health	High-level conference on pharmaceutical research and development during Netherlands' Presidency of European Union (EU). No formal Biennial Collaborative Agreement (BCA) with WHO; priorities for 2004–2005 collaboration under discussion. Collaboration facilitated through the Regional Office's Futures Fora programme.
Food safety	
Health care systems	
Tobacco control	
Pharmaceuticals	

Main results achieved during 2002–2003 with WHO support

- Signature of Framework Convention on Tobacco Control (FCTC) by the Netherlands on 16 June 2003; World No Tobacco Day award on 31 May 2003 to former Minister of Health, Welfare and Sport, for strong anti-tobacco stand and contribution.
- Role of the Netherlands as driving force for adoption by fifty-second session of Regional Committee for Europe of resolution EUR/RC52/R3 on recommendations of the FAO/WHO Pan-European Conference on Food Safety and Quality.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Signature of agreement with the Netherlands Organization for Health Research and Development to support a project on gender evidence and health policy development, coordination of which will involve case studies from five countries, including the Netherlands.
- Participation of WHO in collaborative project initiated by the Netherlands Government on “priority medicines for Europe and the world”, to identify therapeutic gaps and areas for pharmaceutical research and development to ensure public health objectives, resulting in high-level conference (November 2004) during the Netherlands Presidency of EU.
- Workshop on phenology and allergic disorders (January 2003) held in collaboration with Maastricht University, with results made available on World Health Day 2003 and published as report.
- As part of preparation for Fourth Ministerial Conference in 2004, hosting by the Netherlands of preparatory meeting on environmental health information systems (October 2003).
- Support to the Netherlands in developing and implementing its national environment and health action plan (NEHAP), through such means as professional advice and country missions.
- Draft health care system in transition (HiT) profile on the Netherlands delivered for final comments to Ministry of Health, Welfare and Sport (2003).
- Contribution by WHO to international seminar on migration of health workforce, organized by authorities in the Netherlands and held in Delft (2003).
- Development of scenarios and modelling reports in collaboration with the International Centre for Integrative Studies in the Netherlands on the risk of health effects from heat-waves, malaria and tick-borne disease.
- Inclusion of the Netherlands' experience with information campaigns in recent WHO publication on best practices in tobacco control.

- Materials for Fourth Ministerial Conference on Environment and Health shared with country.
- Materials for evidence-based recommendations as tools for decision-making in public health and rapid response to public health threats (such as extreme weather events and various communicable diseases, including severe acute respiratory syndrome (SARS), anthrax and smallpox) shared with Netherlands participants in Futures Fora (2003).

Other relevant aspects of WHO/EURO's collaboration

- Membership of the Netherlands in the European networks for Health Promoting Schools and Health Promoting Hospitals, cooperation with Healthy Cities and Urban Governance programme (Rotterdam is project city) and participation in Regional Office's mental health taskforces and in activities related to noncommunicable disease prevention and to nursing and midwifery care.
- Cooperation with WHO on health development focused on projects related to health in prisons, tuberculosis control and child health; on support of WHO fellows from other regions; and on training of several fellows from European Member States at the Utrecht School of Public Health and the Erasmus Summer School, based at the Institute for Health Sciences (2003).

Norway

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Reduction of disease burden attributable to alcohol, tobacco, unhealthy diet, sedentary lifestyle and mental illnesses, with emphasis on prevention and health promotion. Control of communicable diseases in Europe including HIV/AIDS, tuberculosis and emerging pandemics.
2. Sudden health emergencies	
3. Mental health	
4. Environment and health	

Main results achieved during 2002–2003 with WHO support

Norway was the first country globally to ratify the Framework Convention on Tobacco Control (FCTC), which it signed and ratified on 16 June 2003.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Workshop on mental health policy in Europe jointly organized by European Observatory on Health Systems and Policies and Government of Norway (September 2003).
- Norway's experience with banning advertising and promotion of tobacco products recently cited in WHO publication on best practices in tobacco control.
- Materials for rapid response to public health threats (extreme weather events, and various communicable diseases including severe acute respiratory syndrome (SARS), anthrax and smallpox) shared with country during Futures Fora.
- Materials for Fourth Ministerial Conference on Environment and Health, and from Transport, Health and Environment Pan-European Programme (THE PEP) shared with country.
- Materials for signature of FCTC shared with country.

Other relevant aspects of WHO/EURO's collaboration

- Norway a founding partner of European Observatory on Health Systems and Policies.
- University of Tromsø designated as WHO Collaborating Centre for Telemedicine.
- "Northern dimension" partnership in public health and social wellbeing declared in Oslo (October 2003). Partnership includes Canada, Denmark, Estonia, Finland, France, Germany, Iceland, Latvia, Lithuania, Norway, Poland, Russian Federation, Spain, Sweden, the European Commission and WHO.
- Norway a regular host country for WHO fellowships.
- Norway a participant in several pharmaceutical networks, such as on pricing and reimbursement of medicines and rational drug use, and EuroPharm Forum.
- Norway collaborates with Healthy Cities and Urban Governance programme, Health Promoting Hospitals project, as well as nutrition and food security, and nursing and midwifery programmes.
- Norway a participant in European Network on Health Promoting Schools, coordinated by Bergen University, as well as in WHO's collaborative study on health behaviour in school-aged children.

Several high-level visits from Norway to WHO/EURO contributed to initial discussions on strengthening strategic cooperation between the two parties.

Poland

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health promotion	1. Health policy/strengthening stewardship functions
2. Mental health	2. Mental health
3. Pharmaceuticals	3. Health systems (with emphasis on health financing – hospital debts)
4. Health information and evidence	4. Environment and health (with focus on children)
5. Environment and health	5. Ageing and health
6. Health of elderly people	6. Disaster preparedness and response (unfunded)
7. Tobacco control	7. Health information system (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Further development of national health information system.
- New Health care systems in transition (HiT) report for Poland under development.
- Public health report published.
- Development of health for all/health information systems (HFA/HIS) data presentation system.
- Evaluation of national environmental health action plan (NEHAP) implementation.
- Mental health plan revised.
- Alcohol action plan under development.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- CINDI (countrywide integrated noncommunicable diseases intervention) health monitor survey carried out.
- Participation in CINDI programme directors' meeting.
- National physical activity campaign "Put the Heart on its Feet" carried out.
- Policy-oriented training on implementing WHO/United States Environmental Protection Agency (US EPA) intervention project to reduce children's exposure to enforced passive smoking in a range of local Polish communities.
- Capacity-building for health professionals in treatment of tobacco dependence.
- Monitoring implementation of Fourth Action Plan for a Tobacco-free Europe.
- World No Tobacco Day campaigns organized (2003 and 2004).
- Training in DPS (data presentation system) and indicators organized.
- Capacity-building in drug reimbursement system.
- Report on NEHAP implementation prepared.

- Conference steering committee meeting on Fourth Ministerial Conference on Environment and Health held in Warsaw.
- Seminar on mental health education (identification and intervention in depressive disorders) including primary health care personnel carried out.
- Consultation meeting on model mental health centre organized, with participation of provincial mental health consultants and WHO task force.
- Conference on implementation and modification of national mental health programme held.
- Meetings of WHO task force on review of mental health strategy held.
- National conference to start implementation of revised mental health strategy held.
- Alcohol action plan under development.
- Municipal profiles of integrated workplace health developed, according to agreed criteria and indicators.
- Report developed on health status and health determinants of population of working age in city of Lodz.
- Programme for integrated workplace health management established at WHO collaborating centre, Nofer Institute, Lodz.
- Pilot course organized on integrated workplace health management for occupational health physicians and human resource managers.
- Guidelines for palliative care and pain management under development.
- Regional training courses on tuberculosis laboratory management and tuberculosis management carried out.
- *The world health report 2003* officially launched.
- Publications related to World Health Days, World Health Report, etc. regularly received and distributed.

Other relevant aspects of WHO/EURO's country presence

- WHO country office in Poland officially enrolled on the Ministry of Foreign Affairs' list of international organizations and agencies.
- Head of country office/liaison officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at meeting country's needs.
- Cooperation with United Nations, involving security and participation in country team meetings.

The WHO country office in Poland consists of the Head of Office/Liaison Officer, and one administrative support staff.

Portugal

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Strategic health planning	Launching and implementation of national health plan; support to development of national health promotion strategy. No formal Biennial Collaborative Agreement with WHO. Priorities for 2004–2005 collaboration currently under discussion. Collaboration facilitated through WHO/EURO's Futures Fora programme.
2. Tobacco and health	
3. Environment and health	
4. Health care systems	
5. Communicable diseases	
6. Noncommunicable diseases	
7. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- WHO/EURO contributed to national consensus, Portuguese public awareness and continuing parliamentary discussion of national health plan.
- Framework Convention on Tobacco Control (FCTC) signed.
- National health care system observatory launched (Lisbon, 2003), European Observatory on Health Systems and Policies serving as model and maintaining working links with Portuguese observatory.
- Portugal's preparedness plan for possible future outbreak of severe acute respiratory syndrome (SARS) assessed (October 2003).
- Round table on strategic health planning convened by WHO/EURO, with experts from Finland, France, Ireland, Netherlands, Spain and United Kingdom (July 2003). WHO/EURO participation in press conferences and meetings on resulting report.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Third intergovernmental preparatory meeting for Fourth Ministerial Conference on Environment and Health hosted by Portugal (Evora, 27–28 November 2003).
- Contract signed for Portugal's participation in countrywide integrated noncommunicable diseases intervention (CINDI) programme.
- Heat-wave in Portugal taken as case study on rapid-response decision-making during fifth Futures Forum (December 2003); case study published in proceedings of 2004 Futures Forum.
- Support provided for development and implementation of national environmental health action plan (NEHAP), including coaching and country missions.
- Materials for Fourth Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.

WHO/EURO supported strategic health planning in Portugal. This probably contributed to the government's commitment to public health, as indicated by its adoption of a national health plan. Support for implementation of the plan in 2004–2005 will be crucial to sustain the public health impact.

Other relevant aspects of WHO/EURO's collaboration

- Cooperation in reproductive health/pregnancy, Healthy Cities, Regions for Health Network, and on pricing and reimbursement of medicines and rational drug use.

Republic of Moldova

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Maternal and child health (including reproductive health)
2. Health systems development	2. Strengthening stewardship function (institutional capacity-building, health policy development and intelligence creation/health information system)
3. Making pregnancy safer	3. Health financing
4. Communicable diseases control	4. Strengthening resource generation function (with emphasis on pharmaceuticals)
5. Noncommunicable diseases	5. Water safety
	6. HIV/AIDS
	7. Tuberculosis
	8. Noncommunicable disease prevention (focus on hypertension, diseases of digestive system, and breast and cervical cancer)
	9. Food safety
	10. Mental health

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Common strategy for health information system developed.
- WHO documentation centre opened.
- Making Pregnancy Safer initiative officially launched.
- Full national coverage with DOTS strategy achieved.
- Improved national tuberculosis reporting system introduced.
- Officially accepted as member of European CINDI network.
- Policy document and strategy for prevention and control of hypertension drawn up.
- National strategy and plan for noncommunicable disease prevention and control drawn up.
- Graduate programmes of medical educational institutions adjusted to incorporate integrated management of childhood illness (IMCI) principles; postgraduate retraining programme for family doctors being adjusted in same way.
- Mass immunization campaign against measles and rubella conducted in 2002. Decisive role played by WHO and United Nations Children’s Fund (UNICEF) in planning and mobilization of donors. US\$ 830 000 of total US\$ 1.2 million raised, used to purchase vaccines.

The WHO technical assistance and expertise provided in different areas of the health system produced good results and catalyzed progress of the health sector reform.

WHO helped to re-establish the working mechanism for the national health policy development process. The draft national health policy was developed on the basis of WHO recommendations. A high degree of understanding and support for the national health policy document was achieved.

The strengthening of the WHO country office has resulted in more active and transparent policy dialogue with the Ministry of Health and incorporation of WHO's programmes along with those of other partners in overall health reform plans. Special mention should be made of the productive partnership with the World Bank team.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Survey conducted on accuracy of completion of mortality records in one rayon and impact of this on official statistics.
- National public health reports published.
- Report on drug market survey with recommendations on improving access to top essential drugs published.
- Guidelines for maternal and newborn care elaborated by national group of experts after evidence-based training courses organized by WHO.
- All laboratories equipped for sputum smear microscopy.
- Guidelines issued for family physicians on prevention and control of hypertension.
- Booklets published on prevention and control of hypertension.
- National conference held on health information system and management.
- Training session for national and subnational managers held on use of indicators database for decision-making.
- Support provided for maintenance of national Health for All (HFA) database (hardware).
- Technical assistance provided on strengthening health systems functions (eight expert missions).
- Two study tours organized to learn from other countries' experience of national insurance fund, financial planning, information system, provider payment mechanisms and status of provider institutions.
- Fellowships provided for local specialists (19 persons have benefited from training mainly in health system management, health promotion, clinical epidemiology and reproductive health).
- Training of trainers course held with further cascade training sessions for national specialists in evidence-based interventions in perinatal care.
- Support provided for maternal mortality audit; adaptation of pre-service training curricula for midwives begun.
- Regional training course held for decision-makers on appropriate use of technologies in making pregnancy safer.
- Participation in regional training course and follow-up after training in promotion of effective perinatal care in Russian Federation and regional WHO focal points meeting for mother, child and adolescent health in Malta.
- Support provided for improvement of national surveillance information system (workshop on identification of priority diseases to be introduced in routine surveillance, evaluation of surveillance system, participation of national counterparts in regional events and in framework of Stability Pact Social Cohesion Initiative).
- DOTS training session organized for medical providers, tuberculosis specialists, laboratory specialists, family doctors and nurses working with family doctors).

- Support provided for integrated operational research in pilot area, focused on prevention, epidemiological surveillance and standardization of treatment protocols as well as health promotion and communication components.
- Practical activities in CINDI demonstration area, including training of family physicians.
- Action plan on cervical and breast cancer screening developed.
- Support provided by WHO for national network of health promoting schools (WHO mission, two seminars).
- New project on improving immunization information system launched by WHO/EURO in cooperation with United States Agency for International Development and Program for Appropriate Technology in Health.
- High-level participation in intercountry events (World Health Assemblies, sessions of WHO Regional Committees for Europe, WHO European Ministerial Conference For a Tobacco Free Europe, Second Session of United Nations Economic Committee for Europe and WHO High-Level Meeting on transport, environment and health, WHO Conference on Health and Disability, fourteenth meeting of the Regional Certification Commission for Poliomyelitis Eradication).

Other relevant aspects of WHO/EURO's country presence

- Preparation of press releases and support for organization of press conferences related to WHO activities (World Health Day, World Health Report, World Tuberculosis Day) with participation of interested parties as well as thematic meetings with journalist on specific topics (World Health Assembly, sessions of WHO Regional Committee for Europe, tobacco control activities, cancer, HIV/AIDS, health promotion) and WHO expert missions in country (health system development, tuberculosis, making pregnancy safer).
- WHO country office strengthened (recruitment of national health communication officer and national professional officer for Making Pregnancy Safer initiative on short-term contracts).
- Liaison Officer and Administrative Assistant posts transformed from short-term to fixed-term positions. All WHO country staff undergoing extensive training aimed at better meeting country's needs.
- Communication in country office significantly improved with connection to United Nations Development Programme electronic domain.
- Position of International Head of Office established.

The WHO country office in the Republic of Moldova consists of the Head of Office/Liaison Officer, national professional officer for Making Pregnancy Safer initiative and two administrative support staff.

Romania

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Drug policy, regulation and pricing	1. Communicable disease surveillance
2. Blood safety	2. Mental health services
3. Primary health care	3. Pharmaceuticals
4. Communicable diseases control	4. Maternal and child health
5. Health information system	5. Tuberculosis
6. Integrated management of childhood illnesses (IMCI)	6. Tobacco (unfunded)
7. Mental health	7. Health policy (unfunded)
	8. Health systems (including primary health care) (unfunded)
	9. HIV/AIDS (unfunded)
	10. Health information systems (with focus on noncommunicable diseases) (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Methodology on drug pricing revised.
- Process of setting therapeutic guidelines initiated.
- Drug monitoring system reviewed.
- Blood donation component included in project financed by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).
- National action plan on nursing drafted (useful tool for reshaping nursing and implementing European Union’s “acquis communautaire” within next few years).
- Community nurse programme implemented by health ministry in eight pilot districts.
- Decision taken on implementation of IMCI and Making Pregnancy Safer (MPS) programmes under BCA 2004–2005; UNICEF and UNFPA contribution confirmed.
- Mental health policy document developed.

The WHO assessment of Romania’s communicable disease surveillance system and the technical assistance it provided contributed to the important decision to reform the whole communicable diseases surveillance system. WHO influenced implementation of important components of Romanian drug policy (pricing, therapeutical guidelines), especially affecting access to essential medicines. WHO has supported the re-establishment of the position of community nurse, with specific duties (focused on child health and marginalized populations).

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Four WHO missions carried out to provide technical assistance on drug policy, regulation and pricing.

- WHO mission carried out on evaluation of access to antiretroviral drugs within the national HIV/AIDS programme.
- Blood donation campaign organized, addressed at students and carried out at local level.
- Two experts trained in quality management systems for blood transfusion services (WHO training for south-eastern European countries).
- Two expert missions carried out to support drafting of national action plan on implementation of Munich Declaration on nursing and midwifery.
- WHO planning mission on communicable disease surveillance carried out and national workshops held.
- Two experts trained under European Programme for Intervention Epidemiology Training.
- National information system evaluated by WHO experts.
- Training workshop held on surveillance of waterborne disease.
- Meetings of south-eastern European countries within the Stability Pact initiative held on mental health and communicable disease surveillance.
- Publications related to WHO Days, the World Health Report, etc. regularly received and distributed.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer post transformed from short-term to fixed-term position. WHO country staff undergoing extensive training aimed at better meeting country's needs.
- Cooperation with agencies and bodies of the United Nations system: Theme Group on HIV/AIDS (regular interagency coordination meetings), participation in the new cycle of Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) (opportunity to confirm WHO leadership in health matters), contingency planning, and security.
- Office relocated to "United Nations house".

The WHO country office in Romania consists of the Head of Office/Liaison Officer, a tuberculosis coordinator for the Balkans and one administrative support staff.

Russian Federation

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Protection of health of women (mothers), children and adolescents
2. Primary health care	2. Mental health and health consequences of violence
3. Communicable disease surveillance	3. Tuberculosis prevention and care
4. Pharmaceuticals	4. Prevention and control of HIV/AIDS
5. Health and environment	5. Communicable disease surveillance
6. Quality of care for mothers and infants and introduction of integrated management of childhood illness (IMCI)	6. Immunization
7. Tuberculosis	7. Restructuring health systems and policy
8. Vaccine-preventable diseases (measles, hepatitis)	8. Healthy environments
9. Sexually transmitted infections/HIV/AIDS	9. Strengthening health information system
10. Healthy lifestyles	10. Disaster preparedness and response in northern Caucasus

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Tuberculosis control programme further consolidated and broadened. Tuberculosis incidence started to decline in 2001 and downward trend maintained for three successive years.
- High-level Working Group on Tuberculosis consolidated with the health ministry and Interagency Coordination Committee on tuberculosis established.
- Five-year plan of action on tuberculosis prepared. Regulatory Act No. 15 issued by health ministry on introduction of coding and reporting documentation for monitoring of tuberculosis and revised tuberculosis control strategy expanded.
- Tuberculosis and HIV/AIDS loan (US\$ 150 million) obtained from World Bank.
- Health care policy and stewardship project launched in 2003, with components at health ministry level and in Republic of Chuvashia, with funding from Canadian International Development Agency.
- Dialogue on health sector cooperation enhanced through monthly interagency meetings in Moscow.
- “Northern Dimension” partnership in health and social sector established together with other actors (October 2003).
- Framework Convention of Tobacco Control (FCTC) adopted in 2003 (not yet signed by May 2004).
- Infant mortality rate and number of abortions declining.
- Russian Federation (together with European Region) declared free from poliomyelitis in 2002.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Russian health and health care policy enhanced through series of public health seminars conducted jointly with World Bank (on health monitoring and surveillance, noncommunicable disease prevention, communicable diseases, health financing).
- Strategic work done with health ministry on health care restructuring, with special emphasis on primary health care.
- Support provided to national health and health care policy formulation through hearings in Parliament's lower house and Council of Federation (Parliament's upper house), extended Collegium sessions of health ministry, etc.
- Assistance provided with applications to Global Fund to Fight AIDS, Tuberculosis and Malaria.
- Assistance provided to United Nations expanded Theme Group on HIV/AIDS and governmental HIV/AIDS Consultative Council, both established in 2003.
- Work done on broad front on vaccine-preventable diseases (quality of vaccines, coverage, quality of cold chain and waste disposal, production of new vaccines, etc.). Special emphasis placed on poliomyelitis, measles, diphtheria, hepatitis B, and *Haemophilus influenzae* type b infection.
- Technical assistance with noncommunicable disease prevention under auspices of countrywide integrated noncommunicable disease intervention (CINDI) programme, multi-country initiative and work towards adoption of FCTC.
- Continuation of support in field of maternal and child health (IMCI, making pregnancy safer (MPS) and family planning). Project on child health development implemented in 2001–2003.
- Assistance provided with channelling Russian input to Fourth European Ministerial Conference on Environment and Health.
- Implementation of World Bank-funded tuberculosis and HIV/AIDS activities started.
- Joint United Nations HIV/AIDS prevention programme launched in Volgograd and Altai Kray with funding from United Kingdom Department for International Development (DFID) and Turner Foundation.
- HIV/AIDS prevention programme completed in Karelia and new tuberculosis demonstration projects launched in Chuvashia, Kaliningrad, Evenkia and Ingushetia.
- Russian specialists invited and sponsored to attend WHO meetings, workshops, seminars and conferences, in most cases abroad (WHO-sponsored events attended by 81 Russian experts in 2002 and by 119 experts in 2003).
- Technical assistance and expertise provided on different issues through visits of foreign experts, provision of consultation and advice, organization of meetings, workshops, seminars and conferences in Russian Federation, negotiation of upcoming events, and carrying out of assessments and evaluations (visits made to Russian Federation by 188 experts in 2002 and by 183 experts in 2003).
- WHO disaster preparedness and response project for northern Caucasus implemented with other United Nations agencies under "Consolidated Appeal", focusing on: (1) health sector coordination; (2) strengthening communicable disease surveillance and epidemic response system; (3) tuberculosis control; (4) promotion of mental health and psychosocial rehabilitation; (5) strengthening existing health services, with emphasis on primary health care, essential drugs and equipment, and appropriate technology; (6) prevention of HIV/AIDS and sexually transmitted infections; and (7) prosthesis assistance to war victims/amputees.
- Contribution made to preparation, launch and distribution of Health Care in Transition (HiT) profile (European Observatory on Health Systems and Policies) in Russian and English. Wide distribution of technical series of Observatory's publications in Russian.

- Support provided to supply and rational use of drugs through training and elaboration of essential drugs list and national drug formulary. "Good manufacturing practice" (GMP) of Russian pharmaceutical industry assessed.
- Health Promoting Schools programme and World Bank-funded health sector project operated successfully in three regions (Rostov-on-Don, Tver and Novosibirsk) .
- Izhevsk (Republic of Udmurtia) a member of Healthy Cities network and Cheboksary (Chuvashia) affiliated with it. Vologda region joined Regions for Health network and Republic of Chuvashia in process of doing so.
- Nutrition policy for Murmansk and Arkhagelsk regions successfully supported, providing a pattern for improved national nutrition policy.
- *World report on violence and health* launched in Russian, together with review of impact of violence on health of Russian population.
- Tuberculosis in prisons project implemented jointly with the Council of Europe. Activities for health promoting prisons continuing.
- Review made of all WHO collaborating centres in country (40 at end of 2003) and conference organized in 2002.
- Twenty interagency coordination meetings organized in Moscow for a wide range of actors in health sector, including embassies of donor countries.

Other relevant aspects of WHO/EURO's country presence

- WHO further consolidated position as leading health coordinator among United Nations bodies, health sector donor agencies and nongovernmental organizations in Russian Federation. WHO leading process of strategic implementation of Millennium Development Goals with regard to health-related issues (MDG4-MDG6) and elaborating new concept of "MDG+", i.e. "localization" of concept into practical action feasible for country. In 2003, WHO Special Representative acted as United Nations Resident Coordinator, Designated Officer for Security and United Nations Humanitarian Coordinator for Russian Federation.
- Health sector assistance coordinated on basis of WHO's technical capacity.
- Participation in preparation of *Human development report* 2001, 2002, 2003, etc.
- Case studies made and published in 2002 and 2003 on how health system can alleviate impact of poverty on health.
- Special Representative of WHO Director-General actively highlights important global health events, such as World Health Day (7 April), World Tuberculosis Day (24 March), World No-Tobacco Day (31 May) and World AIDS Day (1 December).

The WHO country office in the Russian Federation consists of the Head of Office//Special Representative of the WHO Director-General, 4 administrative support staff, 4 health care policy project staff, 2 HIV/AIDS programme staff, 12 disaster preparedness and response programme staff, and 24 tuberculosis programme staff.

San Marino

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

	2002–2003	2004–2005
1.	Food and nutrition	No formal Biennial Collaborative Agreement (BCA) with WHO. Priorities for collaboration in 2004–2005 currently under discussion. Collaboration facilitated through WHO/EURO's Futures Fora programme.
2.	Tobacco control	

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 26 September 2003.
- Participation in WHO/EURO's nutrition and food safety programme, especially in food component of Global Environmental Monitoring System project and foodborne diseases surveillance programme.
- Participation in WHO/EURO's networks on pricing and reimbursement of medicines and rational drug use.

More concrete data on the outcomes of this collaboration are not available.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- No traceable products specific to San Marino delivered by WHO/EURO during 2002–2003.
- No lines of activity specific to San Marino.
- Country invited to series of Futures Fora for countries that have no formal BCA with WHO/EURO.

There is scope for enhancing collaboration with WHO/EURO in future.

Serbia and Montenegro

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. National policy on health services delivery	1. Health information system
2. Pharmaceuticals and health technology	2. Pharmaceuticals
3. Environment and health	3. Tobacco
4. Health system development, with a focus on management	4. Communicable disease surveillance (HIV/AIDS and tuberculosis)
5. Human resources for health	5. Mental health and substance abuse
6. Noncommunicable diseases	6. Food safety
	7. Noncommunicable diseases
	8. Nursing and midwifery (unfunded)
	9. Environment and health (unfunded)
	10. Disaster preparedness and response (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- National health policy platform and strategy drafted by both republics.
- Dialogue between two republic's health systems facilitated through BCA implementation.
- Task forces established (mental health, food safety, environmental health, nursing) and initiatives launched for inter-republic exchange of experience in other areas (communicable diseases). Collaboration between experts from both republics and at national level strengthened.
- Collaboration between ministries of health and environment established. Harmonization and coordination of inter-republic activities started.
- Draft national environmental health action plans (NEHAPs) being prepared.
- Management skills of health service managers upgraded.
- Restoration of countrywide integrated noncommunicable disease intervention (CINDI) programme in country started.
- Consensus reached on main principles of national mental health policy.
- Health ministry in each republic started harmonized work on drafting new laws on food safety.
- Early warning system for detection of communicable diseases outbreaks (ALERT) fully functional in whole country in 2003.
- Comprehensive assistance programme for Montenegrin primary health care system designed in close partnership between European Commission's Humanitarian Aid Office (ECHO), WHO, four health nongovernmental organizations and Ministry of Health of Montenegro.
- Serbian proposal for tuberculosis control component approved by Global Fund to Fight AIDS, Tuberculosis and Malaria; requested amount of US\$ 2.4 million awarded.

In recent years WHO's presence in Serbia and Montenegro has moved from an emergency phase of providing humanitarian assistance into a developmental phase. The first BCA was signed for the period 2002–2003, and WHO/EURO continued to support strengthening of the health systems in the country

through integration of its programmes and regular collaboration between national counterparts, the WHO country office and technical units in Copenhagen. The country office is now an integrated office.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- WHO mission carried out to analyse current situation with regard to functioning, financing and governance of health system.
- National workshop on nursing held in accordance with the principles as set out in Munich Declaration.
- Cross-sectional report on nursing situation in Serbia developed.
- Capacity built up in Serbia on drug policy development, rational drug use, financing and pricing.
- Local survey on drug use in primary health care facilities in Serbia carried out as follow-up to similar baseline survey in 2000.
- Joint intersectoral task force with representatives of health and environment ministries in each republic to draft NEHAPs.
- National workshop held for decision-makers from health and environment sectors in both republics.
- Training courses organized on health management, with particular focus on use of information for decision-making (mainly for directors of primary health care centres and district hospitals).
- Support provided for participation of nurses from Serbia and Montenegro in Munich Conference on Nursing and Midwifery.
- Training organized for health managers in Montenegro and for directors of major university clinics in Serbia.
- Support provided for participation in CINDI training course in Schruns.
- National workshop held on community-based mental health services.
- National consultative meeting held on main principles of national mental health policy.
- Capacity for health impact assessment built up.
- Capacity of national vaccine producer with regard to quality assurance built up.
- Workshop held on drafting communicable diseases law.
- Training provided for epidemiologists from central and peripheral levels and for primary care physicians involved in communicable disease surveillance; training given for improving poliomyelitis surveillance.
- All necessary reporting forms, hardware and software for use of ALERT system at district and central levels made available.
- Comprehensive survey of primary health care infrastructure and staffing in Republic of Montenegro carried out jointly with republic.
- Training programme developed for family nurses/medical technicians and a vehicle provided for field work in each of the 21 family nursing services in the Republic of Montenegro.
- Continuing education centre for nurses established in Podgorica.
- Training workshop on tuberculosis control in prisons held for doctors working in prisons all over Serbia.

Other relevant aspects of WHO/EURO's country presence

- WHO Office in country was successfully transformed from a humanitarian assistance office into a fully integrated country office, headed by an international officer, and with a selected national liaison officer. Country staff undergoing extensive training aimed at better meeting country needs.
- Cooperation with agencies and bodies of United Nations system: Theme Group on HIV/AIDS, United Nations Development Assistance Framework (UNDAF) and Common Country Assessment (CCA), contingency planning, security, and participation in United Nations country team meetings.

The WHO country office in Serbia and Montenegro consists of the Head of Office, the Liaison officer, one consultant for cervical cancer, and seven administrative support staff.

Slovakia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Development of health policy with special focus on strengthening primary and mental health care, and drug policy	1. Accountability and performance of health care services
2. Health promotion	2. Noncommunicable diseases
3. Health information system	3. Health care systems (primary health care, including community-based health care, and hospitals)
4. Tobacco control	4. Health information system
	5. National drug policy (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- WHO principles and recommendations used to develop health promotion programmes: 2003 was the year of cardiovascular diseases, and 2004 the year of oncological diseases, with emphasis on promoting primary prevention.
- World Health Day 2002 and 2003 promoted by series of events and media activities (press conferences and radio and television interviews), contributing both to celebrating the day and to increasing awareness of health promotion and healthy environment.
- Strategy to prevent young people smoking and promote healthy lifestyles prepared on basis of results of WHO Global Youth Tobacco Survey.
- Draft national programme for sexual and reproductive health prepared on basis of WHO/EURO report on health reforms and reproductive health.
- Draft national mental health programme prepared on basis of WHO/EURO audit of mental health services and WHO/EURO package on mental health policy and service guidance.
- National drug policy developed with WHO/EURO support and effectively implemented. Establishment of Slovak association for pharmaco-economics and publication of first textbook on subject, as result of series of WHO/EURO workshops.
- National consensus on tobacco control issues reached. Act on protection of non-smokers amended, national strategy for tobacco control adopted. Framework Convention on Tobacco Control signed and ratified (19 December 2003). Ministry of Foreign Affairs currently preparing ratification instruments to be deposited with WHO headquarters.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Computers, software and programmes for data collection and analysis.
- Draft Health care systems in transition (HiT) report for Slovakia prepared.
- WHO documentation centre made fully operational with furniture, computers, copier, printer etc.
- Report produced on health monitor survey.
- Technical report prepared on assessing various aspects of health care system and services (world health survey).

- In framework of project “Life skills – health in the world of adolescents”, draft textbook prepared for teachers and exercise books for children.
- Report on health reforms and reproductive health produced, based on results of survey.
- Technical assistance given on health system development: mapping exercise, and drafting and commenting on report and set of recommendations.
- Series of workshops held on pharmaco-economics.
- Audit made of mental health services in country.
- Training on health information and evidence provided.
- Organization of “Quit and win” competition.
- National conference held on new approach to noncommunicable diseases.
- Slovakia hosted a number of WHO meetings/events: meeting of national counterparts on alcohol; 10th International Conference on Health Promoting Hospitals; World No Tobacco Day 2002 award ceremony; workshop on health needs assessment in countries in rapid transition; prevention of violence to children – assessment of children’s needs; training workshop on health systems and policies.
- Survey to assess impact of housing on health conducted within framework of housing and health project, which continues with drafting of guidelines and health indicators related to housing.
- In 2003, participation of local professionals in WHO capacity-building meetings on nursing, mental health, reproductive health, tobacco, pharmacology, communicable diseases, HIV/AIDS, nutrition, environment and health, noncommunicable diseases/countrywide integrated noncommunicable diseases intervention (CINDI), primary health care, hospital performance and management, and the health for all update, and with medical associations and the World Organization of Family Doctors (WONCA).

Other relevant aspects of WHO/EURO’s country presence

- Cooperation of WHO country office with European Union Phare office in project on health of Roma community in Slovakia, providing information, relevant WHO guidelines and strategies, and ensuring contacts with relevant experts.
- Assistance from WHO country office in drafting national programme for people with disabilities, within Council of Europe project.
- Web site (<http://www.who.sk>) launched by WHO country office and regularly updated with information on WHO’s activities.
- WHO Liaison Office, as part of the United Nations family, involved in all joint United Nations activities in the country, including Working Group for Millennium Development Goals Report and security meetings.
- Head of country office/liaison officer and administrative assistant posts transformed from short-term to fixed-term positions. All WHO country staff undergoing extensive training aimed at better meeting country’s needs.
- Preparation of press releases and support for press conferences related to WHO activities (World Health Day, The world health report, World TB Day) as well as thematic meetings with journalists on specific topics (World Health Assembly, WHO Regional Committee for Europe, tobacco control activities, HIV/AIDS, health promotion).

The WHO country office in Slovakia consists of the Head of Office/Liaison Officer and one administrative support staff.

Slovenia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health promotion and investment	1. Health system infrastructure development
2. Health care system reform	2. Quality in health care
	3. Investment for health (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Health care reform launched based on four sets of values – fairness, accessibility, quality and efficiency – which provide grounds for the six main objectives of the reform.
- Pilot project executed on action research plan for investment in health (MURA), addressing social and economic determinants of health in one of the poorest regions (Pomurje), and institutional framework established, including different sectors for further developments at national and regional level.
- The issue of health linked to social and economic development in health impact assessment (HIA) in agriculture in Pomurje region. An HIA tool for agriculture developed.
- Drafts of food safety and nutrition strategy and action plans finalized. Department for food safety and nutrition established at Ministry of Health. Council for food and nutrition including all relevant sectors established by government.
- Development of national strategy on mental health and draft national programme for suicide prevention resulting from WHO/EURO assessment of mental health situation.
- Alcohol legislation adopted. National strategy and action plans drafted in line with European Alcohol Action Plan.
- Tobacco legislation strengthened in line with Framework Convention on Tobacco Control (FCTC) and European Union directives. FCTC signed and ratification planned for 2004.
- Cooperation with countries of former USSR and south-eastern European countries established in fields of mental health, nursing and cancer prevention, through Stability Pact Initiative for Social Cohesion in south-eastern Europe and WHO collaborating centres.
- Implementation of health promoting schools initiative started at national level.
- Cardiovascular disease prevention activities, introduced through countrywide integrated noncommunicable diseases intervention (CINDI) programme, part of national prevention programme in primary health care, and financed by national health insurance fund.
- National institute of public health to be main partner in Stability Pact Initiative projects.

In addition to receiving WHO/EURO support in health care reforms, Slovenia hosted over 10 WHO/EURO meetings. The country is an observer at the Futures Forum meetings and contributes to the expert think-tank on health for all. New strategic priorities for collaboration with WHO/EURO, besides the traditional WHO areas of work, are HIA and investment for health.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Health care systems in transition (HiT) report for Slovenia launched and 400 copies distributed in the country.
- Workshop held on financing and paying for health care in Slovenia, with international participants from Europe and Australia.
- Follow-up consultation meeting held on financing health care and the health insurance system.
- Government paper (co-authored by WHO staff) launched on the reasons for and objectives of health care reform and open public discussion started on proposed changes.
- Management workshop organized for top-level national and regional representatives, to raise awareness among decision-makers and involve them in the process of putting health on the development agenda.
- Technical support in developing an HIA tool for agriculture within framework of MURA project.
- Workshop held and report produced on assessment of impact of agricultural and food policy on health of population of Slovenia.
- Draft document on HIA of agricultural and food policies prepared by WHO experts and presented at consultation meeting.
- Audit of food (production and safety) and nutrition situation in Pomurje region conducted, and recommendations made, within framework of MURA pilot project. Recommendations later used for development of national policy on food and nutrition.
- Country visit of experts on breast cancer from The former Yugoslav Republic of Macedonia.
- National conference on nursing diagnosis organized by WHO collaborating centre for nursing.
- Family health nurse meeting held.
- Workshop organized on health promoting hospitals.
- Meeting held on integrated care.
- Workshop carried out on epidemiology for action.
- Study visit to Slovenia from Serbia and Montenegro on policy for cervical cancer screening.
- National conference held on TB control.
- Several meetings organized by or in cooperation with WHO/EURO:
 - second meeting of the CCEE–Baltic States Communicable Disease Network;
 - international workshop on management of blood transfusion centres;
 - meeting of south-eastern Europe health network on strengthening community mental health services;
 - training course on quality management in blood transfusion services for countries of central and eastern Europe;
 - seminar on contemporary viewpoints on contraception and family planning;
 - meeting of national counterparts on alcohol;
 - consultative meeting for coordinators of WHO quality management project for blood transfusion services;
 - meeting of directors of European national institutes of public health,

- intercountry meeting on quality management for directors of blood transfusion services in WHO European Region; and
- second meeting of the ad hoc working group on the Children's Environment and Health Action Plan for Europe.

Other relevant aspects of WHO/EURO's country presence

- WHO country office organized as part of Ministry of Health and staff employed by Government of Slovenia.
- Slovenia acts as donor country within Stability Pact for the mental health project. Country participates in other Stability Pact projects, mainly with the involvement of experts.

Spain

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	No formal Biennial Collaborative Agreement with WHO. Priorities for 2004–2005 collaboration currently under discussion. Collaboration facilitated through WHO/EURO's Futures Fora programme.
2. Environment and health (oil spill)	
3. Communicable diseases (severe acute respiratory syndrome (SARS))	
4. Sudden health emergencies	
5. Health care systems	
6. Mental health	

Main results achieved during 2002–2003 with WHO support

The Framework Convention on Tobacco Control (FCTC) was signed on 16 June 2003. New health warnings about tobacco were introduced in 2003. A national action plan on tobacco control was adopted in 2003. The national coalition for tobacco control received one of the World No Tobacco Day 2003 awards.

High-level communication with the health ministry in 2003 may have helped avert the spread of severe acute respiratory syndrome (SARS) to the WHO European Region.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Several missions from WHO/EURO and WHO headquarters (December 2002 and early 2003) helped the health impact assessment of the oil spill catastrophe in Galicia, in particular relating to food safety and environmental health.
- National launch of *World report on violence and health* in Madrid (November 2003).
- Fifth Futures Forum on rapid response decision-making hosted by Ministry of Health and Consumer Affairs (December 2003).
- High-level policy discussion with leading experts and policy-makers, organized by European Observatory on Health Systems and Policies and opened by prime minister, to explore aspects of health care coordination in countries with decentralized health care systems (early 2003). Elaboration of draft law on health care coordination supported.
- Live Health care systems in transition (HiT) report for Spain online (2002), and web page on European Observatory on Health Systems and Policies now published in Spanish by Ministry of Health and Consumer Affairs.
- Development of curriculum and faculty for problem-based nursing care learning programme with three Spanish universities.
- Spain a participant in WHO/EURO mental health task forces. Meeting of national mental health counterparts hosted by national and regional health ministries (April 2003).
- Spain's experience with control of tobacco smuggling recently cited in WHO publication on best practices in tobacco control.
- Materials for Fourth Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.

Spain is very open to country-specific activities, often reacting spontaneously to opportunities for cooperation, yielding products in the areas of communicable diseases, tobacco control, and health care systems. To coordinate and sustain this cooperation, the development of a bilateral strategic agreement between WHO/EURO and the health ministry might be considered.

Other relevant aspects of WHO/EURO's collaboration

- Spain a partner of European Observatory on Health Systems and Policies, one Observatory research hub being located in the country.
- Continuing cooperation with WHO European Office for Integrated Health Care Services in Barcelona (financially supported by Catalonia Region).
- Agreement on collaboration on toxic oil syndrome renewed (2003).
- Dynamic collaboration in area of midwifery and nursing care, and some cooperation on prevention of noncommunicable diseases.
- Spain a member of several networks: European Network of Health Promoting Schools, EuroPharm Forum, Healthy Cities, and Regions for Health Network.

In future, both parties would potentially benefit from a more strategic form of cooperation.

Sweden

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Tobacco control	Cooperation on United Nations Millennium Development Goal on reproductive health. Reduction of harm from alcohol consumption. No formal Biennial Collaborative Agreement (BCA) with WHO; collaboration facilitated through the Regional Office's Futures Fora programme. Priorities for 2004–2005: <ul style="list-style-type: none"> – healthy lifestyles (obesity, alcohol, and tobacco consumption); – communicable diseases (HIV prevention, and resistance to antibacterial drugs); – health evidence (development of methods and knowledge for evidence-based work in the health sector); – health systems ethics.
2. Healthy environments for children	
3. Violence and health	
4. Communicable diseases (HIV prevention)	
5. Health systems ethics	
6. Sudden health emergencies	

Main results achieved during 2002–2003 with WHO support

- Signature of the Framework Convention on Tobacco Control (FCTC) by Sweden on 16 June 2003.
- Raising of public awareness of need to create healthy environments for children through celebration of World Health Day 2003 in Stockholm.
- Possible contribution to increased awareness of growing HIV pandemic in European Region by Regional Office's engaging in a parliamentary debate on the concept of harm reduction through HIV prevention.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- High-level dialogue between experts on HIV/AIDS from Regional Office and senior health administrators, politicians, and experts on strategies for HIV/AIDS prevention and harm reduction in Sweden and European Region (January 2003).
- Hosting by Swedish Government of second intergovernmental preparatory meeting for Fourth Ministerial Conference on Environment and Health in Stockholm (June 2003).
- Support by Regional Office of national launch of *World report on violence and health* in Stockholm (December 2003).
- Evaluation of Swedish national environment and health action plan (NEHAP), based on WHO guidelines and supported by Regional Office.
- In collaboration with Stockholm University, publishing of assessment of effects of climate change on malaria, leishmaniasis and Lyme disease by Regional Office.
- Contribution by European Observatory on Health Systems and Policies of policy briefs and material and presentations on financing and other topics to international ministerial forum for common access to health care: initiative developed by Sweden, along with New Zealand and the United Kingdom (2003).

- Hosting by Sweden of third Futures Forum on health systems ethics in Stockholm (June 2002) and sharing of materials for evidence-based recommendations as tools for decision-making in public health and rapid response to public health threats (such as extreme weather events and various communicable diseases, including severe acute respiratory syndrome (SARS), anthrax and smallpox) with Swedish participants in Futures Fora.
- Sharing of materials on Fourth Ministerial Conference on Environment and Health, and Transport, Health and Environment Pan-European Programme (THE PEP) with the country.
- Sharing of materials for signing of FCTC with the country.
- Sharing of materials and reports on harm reduction related to HIV AIDS with the country.

Cooperation focused mainly on tobacco control, environment and health, and communicable diseases control. In 2004–2005, the Regional Office will continue its work on harm reduction related to alcohol, as requested by and agreed with the Minister for Public Health and Social Services.

Other relevant aspects of WHO/EURO's collaboration

- Support by Sweden of European Centre for Health Policy in Brussels, host of European Observatory of Health Care Systems and Policies (2002–2003).
- Support by Sweden of THE PEP through participation in a multilateral project on the economic valuation of transport-related health effects, and support by Swedish Expertise Fund of preparation of Preventing road traffic injury: a public health perspective for Europe, launched on World Health Day 2004.
- Continuing cooperation with Karolinska Institute in Stockholm on providing evidence and building capacity in gender-specific disease and communicable disease prevention and control.
- Continuing cooperation on reproductive health, nutrition, and nursing and midwifery care.
- Cooperation with WHO European networks on pricing and reimbursement of pharmaceuticals and rational drug use, health promoting schools and hospitals, healthy cities and regions for health.

A more strategic form of cooperation with the health ministry might be explored for the future.

Switzerland

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Environment and health	1. International Health Regulations
2. Tobacco control	2. Environment and health
3. Health evidence	3. Mental health
	4. Country review of Swiss health care system conducted jointly by OECD and WHO
	No formal Biennial Collaborative Agreement (BCA) with WHO; collaboration facilitated through the Regional Office's Futures Fora programme

Main results achieved during 2002–2003 with WHO support

In general, Switzerland's collaboration with the Regional Office has been maintained through participation in several European health networks, including those for healthy cities (with Geneva as a project city), health promoting hospitals and schools, and networking in the area of pricing and reimbursement of pharmaceuticals. Switzerland is also represented in the Regions for Health Network.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Materials for Fourth Ministerial Conference on Environment and Health and the Transport, Health and Environment Pan-European Programme (THE PEP) shared with country.
- Materials on evidence-based recommendations as tools, and synthesis reports from the Health Evidence network, shared with country in context of Futures Forum series.
- Presentation of national tobacco control policy at tobacco counterparts' meeting in August 2003 was valuable to all participating countries.

Tajikistan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health system reform	1. Health systems including health financing, human resources for health, nursing, hospitals reform and health information system
2. Policy on tobacco and substance abuse	2. Child and adolescent health
3. Emergency preparedness	3. Water safety
4. Health and environment	4. Essential medicines
5. Tuberculosis	5. Tuberculosis
6. HIV/AIDS	6. Women's health
7. Malaria	7. HIV/AIDS
8. Immunization programmes	8. Disaster preparedness and response
9. Maternal and child health, with emphasis on Integrated Management of Childhood Illness (IMCI) and reproductive health	9. Communicable disease surveillance
	10. Malaria
	11. Immunizations
	12. Health promotion policies and strategies (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Government decided to increase state budget for health care sector by 72% in January 2004 (advocacy role played by WHO/EURO).
- Government approved “Concept of Health Care Reform” and “Strategy of Health Care Development by 2010”, aimed at strengthening preventive medicine and primary health care with the introduction of family medicine.
- National poverty reduction strategy and Millennium Development Goals adopted; improvement of health status, reduction of maternal and infant mortality, and communicable disease control addressed as most important state priorities.
- Laws adopted on community health protection, donation of blood and its components, AIDS prevention, pharmaceuticals, psychiatric care, narcotic and psychotropic drugs, and sanitary services; law on water sanitation and quality control proposed.
- National drug policy developed.
- National action plan on tobacco control drawn up.
- National programme on healthy lifestyles elaborated.
- National programme on reproductive health and rights developed.
- National/provincial network for emergency preparedness and response established.
- Directly observed treatment, short course (DOTS) strategy for tuberculosis control implemented in 12 centres, covering whole of Dushanbe and two neighbouring districts, as well as in Sogd province (northern Tajikistan).
- Applications for grants from Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for HIV control (2002) and DOTS (2003) approved.

- Measles control campaign conducted and children of Sogd province under 14 years of age covered by vaccination by end of June 2003. Next countrywide measles campaign covering three million children and adults initiated in 2004.
- First and second components of IMCI implemented in pilot projects.
- Strategic plan on reproductive health developed and submitted to government.
- New joint UNICEF/WHO/UNFPA Youth-friendly Initiative launched.
- National Viral Laboratory Centre established in 2002.
- Three subregional immunization centres established with support of UNICEF and WHO.

In view of a number of factors specific to Tajikistan (extreme needs, large number of other agencies in the field, considerable coordination required), the position of international head of the country office was established with explicit tasks of consolidating WHO's activities and coordinating international health initiatives. WHO/EURO initiated health reforms that were later joined by various international partners.

The Regional Office's technical assistance and expertise made a significant contribution to the development of national policy documents, strategies, action plans and legislative documents aimed at improving health services; however, implementation and enforcement of these policies requires further support to be given to strengthening the stewardship role of the Ministry of Health and building up institutional capacity.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Survey on nutritional status carried out and comprehensive data obtained on prevalence of anaemia and iodine deficiency disorders, food intake and breastfeeding.
- Second edition of *Guidelines on clinical practice for PHC facilities* issued, containing 36 standard treatment protocols for most common diseases.
- *Guideline on management of PHC facilities* issued, containing managerial tools and definitions for PHC staff.
- Three sets of family medicine equipment delivered to health ministry for strengthening subregional centres of family medicine.
- WHO report submitted to health ministry with recommendations to develop strategy and take immediate steps to initiate reforms, including health financing measures.
- Drug bulletin issued at regular intervals, highlighting all recent challenges and developments in pharmaceutical sector.
- Equipment, personal computers and WHO training modules supplied to strengthen National Emergency Preparedness and Response Centre.
- Three province-level emergency preparedness centres strengthened by establishing network and supplying modern communication and office equipment, electronic communication services and one vehicle for emergency response.
- Blood safety tests supplied in response to sharp increase in incidence of HIV at end of 2003.
- Three NEH Kits supplied owing to typhoid outbreak in 2002–2003.
- National environmental health action plan published.
- Two laboratories supplied with minor equipment and diagnostic material on water and food safety.
- National Viral Laboratory Centre supplied with diagnostic material for measles on regular basis.

- WHO training module on counselling skills in adolescent sexuality and reproductive health introduced and welcomed by health workers.
- Draft *Guidelines on donation of pharmaceuticals and medicines* prepared.
- WHO/EURO carried out missions on health system reform with subsequent recommendations.
- Support provided for introduction of family medicine in WHO and World Bank pilot project sites.
- Support given to national working group in development of “Programme of state guarantees on health care provision at PHC level” and “Programme of urgent measures to improve government management of health care”.
- Capacity of PHC staff built up (180 family physicians and nurses trained in proper use of guidelines developed for family medicine practice).
- Two Fellowship Programme grants awarded for 11-month courses in family medicine.
- Fellowship programmes organized for local specialists on nursing education management.
- Technical support and advice provided on evaluation of existing system of medical education.
- Workshop on hospital rationalization held, with subsequent development of a number of basic normative and supportive documents.
- Technical support provided to national working group on hospital rationalization.
- Participation of national experts in WHO workshops and training courses on regulation of drugs and pharmaceutical education.
- Technical support provided through WHO project on strengthening pharmaceutical sector, aimed at improving drug accessibility by means of effective drug regulation, effective purchasing and rational drug use.
- Training courses and workshops focused on crucial elements of improved and rational drug use (more than 500 pharmacists trained).
- Technical advice and support provided on developing national tobacco and substance abuse control policy.
- Participation in several WHO regional and subregional meetings on Framework Convention on Tobacco Control (FCTC).
- Training events and meetings held on alcohol and substance abuse control issues.
- Assistance provided with testing 50 specimens from recent cases of typhoid fever for drug efficacy and resistance at Laboratory of Enteric Pathogens (LEP), United Kingdom Health Protection Agency.
- Training and fellowship programme organized for local specialists on safe water supply and laboratory diagnosis of drinking-water quality.
- Technical assistance provided with development of national system of legislation on water quality.
- Training course organized for 12 laboratory technicians, to strengthen national laboratory capacity in food safety and share risk assessment methodology and data collection.
- Evaluation made of country’s capacities in terms of epidemiological control preparedness and prevention of food poisoning situations.
- Support provided for participation by national staff in international workshop for tuberculosis laboratory and treatment management.
- International training courses conducted for national counterpart on HIV prevention and treatment of AIDS among vulnerable population groups.
- Missions carried out to assess malaria situation and recommendations made.

- Support provided to mobile teams conducting permanent surveillance and control of malaria.
- Training for mid-level national and subnational managers on expanded programme on immunization (EPI) and safe immunization practice.
- Support provided to mobile teams on surveillance and control of acute flaccid paralysis (AFP).
- Series of training events organized under programme on Making Pregnancy Safer (MPS)/Promoting Effective Perinatal Care (PEPC).
- Support provided to PEPC adaptation and development of PEPC strategy paper.
- As part of WHO headquarters humanitarian assistance programme in relation to Afghanistan, 120 health professionals from southern Tajikistan and northern Afghanistan trained during four workshops on rational drug use, tuberculosis and malaria control, PEPC and IMCI implementation.

Other relevant aspects of WHO/EURO's country presence

- Liaison Officer and Administrative Assistant posts transformed from short-term to fixed-term position. All WHO country staff undergoing extensive training aimed at better meeting country's needs.
- WHO country office actively involved in all joint United Nations activities in country: Working Group on Millennium Development Goals Report, Theme Group on HIV/AIDS, country team and security meetings, Working Group on Contingency Planning (Disaster Management and Training Programme), all joint United Nations activities and meetings with representatives of United Nations bodies and other international organizations.
- Position of International Head of Office established.

The WHO country office in Tajikistan consists of the Head of Office/Liaison Officer, technical officers on malaria, disaster management and communication, and five administrative support staff.

The former Yugoslav Republic of Macedonia

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Health policy and system development (decentralization)
2. Pharmaceuticals	2. Pharmaceuticals
3. Health promotion	3. Communicable disease surveillance
4. Tobacco control	4. Mental health and substance abuse
5. Alcohol control	5. Maternal and child health (including gender mainstreaming)
6. Food and nutrition	6. Environment and health (with emphasis on occupational health)
7. Health information system	7. Disaster preparedness and response
8. Nursing and midwifery	8. Food safety
9. Occupational health	9. HIV/AIDS
10. Food safety	10. Disability
	11. Hospital reforms (unfunded)
	12. Nursing and midwifery (unfunded)
	13. Noncommunicable diseases (unfunded)
	14. Tuberculosis (unfunded)
	15. Tobacco (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Draft national health strategy developed.
- National conference on health systems and policies held.
- Strategies for health at workplace developed.
- National workplace health profile developed.
- National criteria for good practice at workplace developed.
- National register of work-related diseases designed.
- National educational materials for occupational health personnel developed.
- National Coordination Centre for project on Health, Environment and Safety Management in Enterprises (HESME) established.
- Draft national action plans on tobacco control, alcohol control and food and nutrition prepared.
- National public health report developed.
- Draft national action plan on early detection and prevention of breast cancer prepared.
- Draft action plan on nursing and midwifery developed.

There is a strong WHO country presence in The former Yugoslav Republic of Macedonia, which has substantially influenced the policy-making process at all levels of government. WHO was quite successful in its resource mobilization efforts by attracting other partners.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Guidelines developed and training given to new teachers in Health Promoting Schools project.
- National survey on Health Behaviour of School-aged Children (HSBC) carried out.
- World No-Tobacco Day and “Quit and win” campaigns organized.
- Health for All/Health Information System (HFA/HIS) data presentation system assessed.
- Training organized on development of HFA/HIS data presentation system.
- Assessment of national health promoting schools programme carried out.
- National training organized on good manufacturing practice (GMP) for pharmaceutical inspectors.
- National pilot project implemented on good practice in workplace in selected enterprises and survey carried out.
- Technical assistance provided to health ministry for negotiations on Framework Convention on Tobacco Control (FCTC).
- Training given on hazard analysis and critical control point (HACCP) and strengthening of national food safety mechanisms.
- Draft of Health care in transition report developed.
- Publications related to World Health days, World Health Report, etc. regularly received and distributed.
- Technical materials provided for further development of HFA/HIS data presentation system.
- Support given with implementation of tenth revision of International Classification of Diseases (ICD-10).

Other relevant aspects of WHO/EURO’s country presence

- Liaison officer post transformed from short-term to fixed-term position. Country staff undergoing extensive training aimed at better meeting country needs.
- Cooperation with agencies and bodies of the United Nations system: Theme Group on HIV/AIDS, regular interagency coordination and security meetings, participation in Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF).

The WHO country office in The former Yugoslav Republic of Macedonia consists of the Head of Office/Liaison Officer, two national professional officers, and seven administrative support staff.

Turkey

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Enhancement of stewardship capacity of Ministry of Health, with particular attention to strengthening monitoring and evaluation in relation to Turkey's health reforms
2. Primary health care	2. Development of national policies for health financing, including funding and use of pharmaceuticals
3. Pharmaceuticals	3. Strengthening of primary care, with integration of maternal and child health services
4. Communicable disease surveillance	4. Emergency preparedness and response
5. Family and reproductive health	5. Communicable disease surveillance, with a focus on tuberculosis and measles
6. Emergency services and traffic injuries	6. Reproductive health (unfunded)
	7. Tobacco control (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Reform process initiated, aimed at decentralization of health system according to “New Health Transformation Programme”.
- Family physician system introduced.
- Chronic disease control programme launched to address issues of increased life expectancy, environmental effects, changes in dietary habits.
- Application submitted to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), fourth round of funding, for AIDS and tuberculosis control.
- Schoolchildren aged 7–14 years vaccinated in autumn 2003.
- Emergency health services strengthened. Provincial disaster preparedness and response plans prepared.

In agreement with the Ministry of Health, selection and appointment of the WHO Liaison Officer has been delayed, which has decreased the impact of WHO work in the country. Measures will be taken in 2004–2005.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Training of family physician “master trainers” conducted in framework of New Health Transformation Programme. Training materials prepared and printed.
- Training materials for chronic disease control prepared.

- Capacity in implementation of rational drug use programme built up through support to a number of courses and seminars on different issues (drug policy, regulation, pricing, etc.).
- Technical assistance provided with formulating draft policy on medicines in Turkey and support given to national meetings with relevant stakeholders to discuss the policy. Some of these meetings included discussions on the regulation of medicines and the implications of progressive harmonization with EU legislation, and on strategies aimed at streamlining the reimbursement and pricing policies in Turkey. Many of these elements were incorporated in the Health Transformation programme adopted by the new government.
- Capacity built up in the area of clinical and cost-effectiveness evaluation for the reimbursement list of medicines through a two-week training course with more than 30 national experts.
- Technical assistance for review of reimbursement scheme and policy (one-week consultancy with recommendations).
- WHO/EURO CDS/VPI staff attended training sessions of personnel involved in autumn 2003 measles campaign in Turkey. Expert from health ministry attended measles campaign technical consultation meeting in Denmark.
- Situation in field of reproductive health evaluated. Capacity built up through training courses and fellowships provided.
- Follow-up training on Integrated Management of Childhood Illness (IMCI) implemented in 2003.
- Several training events on emergency health care conducted in 2003. Guidelines prepared for managers and emergency health personnel.

Other relevant aspects of WHO/EURO's country presence

- Cooperation with agencies and bodies of the United Nations system: Theme Group on HIV/AIDS, gender mainstreaming, Common Country Assessment (CCA)/United Nations Development Assistance Framework (UNDAF) processes, security measures, common shared services, country team meetings/retreats, contingency planning, communication training on how to use United Nations radio equipment.
- Cooperation with nongovernmental organizations (NGOs) such as medical associations, anti-smoking groups.
- Important global health events (such as World Tuberculosis Day, World No Tobacco Day and World AIDS Day) promoted with involvement of health and other ministries, NGOs, mass media, etc.
- WHO materials and documents disseminated among national counterparts, health professionals, international and national organizations.
- International Head of Office position being established.

The WHO country office in Turkey consists of the Liaison Officer (post vacant) and two administrative support staff.

Turkmenistan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policies on thematic areas	1. Maternal and child health
2. Control of waterborne diseases	2. Communicable diseases surveillance (including Expanded Programme on Immunization)
3. Pharmaceuticals	3. Tuberculosis
4. Tuberculosis	4. Malaria
5. Malaria	5. Pharmaceuticals
6. Maternal and child health	6. Environment and health (water safety)
7. Reproductive health	7. Health financing
8. Expanded Programme on Immunization	8. Reproductive health
	9. Food safety (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Law on pharmaceutical activity and drug provision adopted by parliament.
- Integrated Management of Childhood Illnesses (IMCI) programme implemented in two pilot districts of Turkmenistan, with assistance of UNICEF and Abt Associates.
- Government commitment to promoting healthy lifestyles. Presidential decree issued banning smoking in public places.

WHO/EURO assistance and support helped contain the spread of malaria epidemics, and poliomyelitis-free status has been successfully maintained. Turkmenistan was not able to benefit from the full range of cooperation due to limited participation in the majority of events organized by WHO and other international partners. Collaboration would possibly benefit from an increase in WHO's country presence team.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- IMCI clinical guidelines adapted.
- Emergency health kits delivered to strengthen medical facilities during war in Afghanistan.
- Report made on assessment of current entomological situation in country
- Tenth revision of International Statistical Classification of Diseases (ICD-10) and RUTENDON guidelines issued.
- Comments and recommendations made on draft national programme on tuberculosis control.
- Equipment, procedures and training needs evaluated in connection with laboratory control of drinking-water quality. Basic equipment and laboratory reagents for water quality control in Ashgabat purchased.
- Training on drug procurement conducted for local specialists.

- Support provided for implementation of tuberculosis control project (directly observed treatment, short course – DOTS) in pilot districts.
- Support provided for implementation of malaria control programme: specialists trained, assistance given with conducting antimalarial activities during transmission season and developing national programme on malaria control.
- Workshop on health system financing held.
- Training in Promoting Effective Perinatal Care/Making Pregnancy Safer (PEPC/MPS) organized for local specialists.
- Training in reproductive health provided for gynaecologists and family physicians.
- Training in ICD-10/RUTENDON provided for local specialists.
- Assistance provided with development of national measles elimination plan.
- Support given with maintaining poliomyelitis-free status: acute placid paralysis/poliomyelitis surveillance activities, supplementary immunization.
- Technical assistance provided with development of national financial sustainability plan on immunization.
- Technical assistance provided with development of national plan on injection safety.

Other relevant aspects of WHO/EURO's country presence

- Head of Country Office/Liaison Officer and Administrative Assistant posts transformed from short-term to fixed-term positions. All WHO staff undergoing extensive training aimed at better meeting country needs.
- Participation in Common Country Assessment (CCA) and United Nations Development Assistance Framework (UNDAF) processes and contribution made in cooperation with other United Nations agencies.

The WHO country office in Turkmenistan consists of the Head of Office/Liaison Officer and two administrative support staff.

Ukraine

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health policy	1. Stewardship – support to national health system performance assessment
2. Pharmaceuticals	2. Communicable diseases, with special emphasis on HIV/AIDS and tuberculosis; immunization
3. Blood safety	3. Noncommunicable diseases, with a focus on cardiovascular diseases
4. Health care reform	4. Community involvement in disease prevention and promotion of healthy lifestyles
5. Health information system	5. Environmental health (workplace health and safety, environments fit for children)
6. Food safety	6. Reproductive health
7. Health care delivery, with emphasis on improving the quality of primary health care	
8. Tobacco control	
9. Sexually transmitted infections (STI)/HIV/AIDS	
10. Eradication of poliomyelitis	
11. Noncommunicable diseases	

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Group of national specialists given extensive training in health care management and health system performance assessment. Group started collecting evidence on and tools for health system development and performance improvement, to be incorporated in tailored interactive presentation system being designed. Strategic analysis and planning matrix, along with functional analysis of health system performance (*World Health Report 2000*), formed framework of group activity.
- Up-to-date version of Health care systems in transition (HiT) profile for Ukraine developed and submitted to health ministry for official approval.
- Drug legislation reviewed in line with WHO recommendations. National regulations and procedures for registration and supply of antiretroviral (ARV) drugs improved, to facilitate scaling up of antiretroviral therapy (ART) for people living with HIV/AIDS.
- Model for implementation of strategy of directly observed treatment, short course (DOTS), adapted to local conditions, developed and piloted in Donetsk Region.
- Set of model HIV care protocols for Ukraine and newly independent states (NIS) developed and translated into Russian, as part of the multidimensional assistance to health ministry for development of comprehensive HIV treatment and care plan. Joint WHO/USAID/Open Society Institute project on adaptation of STI treatment guidelines resulted in harmonization of European and national STI case management protocols.
- Strengthened capacities of national administrative and laboratory networks dealing with poliomyelitis immunization and surveillance resulted in certification of country as free from poliomyelitis.

- National vaccination scheme improved and expanded by introducing new vaccines (including hepatitis B).
- Project on injection safety launched to address cross-cutting issue of spread of hepatitis and HIV due to improper hospital waste management.
- National plan on tobacco control developed in framework of project on “Smoking prevention among young people in five countries”.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Matrix of comprehensive plan for scaling up ART provided, model protocols for ART prepared and national regimens for ARV treatment and care developed.
- National Health for All (HFA) data presentation system updated.
- HiT profile prepared.
- National plan on smoking prevention among young people prepared.
- National report on poliomyelitis eradication produced.
- Report on assessment of national pharmaceutical procurement system developed.
- Report prepared on evaluation of prevention of mother-to-child transmission of HIV/AIDS.
- Report prepared on appraisal of tuberculosis surveillance.
- Report prepared on assessment of injection safety in selected regions of Ukraine.
- Evaluation made of substitution treatment of opioid dependence in Kherson pilot region.
- Draft law on pharmaceuticals revised.
- Protocol drawn up on organization of tuberculosis control for Donetsk Region pilot project.
- Capacity built up for strategic analysis and management with regard to national health system performance assessment and improvement.
- Technical assistance provided for improvement of health care financing.
- National Drug Regulatory Authority established and capacity built up.
- Pilot project on tuberculosis control in Donetsk Region launched.
- Support provided for poliomyelitis and measles eradication activities.
- Support provided in the field of injection safety.
- Countrywide integrated noncommunicable disease intervention (CINDI) programme implemented.
- Chronic disease surveillance and earlier notification system strengthened.
- Community involvement in health promotion and disease prevention, with emphasis on strengthening health promoting school network.

Other relevant aspects of WHO/EURO’s country presence

- Post of Head of Office/Liaison Officer transformed from short-term to fixed-term position.
- Significant strengthening of WHO country presence expected because of “3 by 5” initiative and expansion of tuberculosis office.

The WHO country office in Ukraine consists of the Head of Office/Liaison Officer, medical officer on vaccine-preventable diseases and immunizations, coordinator for STI/HIV/AIDS, three tuberculosis programme staff, and eight administrative support staff.

United Kingdom

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Health care financing	1. International Health Regulations
2. Evaluation of health interventions	2. Quality of health care services
3. Tobacco control	3. Tobacco control
4. Environment and health	4. Environment and health for children
5. Healthy cities	5. Transparency in the use of WHO collaborating centres.
6. Violence and health	No formal Biennial Collaborative Agreement with WHO. Collaboration facilitated through WHO/EURO's Futures Fora programme.

Main results achieved during 2002–2003 with WHO support

- Framework Convention on Tobacco Control (FCTC) signed on 16 June 2003.
- Review of work of National Institute for Clinical Excellence (NICE) through WHO/EURO in 2003 yielded an assessment of NICE's technology appraisal programme and its work on the cost-effectiveness of pharmaceuticals and generated set of recommendations. Outcome may be relevant for other reviews in WHO's European Region.
- Healthy Cities conference held in Belfast (Northern Ireland) delivered review of European Healthy Cities movement during past 15 years and renewed local government commitment to local health development.
- National environment and health action plan (NEHAP) evaluated.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Report prepared for United Kingdom Treasury by European Observatory on Health Systems and Policies (*Health care systems in eight countries: Trends and challenges*), and published to accompany Wanless report (*Securing our future health: Taking a long-term view*).
- National launch of *World report on violence and health* in London supported in September 2003.
- In collaboration with London School of Hygiene and Tropical Medicine, workshop organized on "Floods: climate change and human health adaptation strategies" in London in 2002.
- United Kingdom's experience on tobacco taxation and tobacco dependence treatment recently published in WHO publication on best practices in tobacco control.
- Workshop on pharmaceuticals held in London in February 2003.
- *Health of the future – The future of health* (joint publication of WHO/EURO and Nuffield Trust) delivered in 2003.
- Materials for Fourth European Ministerial Conference on Environment and Health shared with country.
- Materials for signature of FCTC shared with country.
- Materials on evidence-based recommendations as tools for policy-making in public health, and on rapid response to public health threats (extreme weather events; various communicable diseases, including severe acute respiratory syndrome (SARS), anthrax and smallpox) shared with country during Futures Forum events in 2003.

Other relevant aspects of WHO/EURO's collaboration

- London School of Economics and London School of Hygiene and Tropical Medicine partners of European Observatory on Health Systems and Policies, and these two hubs of Observatory located in London.
- Collaboration on gender mainstreaming focused on areas such as gender-based violence and gender evidence. Work supported by Centre for Policy and Practice Development in Women's Health and Gender Mainstreaming, Glasgow.
- United Kingdom a member of several of WHO's European networks, including those for health promoting hospitals, health promoting schools, healthy cities, and regions for health, as well as of EuroPharm Forum.
- Recent agreements have provided for several twinning projects between the United Kingdom and other countries in the European Region in the area of nursing and midwifery care.
- Active cooperation also seen in fields of nutrition and food safety, and poverty and health.
- United Kingdom a key partner of WHO's fellowship programme.

A more strategic form of cooperation with the health ministry might be explored for the future.

Uzbekistan

Priority areas for collaboration during the biennia 2002–2003 and 2004–2005

2002–2003	2004–2005
1. Policies on drug and tobacco control	1. Policy on aspects of public health and patients' rights
2. Postgraduate training of general practitioners and nurses working in primary health care	2. Public health service and primary health care
3. Health promotion (health communication network)	3. Mental health
4. Implementation of Integrated Management of Childhood Illness (IMCI) and Promoting Effective Perinatal Care (PEPC)	4. Maternal and child health
5. Communicable disease (sexually transmitted infections/HIV/AIDS)	5. Substance abuse
6. Tuberculosis (implementation of directly observed treatment, short course – DOTS)	6. Nutrition and food security
	7. Food safety
	8. Communicable disease surveillance
	9. Malaria
	10. Tuberculosis control
	11. HIV/AIDS
	12. Vaccine-preventable diseases (with emphasis on measles and poliomyelitis)
	13. Nursing (unfunded)
	14. Health promotion policies and strategies (unfunded)

WHO/EURO conducted an evidence-based health needs assessment for the country, which has formed the basis for development of the Biennial Collaborative Agreement (BCA) for 2004–2005.

Main results achieved during 2002–2003 with WHO support

- Anti-tuberculosis drugs received through Global Drug Facility.
- New Order on tuberculosis control issued by health ministry, with main focus on implementation of DOTS strategy.
- National tuberculosis action plan based on DOTS strategy endorsed by government.
- Awareness raised and government commitment obtained with regard to Health in Prisons project with main emphasis on HIV/AIDS and tuberculosis.
- Application to Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) for grant to control HIV/AIDS approved.
- Law on tobacco advertising revised.
- National action plan on tobacco control drafted: measures include bans on selling of single cigarettes, selling cigarettes to minors, and smoking in public places, provision of educational and medical facilities and a number of other changes in policy and legislation.
- National action plan on drug control endorsed.
- Making Pregnancy Safer (MPS)/PEPC programme implemented in two pilot districts (Boz in Andijon region and Shumanay in Karakalpakstan), resulting in appropriate revision of policy and regulations.

- Principles of IMCI and MSP/PEPC taken as basis for national protocols in paediatric and obstetric practice.
- IMCI principles incorporated in curriculum of medical institutes.
- Health information system strengthened within CARINFONET project.
- Financial sustainability plan on vaccine supply developed.
- First draft of national action plan on safe injections developed with assistance of Safe Injections Global Network (WHO headquarters).
- Uzbekistan certified as free from poliomyelitis in June 2002.
- Nursing education streamlined in context of primary health care (PHC), outline of nursing education in accordance with Munich Declaration supported by number of donors.

Main products delivered and lines of activity developed by WHO/EURO in the country during 2002–2003

- Information materials provided for photographic exhibition devoted to World Tuberculosis Day, to advocate for implementation of DOTS strategy in country.
- Draft application to GFATM prepared.
- Information materials on HIV/AIDS provided.
- National action plan on alcohol developed.
- Ministry of Health Order no. 155 regulating work of maternity homes revised.
- IMCI guidelines translated into Karakalpak language and printed in amount required.
- Financial sustainability plan on vaccine supply developed.
- National action plan on safe injections developed.
- Rapid assessment of situation and appropriate recommendations made with regard to SARS epidemic.
- Field project on “Strengthening PHC and access to drinking-water” implemented in north-west of country with funding from Belgian Government (implementation of IMCI in three pilot projects, purchase and delivery of water purification equipment).
- Organization of regular round tables bringing together all involved partners (Médicins sans Frontières, Project Hope, Red Crescent Society, Ministry of Health, German Development Bank) to discuss and coordinate implementation of tuberculosis control programme.
- Local specialists trained in WHO-organized courses on different aspects of DOTS programme.
- Series of training events organized for local specialists on STI/HIV/AIDS (more than 200 general practitioners in seven regions of country trained).
- Gonococci antibiotic susceptibility survey carried out to identify features of bacteria in country; laboratory staff at regional level trained to perform susceptibility test.
- Study tours to Poland and Kyrgyzstan arranged for Uzbek specialists to share experience on rehabilitation communities.
- Workshops held for substance abuse experts on rehabilitation of drug addicts.
- Central Asian Conference on Drug Control, arranged by United Nations Office on Drugs and Crime (UNODC) co-sponsored by WHO.
- Primary project on drug abuse started in Tashkent.
- Implementation of situation analysis on alcohol abuse supported by WHO.

- Uzbek participants attended International Conference on Illicit Tobacco Trade in New York.
- Seminars on MPS/PEPC organized for Uzbek specialists.
- Project on evidence-based medicine in maternity and neonatal care launched.
- Training for journalists from all regions of Uzbekistan on health promotion issues arranged in cooperation with UNESCO.
- In order to improve pharmacy education, several workshops held in Tashkent and Samarqand and Uzbek specialists trained in workshops held in NIS.
- In connection with SARS epidemic, technical support provided to strengthen surveillance system.
- Uzbek specialists participated in WHO headquarters conference on traditional medicine.
- Afghan Crisis Program (WHO headquarters, Department of Emergency and Humanitarian Action) provided support to strengthen capacity of southern regions of Uzbekistan bordering Afghanistan: local health workers trained, emergency drug stocks created, WHO training centre opened in Emergency Care Centre in Termez.

Other relevant aspects of WHO/EURO's country presence

- Positions of Liaison Officer and Administrative Assistant transformed from short-term to fixed-term posts.
- All WHO staff undergoing extensive training aimed at better meeting country needs.
- WHO actively participated in Common Country Assessment (CCA)/ United Nations Development Assistance Framework (UNDAF) processes and contributed to cooperation with other United Nations agencies and bodies.
- Position of International Head of Office established and recruitment completed.

The WHO country office in Uzbekistan consists of the Head of Office, Liaison Officer, two national professional officers on tuberculosis and maternal and child health, one field project manager and nine administrative support staff.

Conclusions and recommendations

1. In line with the Regional Office's efforts to implement a new approach to country work, as well as with the overall mission of the Division of Country Support ("Building a new system, Getting things done, Learning by doing, Managing change"), this report has tried to point out the lights and shades of a process in which many aspects of work are being improved while others need to be further developed.

2. The main question that has guided the task of preparing this report has been:

"Has the Regional Office been successful in fulfilling a leadership role in the entire field of public health while servicing the Member States?"

In doing so, we have tried to identify:

- whether the desired results in terms of health, equity and responsiveness (however measured) were being achieved;
- what are the main enabling and constraining factors of our work in and with each country;
- the key determinants in success stories that may be replicated in other locations;
- any relevant unintended effects (negative or positive) which may have been observed.

3. After analysis, the following conclusions have been reached (these are also included in document EUR/RC54/12, *Follow-up to previous sessions of the WHO Regional Committee for Europe*).

Achievements

4. **Better coordination of activities at all-WHO level.** All the efforts and resources of the Regional Office have been allocated to working on a number of tangible results that are relevant to the needs of each country. The technical units and programmes of the Regional Office have all contributed to a common workplan that takes due consideration of the circumstances and absorption capacity of each country. Carefully identified national counterparts in the Member States with which the Office has biennial collaborative agreements (BCAs) are expected to contribute to the common effort. Progress has also been made in involving the whole of WHO (headquarters and other regional offices) in support to countries along the same organizational and functional lines. This is having a significant effect on the way work is organized and services are delivered to all Member States in the European Region and is ensuring better accountability for the common results achieved. The dialogue with ministries of health is becoming more focused and a higher sense of ownership is being achieved.

5. **Strengthened country presence.** In the past year, the Regional Office has completed the reshaping and strengthening of its country presence in the Member States where it works through BCAs. This has meant taking steps towards bringing all Regional Office staff working in each country under a single managerial structure. Whenever resources have permitted, an international head of the WHO country office is being appointed (Armenia, Republic of Moldova, Tajikistan, Turkey and Uzbekistan). In other cases, the liaison officers have been empowered to carry out that function with the help of upgraded administrative assistants with a strong financial background. A more flexible functional framework and the necessary managerial tools have been prepared to facilitate this work. As a result, WHO country offices are now better equipped to provide support to the respective ministries of health in their efforts to develop national health policies, health services and public health programmes. This work will be continued in the coming years.

6. **More competent staff at the service of Member States.** Much work has been and is still being done to improve the technical competence of WHO staff in countries through formal training. This initiative has encompassed both technical and administrative staff, both in WHO country offices and in other parts of the Regional Office (Copenhagen, Barcelona). The training activities consist of a number of core teaching modules that are regularly updated. An ongoing training programme is expected to ensure

that staff have the right knowledge, skills and attitudes to meet the Member States' current and emerging needs. The major part of the training focuses on health policy-making and health services issues, management (including financial and human resources management) and communication. This work will be continued in the coming years.

7. **Country-specific strategies.** In line with its Country Strategy, the Regional Office for Europe has continued to tailor its efforts to the needs of countries. For the first time, Regional Office collaboration with all the central and eastern European Member States, implemented through BCAs, is based on country-specific strategies. These include the main strategic priorities for the next four to six years and are intended to guide all WHO-supported actions in the various countries in the coming years. They reflect available evidence and the discussions which have taken place on strategic priorities and needs with the ministry of health of each Member State. Each strategy is to be reassessed every two years. Similar strategies are being developed for all the Member States in the European Region, including those where WHO does not have a country presence.

8. **Country-specific workplans.** Each Member State with which the Regional Office has a biennial collaborative agreement also has a detailed country-strategy implementation workplan for the biennium 2004–2005. This includes clear objectives in terms of expected results. For each expected result, a detailed account is given of the activities to be developed in the country and the time schedule for them. A particularly important addition is that the Regional Office budget and workplan for the countries now include all funds available (from the WHO regular budget as well as from other sources) attached to the expected results. All Regional Office technical programmes are now working along coordinated lines. The workplan is updated every six months or whenever exceptional circumstances make it necessary. Workplans for collaboration with western European Member States will follow the same lines.

9. **Relevance of the issues addressed for the Member States.** Relevance for the Member States has been the paramount criterion when preparing the strategic agenda for WHO's support in the coming years. Since the adoption of the Country Strategy, activities have become increasingly focused in the 28 countries of central and eastern Europe with BCAs. The issues and priorities included in the BCAs and workplans have been selected through a careful process of: (i) technical analysis of country-specific health data by Regional Office experts; and (ii) discussion of country-specific priorities and preferences with the national ministries of health. This approach has been supplemented whenever necessary with additional Regional Office support to groups of countries involved in particularly important processes (e.g. accession to the European Union in May 2004 of Member States in rapid transition, the Stability Pact process for countries of south-eastern Europe, the public health system reform initiative for the newly independent states (NIS), etc.).

10. Activities have also been developed consistently with countries in western Europe with which the Regional Office does not have BCAs. In the Futures Forum programme for non-BCA countries (mostly western European countries), difficult or new health issues that will be strategic concerns in the years to come (e.g. bioterrorism, the ethics of health systems, tools for decision-making in public health) have been studied and debated. Western European countries have also benefited from other Regional Office programmes, in particular those involving all Member States in the European Region (such as the Framework Convention on Tobacco Control) and those linked to the European perspective of global reports in areas such as mental health and violence. The Regional Office has also addressed the specific needs of these countries in the field of public health policy.

11. **Improved partnership.** Particular attention has been paid to collaboration between the Regional Office for Europe and other international and national agencies in the different countries. These include not only the agencies and bodies of the United Nations system but also other important stakeholders. Regular contact is maintained and issue-specific consultations are now held with the United Nations Children's Fund (UNICEF), the World Bank, the United Nations Development Programme (UNDP), the European Commission, the Council of Europe, civil society, etc. Efforts are being made to first discuss and then implement tailor-made country support activities (for which WHO's country strategy and workplan is offered as a first contribution). Possible synergies with all stakeholders are being sought,

sometimes involving joint financing and particular actions. This coordinated approach is highly valued by the ministries of health, which are kept informed of all steps taken.

12. **More transparent and accountable management.** Finally, the new arrangements are making it possible to maintain a transparent and accountable relationship with WHO governing bodies, Member States of the European Region and partners. Together with other units in the Regional Office, the Country Work Management Support Programme (Help Desk) ensures permanent contact with country operations, supported by modern communication technology, which has received a boost in recent months. Country work is now regularly evaluated and a set of clear performance indicators are under implementation. Results-oriented evaluation data and activity-related and financial implementation data are being gathered and made available to those who may be interested in them. The country reports in this document summarize the results achieved and lines of activity developed by Regional Office programmes in the biennium 2002–2003.

Issues for further development

13. **Country work performance indicators** (how to ensure that we have an impact by measuring what we need to measure in the field of country work). Irrespective of the complexity of the subject and its wide implications, evaluating country work in a (quantitatively and qualitatively) objective way is probably the most challenging design issue in the reform of the Regional Office's country work. While many efforts have been already made in this direction, the Office is still in the process of setting up a comprehensive system to fully assess the impact it has and the way it performs in and with countries. This challenge goes beyond the needs of the European Region, and WHO globally is also working on this issue. The Regional Office is willing and able to further address the existing shortcomings in the availability and quality of information in this field. Efforts are being made to improve health information at the service of the Member States (through the Health Evidence Network, refinements in the Health for All database, etc.). All technical units are committed to doing this. Information on country work will also receive a boost in coming years.

14. **Direct customer satisfaction** (how to ensure that we reliably measure whether the country feels it is now better serviced through a strengthened WHO presence as compared with before). Servicing countries will further benefit from including more direct mechanisms that will more systematically take into account the voice and interests of those being served. This will be addressed by: (i) strengthening cooperation with Member States along the lines mentioned above (joint assessment of country needs, open dialogue, etc.); and (ii) designing and carrying out an annual survey in which countries will be asked to raise their concerns and expectations regarding cooperation with WHO, as well as their own assessment of the support provided during the year.

15. **Sustainability** (how to ensure that the Regional Office's current initiatives remain in place in the coming years and add value to countries' continued efforts to improve their own health systems). The efforts made by the Regional Office to build new relationships with Member States need to be translated over time into a more sustainable and systematic approach that results in a cultural change in the way in which the Office works in the service of Member States, while helping countries to adapt their health systems to changing circumstances. This means:

- placing fresh emphasis on supporting Member States in their work on health policies and systems;
- committing more efforts and resources to country work; and
- adopting an attitude of continuous improvement of the ways in which the Office works in and with countries.

16. To that end, the entire Organization (including WHO headquarters) is involved in improving the relevance and quality of services provided to Member States. This report intends to send a clear message along those lines to the Member States and governing bodies in the European Region and throughout the entire Organization.