



EUROPE

Regional Committee for Europe Fifty-second session

Copenhagen, 16–19 September 2002

Provisional agenda item 3

EUR/RC52/4
+ EUR/RC52/Conf.Doc./3
10 July 2002
22475
ORIGINAL: ENGLISH

REPORT OF THE REGIONAL DIRECTOR ON THE WORK OF WHO IN THE EUROPEAN REGION – 2000–2001

This document contains a review of the activities carried out by the WHO Regional Office for Europe during 2000–2001. It should be read in conjunction with the information document on budgetary performance for 2000–2001 (EUR/RC52/Inf.Doc./3).

Contents

	<i>Page</i>
Introduction	1
Country strategy	2
Principles.....	2
Reform of country work at the Regional Office	2
Support to countries for the reform of health systems and services.....	3
Humanitarian assistance.....	5
Futures Fora	5
Response to health threats.....	6
Development of partnerships	6
Technical programmes	7
Reduction of disease burden and health promotion	7
Health, environment and sustainable development.....	11
Information, evidence and communication for health.....	13
Conclusion.....	15
Annex 1 Selected important Regional Office information products, 2000–2001	17

Introduction

1. This document presents a review of the activities carried out by the WHO Regional Office for Europe, in support of the Member States' efforts, in order to improve health in Europe in a spirit of equity and solidarity. The Office's activities in the biennium 2000–2001 are to be seen with reference to several policy and management documents that were used to progressively shape and reorient the programme of work. The most important of these are:

- the programme budget for 2000–2001 adopted by the Regional Committee in 1998, setting out the objectives, expected results and planned expenditure for the European Region. During its implementation, new challenges, changes in orientation and in management, and a lack of specific resources affected parts of this programme. Most of it, however, was carried out as planned.
- the four strategic directions for WHO's contribution to efforts to advance health at country level and globally, endorsed by the Executive Board in 2000, namely:
 - to address the burden of ill health among very poor populations;
 - to track and assess risks to health, and help societies take action to reduce them;
 - to improve the performance of health systems;
 - to encourage national policies which promote health.
- documents on the policy of Health for All (HFA), and more specifically HEALTH21, that recall the basic values of WHO and provide a framework for programme development both in countries and at regional level;
- the commitment made by the new management at the Regional Office to give priority to service to Member States, to maintain and expand the technical quality of the Office's work, to ensure better coordination with WHO headquarters and other partners, and to adjust the structure and functioning of the Office to its missions. As follow-up to these orientations, two major efforts were undertaken, which in turn had an impact on implementation of the programme for 2000–2001:
 - a new strategy for work with countries was adopted by the Regional Committee in September 2000;
 - internal reform of the Regional Office was initiated, involving changes in its structure, methods of work and required expertise.

2. Most of the work done by the Regional Office in 2000–2001 has been articulated around the Office's country strategy, "Matching services to new needs," approved by the Regional Committee in 2000, which recognizes the renewed importance of country work. This stems from the changes that have occurred in the world in general, and in the European Region in particular, in recent decades. As shown by numerous analyses, the increased availability of knowledge as a result of massive education efforts after the Second World War, on-line access to information facilitated by the telecommunications revolution, and the shortening of distances through improved transport services have all meant that countries now see WHO from a different perspective. The political changes that have occurred, together with the increasing inequalities in health and wealth throughout the continent, have highlighted the need for a country-specific approach.

3. The country strategy provides the core vision, values and objectives that guide and support the repositioning of the Regional Office towards country work. It promotes a culture of meeting country needs and the development of structures, systems and tools to support country-based operations. It was soon further elaborated in an internal management paper, in which the aim of country work is stated 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".

4. As a result of this new country orientation, while the continuity of its work was maintained by constant reference to existing policy and the approved programme, the Regional Office had to make changes in order to adapt to new challenges in Member States and make its activities more efficient and relevant.

5. This report aims to provide an assessment of the progress made by the Regional Office in implementing the programme for 2000–2001. In order to avoid a lengthy and detailed description of activities of varying importance and relevance, only the most significant activities and achievements are reported. More details on specific issues can be obtained on request. The report on achievements in each programme area is preceded by a summary of the relevant objectives and expected results, as expressed in the programme budget for 2000–2001.

6. As a consequence of implementation of the country strategy, it has been decided to group the objectives and expected results, and the corresponding achievements, according to the Regional Office's current management structure, rather than to the programme budget structure. The following section therefore analyses implementation of the country strategy, including activities and achievements in the programme area of Health systems and services. The third section covers implementation of technical programmes in support of country ones. The fourth section assesses the progress made in developing capacities for information and knowledge management. The concluding section points to what went well and what did not in programme implementation, tries to roughly assess the relevance of the Regional Office's programme with regard to the countries' priorities and highlights major orientations for future action.

Country strategy

Principles

7. The new strategy for work with countries is based on the commitment made to reorient the Regional Office's mission towards serving Member States and on evaluation of the EUROHEALTH programme. In order to carry out this strategy, a large part of the Office's work had to be refocused, and some of the programme adopted for 2000–2001 had to be readjusted.

8. The principles of this strategy are: to consider all the European Region's countries in their diversity and adapt the Office's services to their needs; to strengthen international partnerships for health; to be part of WHO's global Country Cooperation Strategy (CCS); and to incorporate the experience gained by the Regional Office.

9. The content of services to countries concentrates on helping Member States to develop their public health policy and programmes and to reform their health system according to their needs and interests, and to their political and economic situation.

Reform of country work at the Regional Office

10. New biennial collaborative agreements (BCAs) have been introduced, in order to better identify Member States' priorities and preferences; to strategically link the Regional Office's input with health needs in countries; to allow for a more integrated approach to delivery; and to ensure a better assessment of outcomes and products. These documents emphasize mutual agreement based on the priorities accepted by the Member States and the Regional Office. In April 2001, as part of the BCA preparatory process, countries were asked to submit their priorities for the next biennium, a phase that culminated at the end of the year. Management systems and tools are now being designed to allow the decentralization of work to country offices. The BCAs are becoming operational tools: they include work plans that link inputs, activities and tasks to expected results, and they provide time frames and indicators for evaluation.

11. When working at country level, the technical units at the Regional Office are required to consider the issues of infrastructure and health system development, as well as the health policy implications of their activities. A process has been established and is now being implemented for systematically reviewing programmes on the basis of the available evidence; selecting the most up-to-date technical competence through expert networks and collaborating institutions; and making use of operational best practice.

12. Two signs of the renewed importance of country work are the increased regional allocation for country work and better coordination of country programmes on the ground. The Regional Office's programmes and activities have been significantly refocused from largely intercountry work towards more practical activities designed to meet immediate country-based requirements. A "package" of measures has been planned to transfer resources and staff to countries most in need. The shift of resources is in line with WHO's corporate programme budget for 2002–2003, developed in coordination with WHO headquarters. Furthermore, the current basis for resource allocation has changed from input-related to one focused on expected results in countries.

13. During 2000–2001 a line of work was initiated aimed at unifying WHO's country offices. New country-based structures, and decentralized systems and procedures, are envisaged. This new approach to the country presence calls for three components:

- effectively servicing specific country needs on the ground, in contrast to advocating only intercountry solutions;
- more managerial integration of the Regional Office's technical contributions to countries; and
- sufficient political and diplomatic "leverage" to effectively represent the Organization in the field, while ensuring maximum coordination.

14. International leadership of the country offices by expatriate staff is seen for the first time as a feasible objective. They have responsibility and accountability for the relationship with the government and civil society in the country; health needs assessment and policy dialogue with the main stakeholders; and management of WHO programmes and activities.

15. A new training package was created for liaison officers. Local staff in 27 countries were trained in administrative and financial procedures, and specific training courses were organized on the development of indicators in the context of preparation of work plans for 2002–2003.

Support to countries for the reform of health systems and services

Objectives and expected results

16. To help build national capacity for health policy-making, health system reform and development based on primary care, improved quality of community care, and outcome-oriented management of health services, the 2000–2001 programme budget specified the following objectives and expected results for the Regional Office:

- disseminate information on assessment of public health practice, systems development, and innovative practices in health care;
- provide guidance on economic and operational aspects of health care financing;
- organize a second conference on nursing and midwifery, and implement a pilot project to test the concept of the family doctor and family nurse;
- support the development of national policies and programmes for improving the quality of care; and
- analyse the economic aspects of drug supply, develop guidelines and tools for rational drug use, and provide training in that area.

Main achievements

17. As a response to the emphasis on health systems development in WHO's global agenda, the Regional Office established an advisory group to help shape the Office's work with Member States in that area. The advisory group comprises experts from across the Region, covering a diversity of fields of knowledge and experience in health systems work. It also includes the European Observatory on Health Care Systems as a key partner within the Office, as well as observers from the World Bank and the United Kingdom's Department for International Development, which are both heavily involved in health systems development work in the countries of central and eastern Europe (CCEE) and newly independent states (NIS).

18. A parallel initiative, in the form of an expert panel of consultants, has also been established. The members of this Panel attended a training session to enable them to work in new ways in countries. They have been accredited to undertake the Office's work on BCA implementation.

19. A joint inaugural meeting of the Expert Panel and the Advisory Group took place in December 2001. The meeting finalized the programme's business plan and agreed on a number of activities, focusing on implementation of the BCAs. It advocated a more strategic approach to health systems development, taking the lead from Member States but working within the framework of WHO's values and policies.

20. The WHO network of health-promoting hospitals was expanded to include 25 countries, and a web-based database on project results was established. A network on out-of-hospital emergency medical services (OHEMS) was built up, also with a database on country strategies on emergency medical services. The functions of workers in primary care in several countries have been reviewed, in collaboration with the European Observatory, World Organization of Family Doctors (WONCA/Europe) and the Spanish Association for Family and Community Medicine.

21. A project on strengthening primary care in central Asian countries was carried out with the support of the Norwegian government. The project aimed at training medical staff in the most important aspects of primary health care (PHC) using WHO training modules; improving communication between PHC centres, the central hospital and the Ministry of Health; working out and implementing remote consulting protocols for nurses, based on radio communication; procuring the necessary equipment and drugs for PHC centres; and providing a diagnosis of water issues in the Aral area.

22. Since the first European Conference on Nursing in Vienna in 1988, little progress has been made towards enabling nurses and midwives to contribute more forcefully to meeting people's need for health care and public health. The second WHO Ministerial Conference was held in Munich in June 2000, attended by delegates from 48 countries and 40 observers. The Munich Declaration on "Nursing and Midwifery: A force for health" underlines the key and increasingly important role of nurses and midwives; urges all relevant authorities to step up actions to strengthen nursing and midwifery; and stresses the need for supportive steps such as workforce planning, legislative frameworks and development of professional practice.

23. A ten-year longitudinal study on nursing education has been launched. Implementation of the family nurse project started in several European countries. A Delphi study was undertaken to ascertain the competences required by nurses to work effectively at policy-making level. A continuing education strategy was developed on the principles of "lifelong learning", to help countries maximize nursing and midwifery potential.

24. The Regional Office is developing a framework for policy on quality development, based on best practice and "model cases" in countries, and is collecting evidence for ongoing research into quality development. Links are being strengthened with other initiatives in the Region, such as the European Cooperation for Accreditation (EA), the European Organization for Quality (EOQ), and the European Society for Quality in Healthcare (ESQH), as well as with international organizations including the

International Society for Quality in Health Care (ISQua) and the International Society of Technology Assessment in Health Care (ISTAHC).

25. The Office has started building up a network with the health authorities of countries in the European Region for the exchange of information and experience on policies and strategies with regard to drug pricing, reimbursement and rational use, in line with a recommendation put forward at the European Union conference on medicinal products and public health (Lisbon, 11–12 April 2000) and with the Office's broader agenda on health information.

26. Intensified support was provided to countries in the areas of drug regulation and rational drug use. NIS drug regulators met in Vienna in 2000 to review five years' progress in implementing reforms and to agree on the way forward on the basis of lessons learned. The economic aspects of drug supply have been analysed in several countries, and training in economic evaluation provided. Efforts have been made (in Georgia, Kyrgyzstan and the Russian Federation, for instance) to integrate drug financing in insurance schemes, and to improve the accessibility of essential drugs. Guidelines have been issued and tools developed for rational drug use; numerous training and capacity-building approaches were implemented at country level in CCEE and NIS; and pharmaceutical supplies were provided in the NIS and several CCEE (notably the Balkan countries).

Humanitarian assistance

27. During the biennium 2000–2001, the Emergency Preparedness and Response programme received approximately US \$20 million in voluntary donations which were used, among other things, to provide emergency relief supplies, including drugs and basic equipment, build up national capacity and coordinate health aid in the Region. At one point in time there were more than 200 staff deployed in emergency operations in ten countries and territories in the Balkans, the north Caucasus and central Asia.

28. In the case of Kosovo, the Regional Office has also provided crucial support to the United Nations Mission in terms of health policy development. While the number of field staff have been significantly reduced, it is still a key player and partner in health activities such as the promotion of a family medicine training programme, as well as leading the response to outbreaks of tularaemia and Crimean-Congo haemorrhagic fever.

29. The Regional Office was involved in providing emergency health assistance to approximately 100 000 refugees and internally displaced people who fled into Kosovo and the former Yugoslav Republic of Macedonia as a consequence of armed confrontations between ethnic Albanian groups and the Macedonian army on the northern border with Kosovo in the spring of 2001. The main activities conducted were rapid health needs assessments, supply of emergency health kits and health coordination.

30. Another main event of the biennium was the response to the Afghan crisis in the autumn of 2001. Fearing an influx of refugees to Tajikistan and Uzbekistan, WHO sent a team to the region, based in Uzbekistan, to facilitate the coordination of cross-border health-related supplies to Afghanistan, in collaboration with WHO headquarters and the Regional Office for the Eastern Mediterranean.

31. Representatives of European Member States and international organizations met several times at the Regional Office to agree on emergency response plans to deal with the deliberate use of biological, chemical and nuclear agents by terrorists.

Futures Fora

32. The inaugural meeting of the futures fora on rapid responses to future challenges in health was held in London, United Kingdom on 4 and 5 July 2001. It brought together high-level decision-makers from countries without a WHO liaison officer, to identify how WHO might best support them in the complex, unpredictable environment of western Europe. The meeting acted as a pilot test to determine how such

fora generate useful dialogue. It considered specific issues, including management in uncertainty, communicating across boundaries, inequity and quality. It decided on the format and content of subsequent futures fora, including ad hoc meetings for a quick response to health threats.

Response to health threats

33. The Regional Office contributed to the response to the threat of terrorism by setting up a task force on bioterrorism; organizing a meeting on the prevention of and response to contamination of water resources; and convening an ad hoc meeting of futures fora on health cooperation in the face of terrorism (Copenhagen, December 2001). This meeting aimed at assessing the health risks associated with a biological, chemical or nuclear terrorist attack, and identifying the actions required for a timely and adequate response. It emphasized the importance of partnerships and intersectoral coordination; training; clear management responsibilities and lines of communication; and the potential for using new technology. The meeting stressed the essential role of the public health system and the need to consider the victim's perspective in managing the consequences of a terrorist attack. It concluded with a set of recommendations to Member States, WHO and other international agencies.

Development of partnerships

34. Collaboration with the Council of Europe increased significantly. The ministers of health of seven countries in south-east Europe, together with representatives of neighbouring and other European countries, met in Dubrovnik, Croatia from 31 August to 2 September 2001, in a forum on health development action to improve health in south-east Europe. WHO and the Council of Europe organized the event jointly, in association with the Council of Europe Development Bank and the Ministry of Health of Croatia. It was a major milestone in a long-term process of health improvement, within the context of the Council of Europe's Stability Pact process. It was also an important contribution to the movement to make health an integral part of efforts for peace and social cohesion. Seven projects concerning health and vulnerable population groups were presented at the meeting. Four of these (capacity-building, surveillance of communicable diseases, mental health, and food safety and security) have already obtained international support. The ministers adopted the Dubrovnik Pledge, signalling their commitment to work in partnership on specific strategies towards meeting the urgent health needs of their populations, and in particular the most vulnerable groups.

35. Cooperation with the Council of Europe also developed in the fields of health and human rights, bioethics, and other specific topics such as health and the media. This increased collaboration was formalized by an exchange of letters signed at a meeting of the Council of Europe's Health Committee in June 2001, attended by representatives of 40 Member States and the European Commission.

36. Considerable progress was also made in collaboration with the EU, particularly owing to the agreement signed by the Director-General of WHO and the President of the European Commission. In September 2000, a meeting was held to coordinate the work of the European Commission and WHO in the field of environment and health. Another meeting, in Brussels in October 2001, defined joint priorities, especially for communicable disease surveillance and prevention, health information (where close cooperation is expected, in order to carry out complementary activities and avoid overlaps), tobacco control, environmental health, and pharmaceuticals.

37. Cooperation with the World Bank is now the rule at country level. A meeting in Washington allowed both organizations to carry out cases studies to identify how to work in a more coherent and complementary way. In September 2001, staff from the World Bank responsible for eastern European countries visited the Regional Office to set up collaboration mechanisms and review priority themes for common action, notably in the fields of infectious diseases, pharmaceuticals, information and the environment.

38. The Regional Office continued to work with other bodies in the United Nations system, particularly the United Nations Children's Fund (UNICEF), and with nongovernmental organizations (NGOs), institutions and professional associations. This collaboration was described in a working paper on Partnerships for health submitted to the Regional Committee in September 2001 (EUR/RC51/6). An innovation during that session of the Regional Committee was the joint presentation of interagency collaboration by a "round table" of high representatives of the Council of Europe, the European Commission, the World Bank, the United Nations Development Programme and the Regional Office.

Technical programmes

Reduction of disease burden and health promotion

Communicable diseases

Objectives and expected results

39. The main objective was to eliminate poliomyelitis transmission. Other expected results were to improve surveillance and resistance monitoring for the major communicable diseases and to support national programmes for their control, with special emphasis on tuberculosis, and for the maintenance of high coverage for diseases in the Expanded Programme on Immunization (EPI) and the achievement of self-sufficiency in vaccine supply.

Main achievements

40. On 26 November 2001, three years had passed since the last reported case of indigenous poliomyelitis in the European Region. This milestone placed Europe firmly on track towards becoming fully certified as a polio-free Region, which happened on 21 June 2002. However, the importance of maintaining surveillance was underlined in early 2001, when poliovirus originating in northern India was imported into Bulgaria, causing three cases of the disease. The first case was rapidly detected and the national authorities responded immediately with immunization campaigns.

41. A computerized information system for infectious diseases (CISID) was created and is being further developed. Two assessment missions to the Republic of Moldova and Romania on national surveillance systems were completed and led to the adaptation of national surveillance plans. Direct country assistance was provided on a number of occasions, either in response to disease outbreaks or in relation to the strengthening of national surveillance systems.

42. A consensus meeting on the surveillance of infectious diseases was held in Grottaferrata, Italy, in April 2000 for 28 central, eastern and southern European countries including the Baltic states and the NIS. It gave strategic outlines for regional and country work in this field. A network was established with 17 countries. This network provides an international platform for all national infectious disease surveillance focal points and aims to strengthen national surveillance systems. Activities in this area are coordinated with those of the European Commission.

43. Guidelines for national tuberculosis control programmes were published in 2001. Support has been provided to 27 national tuberculosis control programmes. Improved resistance monitoring and surveillance for tuberculosis are in place, and a laboratory network for tuberculosis covering the majority of Member States has been set up. In particular, support was provided for expansion of the Tuberculosis Project Office in the Russian Federation, established in May 1999.

44. The regional Roll Back Malaria strategy has been oriented towards strengthening local infrastructures and meeting local needs. Resistance monitoring and surveillance for malaria have improved. A significant reduction in the reported incidence of malaria has been achieved in countries where the disease had re-emerged.

45. A regional strategy for the health sector's response to the STI/HIV/AIDS epidemic was developed, with strong emphasis on introducing and promoting targeted interventions for high-risk vulnerable groups. Technical support was provided to 14 national control programmes on resistance monitoring and surveillance of STI/HIV/AIDS. The Regional Office promoted an integrated approach to the prevention and care of HIV/STI. Training was organized for participants from seven central European countries on the introduction of second-generation surveillance of HIV/AIDS, with follow-up activities in Member States. Further training programmes were prepared for participants from the NIS. A system was developed for regularly updating epidemiological data from all countries in the Region, and it is now in operation. Pilot programmes on STI/HIV/AIDS prevention among sex workers were initiated and supported in eight countries.

46. Technical support on immunization was provided to 11 countries in the Region, under the Global Alliance for Vaccines and Immunization (GAVI). Member States have made substantial progress towards having self-sufficient, sustainable national immunization services, and reported regional immunization coverage in 1999 was over 90% for most of the antigens. The rates of incidence of vaccine-preventable diseases and immunization coverage reported annually by Member States are monitored and evaluated. The introduction of new antigens, mainly against hepatitis B, has been a priority, concentrating mostly on GAVI-eligible countries. Cold chain and logistic systems have been assessed in ten high-priority countries. Better safety has been achieved through adoption of the vaccine/syringes bundle policy, involving the use of auto-disposable syringes for injections and safety boxes for their disposal. Activities in this domain were coordinated among the various partners involved, including UNICEF, the United States Centers for Disease Control (CDC), the Children's Vaccine Program at the Program for Appropriate Technology in Health (CVP/PATH), the World Bank and the Regional Office.

Noncommunicable diseases and mental health

Objectives and expected results

47. In order to reduce morbidity, disability and premature mortality due to noncommunicable diseases (NCDs) and mental disorders, and to promote healthier patterns of living, the programmes involved at the Regional Office were expected to focus on: implementation of action plans on nutrition, alcohol and tobacco – including holding ministerial conferences on the latter two subjects; improved surveillance of, and evidence on, the effects of drug abuse; new approaches to the management of chronic diseases within the countrywide integrated noncommunicable disease intervention (CINDI) network; support to countries for mental health care reform; and information on health promotion policies in Member States.

Main achievements

48. Ministerial delegations adopted a new European action plan on nutrition and food safety at the fiftieth session of the Regional Committee in September 2000. The action plan aims at guiding countries, in the context of their various cultures and social, legal and economic environments, to develop policies to reduce the burden of food-related ill health and its concomitant cost. This entails a comprehensive, multisectoral approach to food and nutrition issues, including national food and nutrition monitoring systems, the relevant base of scientific knowledge, advisory and coordinating mechanisms, and national action plans.

49. WHO supported country action in 2000/2001 by promoting the European plan, and providing comparative analyses of nutrition policies in Member States and a training module on intersectoral food and nutrition policy development. This training module was used in two series of workshops for the formulation of national action plans.

50. Over 57 000 young people die from alcohol each year in Europe, and this calls for urgent action. At the WHO Ministerial Conference on Young People and Alcohol, held in Stockholm in February 2001, European health ministers agreed on action to reduce the harm caused by alcohol and protect public health. The declaration unanimously adopted by representatives of all the 51 countries in the Region sets out clear ways to stop the suffering and premature deaths of young people due to alcohol. It identifies

specific actions to reduce alcohol consumption and counter the dangerous heavy drinking patterns aggressively promoted by the alcohol industry. All representatives agreed on ten specific common targets to be achieved by 2006.

51. The WHO European Ministerial Conference for a Tobacco-free Europe in Warsaw, Poland was delayed to February 2002. Most activities of the programme during the biennium served as input for preparation of this major event. The first comprehensive tobacco database for the Region was developed. The findings from a global youth tobacco survey, carried out in five countries, point to high average tobacco use by young people (11% higher than the average for adults in 1999). A report was prepared on the European countries' progress on tobacco control. A meeting of experts from 45 countries, held in Ljubljana, Slovenia in December 2001, reviewed the successes and failures in implementing the third Action Plan for a Tobacco-free Europe (1997–2001). This was the last step in preparation of the European report on tobacco control policy (EUR/01/5020906/8), which presents evidence of a hazardous harmonization in tobacco use by 15–18-year-old girls and boys at around 30% throughout Europe; stresses the tobacco industry's continuing assault on public health; and identifies how success in tobacco control can be and is being achieved in some countries. The Ministerial Conference expressed a strong commitment to tobacco control as a key priority on public health agendas, and it will galvanize European support for the global Framework Convention on Tobacco Control and the next Action Plan for a Tobacco-free Europe.

52. All CINDI countries participated in the second survey on NCD policy development. A report containing an analysis of data was prepared. The results of the survey were presented at several international conferences and will be used for further development of national NCD prevention and control policies. Technical assistance was provided to 18 countries.

53. The CINDI dietary guide was finalized and adapted or translated in eight countries. CINDI countries participated in a meeting to discuss the development of food and nutrition action plans in the Baltic area. A survey on hypertension prevention and control policies was conducted in CINDI participating countries, and the analysis of data and a report were prepared.

54. The Regional Office's activities in mental health were mainly devoted to the Year of Mental Health, which concentrated on destigmatization. Many World Health Day activities were carried out across Europe on 7 April 2001 with support from the Office. In 2001, two meetings of the task force on destigmatization were held, as well as two meetings of the task force on mental health assessments and one meeting of the newly formed WHO European Network on Suicide Prevention and Research. The Athens Declaration on Mental Health and Man-made Disasters, Stigma and Community Care was adopted at a meeting in Athens in June 2001, hosted by the Greek Ministry of Health, and subsequently endorsed by the Regional Committee in September 2001 (resolution EUR/RC51/R5).

55. A conference on "Coping with stress and depression-related problems in Europe", hosted by the Belgian government and held in collaboration with the EU, called for the EC and WHO to focus on these priority issues in mental health and explore avenues for joint action. As a direct result of this conference, the European Council of Health Ministers adopted conclusions on combating stress and depression-related problems.

56. Through an intersectoral assessment of "assets for investment for health", an appraisal of health promotion potential was made in the Czech Republic, Malta and Slovenia. Agreement has been reached to carry out national appraisals and policy reviews in this field in two countries (the Czech Republic and Finland). A guidance document on workplace health from the public health perspective, including criteria and indicators for policy and action with regard to good practice in health, environment and safety management in enterprises, was prepared in collaboration with focal points in 22 countries, for publication in early 2002.

Family and community health

Objectives and expected results

57. To ensure that all newborn babies have a healthy start in life, and to improve the health of all infants and children, the main activities planned for 2000–2001 included:

- promotion of the integrated management of childhood illness (IMCI), breastfeeding and baby-friendly hospital initiatives, principles of perinatal care and appropriate technology in neonatal care;
- introduction of a holistic approach to birth, and support to countries for implementing safe motherhood programmes;
- implementation of action plans for women's health; and
- dissemination of information on health-promoting schools.

Main achievements

58. The Regional Office joined the global Making Pregnancy Safer (MPS) initiative at the end of 2000. The Republic of Moldova was selected as the MPS pilot country in Europe. The programme for the promotion of effective perinatal care (PEPC) developed as one of the major components of this initiative in the European Region. It has been introduced in several Member States, especially those with high maternal and infant mortality rates. In 2000–2001, 11 countries received technical support for implementation of this programme. In collaboration with WHO headquarters and the Regional Office for Africa, an expert group meeting revised the PEPC training manuals in order to include a component on the prevention of mother-to-child transmission of HIV. A number of orientation meetings and training courses were organized in participating countries. The pilot project on reproductive health, including family planning, and on perinatal, neonatal and paediatric care in the central Asian republics, Azerbaijan and Kazakhstan was extensively evaluated.

59. Implementation of IMCI was supported in 12 countries. An intercountry IMCI course was held in Kazakhstan, and training was organized at national and district levels in several countries. The European Region was included in the global multicountry evaluation of IMCI, and Kazakhstan was selected for the evaluation. A study proposal was developed for assessing the quality of paediatric care at hospital level. Three countries (Kazakhstan, the Republic of Moldova and the Russian Federation) will be included in the study, which is due to start in 2002. Both PEPC and IMCI were included in World Bank projects in several countries in the Region and supported at national level by UNICEF.

60. Activities related to the prevention of child abuse and neglect were introduced in three pilot countries, in the form of a training programme in Slovakia; a survey on the prevalence of child abuse and neglect, and development of best practices for de-institutionalization of children, in Romania; and the integration of child protection with perinatal care and management of illness programmes, in the Russian Federation. Legal texts concerning child abuse and neglect and child protection, including sexual abuse, were compiled in parallel with the process of reporting to the Committee on the Rights of the Child. A child protection training package is being developed.

61. The work of the programme on promotion of young people's health also focuses on a comprehensive and integrated approach. In partnership with the United Nations interagency group and in close association with the European Network of Health Promoting Schools (ENHPS), the programme has started to carry out a regional strategic life skills education programme in seven countries. The ENHPS has grown in size to include the 41 countries now participating in the programme. The network is continuing to receive applications for membership and will soon be active in all Member States of the Region. A coordinated strategy for improving the health of young people is being developed, to enable coherent programme development in relation to country needs.

62. In response to a request by a number of countries for assistance in reviewing their national policies, a regional framework on sexual and reproductive health was developed, based on the countries' priorities, the needs of specific target groups, and the policy recommendations of international summit meetings and conferences. During the period 2000–2001, seven Member States used this framework for formulating national policies in this field.

63. The Regional Office, in cooperation with national working groups, published "Highlights on women's health" in 38 Member States, documenting trends in morbidity and mortality patterns over the past ten years. Based on this work, a human rights-based Action Plan for the Health of Women was drawn up jointly with collaborating centres and scientific and professional organizations throughout the Region.

64. In 2001, the Regional Office started the process of integrating gender concerns into health policies and programmes. This approach was endorsed in the Madrid statement issued by participants from 28 European countries in a seminar on gender mainstreaming in health policies, hosted by the Spanish Ministry of Health in September 2001. The Regional Office conducted studies on domestic and gender-based violence, and held interregional consultations in preparation for the World report on violence and health, to be launched in 2002.

Health, environment and sustainable development

Objectives and expected results

65. To develop and advocate strategies and actions that support health within environmental, social and development policies, this programme area aims at: assessing the health impact of different sectors' policies and development strategies; providing evidence-based recommendations for a healthy environment; raising the awareness of decision-makers in all sectors of the benefits to be gained from investing in health; and making rapid and effective responses to emergencies and emerging priority needs. The main results expected for 2000–2001 were:

- the implementation of national and local action plans for environment and health, and health and environment geographical information systems;
- ratification of the WHO/United Nations Economic Commission for Europe (ECE) Protocol on Water and Health, and the implementation of projects on sustainable water supply, resources and services management;
- the production of guidelines on health aspects of housing and construction, and on healthy urban planning; and
- information on food safety for public health policy, on risk assessment methodology and principles for the control of food contamination, and on economic incentives for the healthiness of consumer goods.

Main achievements

66. In the field of environmental health, this programme area operates through units based at the Regional Office and at the European Centre for Environment and Health, with offices based in Rome and Bonn. The Rome office agreement has now been renewed until 2006. The new office opened in Bonn, with the support of the German government, focuses on health and the quality of the urban environment. The office in Bilthoven closed at the end of 2000. A project office on nuclear emergency response and public health was also closed at the end of 2001, and its functions were transferred to the office in Bonn. The renewed European Environment and Health Committee met four times during the biennium, to monitor the environmental health process in Europe and plan for the next ministerial conference on environment and health, to be organized in Budapest in 2004.

67. National environmental health action plans (NEHAPs) and local environmental health action plans (LEHAPs) entered the implementation stage, in collaboration with other United Nations agencies.

Monitoring and support was carried out in several Member States, and particularly in five central European countries with the support of the government of Denmark.

68. The Protocol on Water and Health, approved by Member States at the Third Ministerial Conference on Environment and Health (London, June 1999), is in the process of formal ratification. Sustainable water supply and water resource/water service management projects were implemented in ten demonstration cities or regions in CCEE/NIS, to give effect to the policies recommended by the Protocol. A first meeting of the parties to the Protocol was held in Budapest in November 2000, to review the progress made in implementing the relevant provisions. Revision of the WHO Guidelines on water quality continued. A draft of guidelines on recreational waters was prepared and circulated to Member States before finalization.

69. A major project, supported by the Italian government, was carried out to assess the impact on human health and the environment of the accidental release of cyanide in the Danube basin in Romania. As a consequence of this project, a protocol for rapid environmental risk assessment was developed.

70. WHO responded rapidly to a request from the United Nations Mission in Kosovo (UNMIK) to monitor the possible health consequences among the civilian population of the use of depleted uranium. A team of experts undertook a fact-finding and assessment mission in January 2001, with the support of WHO staff based in Kosovo, as part of the Regional Office's humanitarian assistance programme. The findings from this mission clearly demonstrated the need for long-term surveillance. For the present, however, the population concerned could be reassured about the health consequences of exposure to radioactivity due to depleted uranium.

71. An overview of the available evidence concerning the relationship between the physical environment and children's health, identifying research needs and policy priorities to protect children's health from environmental hazards, was prepared in collaboration with the European Environment Agency and peer-reviewed by several experts in the Region, for publication in 2002.

72. Implementation of the Charter on Transport and Health, approved at the Ministerial Conference in London, continued. A WHO-ECE high-level meeting, with participants from the health, environment and transport sectors from all countries in the Region, was held in Geneva in May 2001, to discuss the recommendations made by the two organizations on practical steps towards achieving transport patterns that are more sustainable for environment and health, and to consider the need for and feasibility of a legally binding Convention on Transport and Health.

73. A research project on adaptation to climate change was initiated, with the support of the European Commission. The project involves seven centres of excellence, coordinated by WHO. A series of expert meetings resulted in the publication of reviews of evidence on climate change and human health impact and adaptation, and on the early health effects of climate change and stratospheric ozone depletion. Regional Office staff participated actively in the two conferences of the parties to the United Nations Convention on Climate Change held in Bonn and The Hague in 2000 and 2001. Parallel seminars were organized with the participation of the European Commission.

74. The "Food Europe" subset of the Global Environmental Monitoring System (GEMS) was established in 1991 to address the specific priorities and needs of WHO's European Region. A major output of the programme was a contribution to the book *Concern for Europe's tomorrow*,¹ the first comprehensive survey of environmental health ever carried out in Europe. After a halt since 1995, GEMS/Food Europe was re-established in 2001. The network for monitoring the chemical contamination of food was revitalized and data collection restarted. The monitoring system for foodborne infections and intoxications continued, and the seventh report was published. Assessments and training exercises on the

¹ WHO European Centre for Environment and Health. *Concern for Europe's tomorrow. Health and the environment in the WHO European Region*. Stuttgart, Wissenschaftliche Verlagsgesellschaft, 1995.

effects of genetically modified organisms in food were carried out. A WHO seminar on this issue was held in Rome in September 2000.

75. The second edition of WHO's air quality guidelines was published in 2000.² The methodology for assessing the health impact of particulate matter was further developed, in collaboration with the European Commission. The Regional Office participated in a simulation exercise organized by the International Agency for Atomic Energy to test whether adequate responses were made to an accident at a nuclear power plant.

76. At its session in Madrid in September 2001, the Regional Committee addressed the issue of poverty and health. The Venice Centre for Investment for Health and Development was established in September 2001, supported by the Italian government and the Veneto Region. Its first work was to start a collection of case studies on implementation of the Regional Committee resolution on poverty and health.

77. Forty-four cities in Europe are so far members of the Healthy Cities network, while the membership of existing national networks is growing fast and new national networks are being launched. In some countries, such as Austria, Croatia, Denmark, Israel, Lithuania and the Netherlands, more than 40% of the population live in cities that are part of the national network. Over 1300 cities are now members of national or subnational healthy cities networks in Europe. The spirit of solidarity in the healthy cities movement is well reflected in the new network in Bosnia and Herzegovina, which brought together cities from all entities in the country under the "umbrella" of mutual cooperation.

78. Some of the most notable achievements of the WHO Centre for Urban Health during the 2000–2001 biennium include: the commitment made by city mayors to implement local policies for equity; the new ground-breaking publication on healthy urban planning³ and the work of a city action group of urban planners working for health; the agreement by national networks to meet minimum quality standards; and the partnership with all major networks of local governments in the EU-funded European Sustainable Cities and Towns Campaign.

Information, evidence and communication for health

Objectives and expected results

79. The aims in this programme area were to assist Member States in establishing health research, information and communication systems in support of health policy, to standardize the collection of health data in agreement with other organizations, and to establish networks for the exchange of health-related information. To those ends, the programme was expected to focus on: improved quality and coverage of the health for all (HFA) database, and support to countries in this field; periodic health interview surveys in Member States; up-to-date "health systems in transition" (HiT) profiles; evidence on the health effects of socioeconomic development policies; and guidance on indicators and databases for assessing the quality of care.

Main achievements

80. The European HFA database has been further developed, updated and disseminated twice a year, to support health situation analysis at national and international levels. Integration of the central HFA database and the databases of various technical units into one coordinated Regional Office system has begun. During the biennium "Highlights on health" were produced or updated for over 20 countries, so they are now available for the majority of countries in the Region.

² *Air quality guidelines for Europe, Second edition*. Copenhagen, WHO Regional Office for Europe, 2000 (WHO Regional Publications, European Series, No. 91).

³ BARTON, H. & TSOUROU, C. *Healthy urban planning: a WHO guide to planning for people*. London, Spon Press, 2000.

81. Many countries were supported in developing national databases of health indicators and training professionals in their use, to improve health situation analysis and decision-making at national and local levels. Implementation of the tenth revision of the International Classification of Diseases (ICD-10) and the international definition of “live birth” were supported in the central Asian republics and some other countries. In total, about 60% of countries in the Region had implemented ICD-10 by the end of 2001.

82. The EUROHIS project (on common methods and instruments for health interview surveys in Europe), cosponsored by the EC’s BIOMED2 programme, continued to develop tools with which to make valid international comparisons of survey results in Europe. During this period the project was completed, and a final report has been submitted to the EC. The instruments will shortly be published in a book describing their development and performance in the field and offering guidelines for their use.

83. The European Observatory on Health Care Systems, sponsored by the World Bank, the European Investment Bank and the governments of Greece, Norway and Spain, as well as by the London School of Economics and Political Science and the London School of Hygiene and Tropical Medicine, handles studies of health system reforms, with a mandate to ensure a process of learning from country experiences while fostering cross-fertilization between different partners and countries. Over the past two years, the Observatory has consolidated its activities and is fulfilling its mission of putting evidence into practice, to inform Member States as they forge health policy based on current research, analysis and international experience.

84. Every few years, nearly every country in the Region is the subject of a HiT document, an in-depth profile of the health care system using a standardized approach that allows comparison across countries. HiT summaries were developed to meet the demand for quick and easy access to the core facts. “Living HiTs” were set up, whereby country correspondents keep the analysis and information up to date on the European Observatory’s Web site.

85. The European Observatory also produces analytical studies on subjects currently in the spotlight. Major studies were prepared on funding health care options, regulating entrepreneurial behaviour, hospitals, and health care in central Asia. It also became clear that policy-makers wanted fast access to the key points in these studies, so policy briefs were developed. Further studies will focus on social health insurance, purchasing, primary care, and accession to the EU. Country meetings and international workshops were organized, as well as a regular summer school in Dubrovnik. The European Observatory Web site was developed and enhanced, and publications such as the *Euro observer* newsletter and the Eurohealth magazine were issued.

86. The programme on evidence initiated a process of integrating the evidence-based approach into all the Regional Office’s activities, which should lead to a jointly developed policy for the Office in this field. External advice is provided by the European Advisory Committee on Health Research (EACHR). As part of WHO’s global advisory mechanism, the EACHR also advises the Regional Office on priorities and policies for the development of health research.

87. In 2001 the Office started to prepare the new edition of the European health report, a statutory report on the public health situation and trends in the Region. The revamped report is a continuation of the Regional Office’s monitoring, evaluation and reporting function, designed to meet the basic information needs of the Member States vis-à-vis the four main thrusts of WHO’s corporate strategy and its specific implementation in the Region. It aims to strike the right balance by paying appropriate attention to the social and economic determinants of health, while emphasizing the importance of health systems.

88. A new information policy was formulated, entailing the creation of a health intelligence centre in partnership with other important international organizations and national bodies. A policy and strategy on information products and services was also drawn up in 2001 with the aim of enabling the Regional Office to provide relevant, evidence-based and high-quality information to people who shape public health policies across the European Region and beyond. The target audiences were identified and more

effective dissemination mechanisms were put in place, to ensure that the Regional Office's information products are distributed as widely as possible in the most appropriate format. As part of the implementation of this strategy, a comprehensive planning system for the publication of health information products was developed. The Regional Office's new Web site was developed and relaunched in January 2002.

Conclusion

89. From the review of activities presented above, it appears that the Regional Office has taken a series of important steps forward during the biennium 2000–2001. Among the most visible achievements are: the significant move towards increased support to country policies and programmes, through implementation of the new country strategy; the resulting shift in the way of working in countries and at regional level, with constant attention to the priority needs expressed by Member States; the restructuring of the Regional Office in line with its main functions (Country support, Technical support, Evidence and information, and Administration and management), with emphasis on collaboration between programmes within the Office and at WHO headquarters; and the development of partnerships with other organizations. Although much remains to be done, progress was also made in improving the quality of the Regional Office's work, through the continuous search for scientific evidence to support programme proposals and the sharing of information and knowledge with Member States. Another important step was the introduction of "futures fora", as a means of reviewing possible responses to future health challenges.

90. In technical fields, the Regional Office's work was generally in line with the objectives and expected results expressed in the programme budget 2000–2001. Progress was made towards certifying the Region as polio-free in 2002. The surveillance and control of communicable diseases, particularly tuberculosis, received increased attention at country level. Major events were organized in such domains as nutrition, alcohol and young people, mental health, nursing and midwifery, and poverty and health. The ministerial conference on tobacco and health had to be postponed to 2002, but most activities in this domain in 2000–2001 were devoted to its preparation. In some programmes, activities were delayed or did not reach the expected level of implementation, mostly owing to temporary shortages of staff or lack of external resources. This is the case, for instance, for malaria control and noncommunicable diseases. Some programmes developed activities that are of considerable interest to Member States in the European Region, although not expressly mentioned in the programme budget, particularly in such fields as reproductive health, women's health and gender mainstreaming.

91. Looking at the main priority issues in the European Region as assessed in *The European health report 2002*,⁴ it appears that the technical content of regional activities can be considered generally relevant to these issues. Activities to support Member States were developed in areas that are considered as responsible for major health inequalities between and within countries, namely communicable diseases such as HIV/AIDS and tuberculosis in eastern European countries; mental disorders; risk factors related to lifestyles and the physical and socioeconomic environment that are common to several noncommunicable diseases; infant and child mortality; the exposure of adolescents to risky behaviours; and the health of women in general and the specific health risks linked to reproduction. The Regional Office's technical programme looks insufficiently active, however, in some issues of high priority in the European Region such as specific chronic diseases, ageing and health, or accidents. More would need to be done in future to be more present in these fields, either through the Office's resources or through increased partnership with relevant organizations or institutions in the Region.

92. Health policies and health system reforms are also high priorities in European countries. Information and evidence in this domain is being collected and assessed through the continuing production of HiT documents and the analytical studies on specific subjects made by the European Observatory. A step forward has been to set up a health system advisory working group and an expert

⁴ *The European health report 2002*. Copenhagen, WHO Regional Office for Europe, 2002 (WHO Regional Publications, European Series, No. 97).

panel of consultants. It is clear, however, that the Office's programme to support countries in this key area needs to be strengthened and streamlined. This is one of the main challenges for future activities.

93. The programme budget for 2002–2003 already reflects the need for continuity in the work of the Regional Office, while progressively introducing changes to better respond to countries' needs and priorities. Preparation of the programme budget for 2004–2005 provides an opportunity to amplify this movement. Implementation of the country strategy will continue, and the country focus of the Office's activities will be emphasized. Its capacity to address the major issues of health policies, systems and services will be strengthened. The role of the Regional Office as a health intelligence centre, able to collect, analyse and make accessible information and evidence for public health, will be further developed. Maintaining the Regional Office's capacity to respond to existing challenges and emerging priorities will require permanent efforts to monitor and evaluate programme delivery, adjust structures and processes, and keep the technical competence at the appropriate level.

Annex 1

SELECTED IMPORTANT REGIONAL OFFICE INFORMATION PRODUCTS, 2000–2001⁵

Publications

RITSATAKIS, A. ET AL., ED. *Exploring health policy development in Europe*. 2000 (WHO Regional Publications, European Series, No. 86).

FLEISCHER MICHAELSEN, K. ET AL. *Feeding and nutrition of infants and young children: guidelines for the WHO European region, with emphasis on the former Soviet countries*. 2000 (WHO Regional Publications, European Series, No. 87).

KOVATS, S. ET AL., ED. *Climate change and stratospheric ozone depletion: early effects on our health in Europe*. 2000 (WHO Regional Publications, European Series, No. 88).

DORA, C. & PHILLIPS, M., ED. *Transport, environment and health*. 2000 (WHO Regional Publications, European Series, No. 89).

DREW, C.H. ET AL. *Guidelines for evaluation of environmental health services*. 2000 (WHO Regional Publications, European Series, No. 90).

Air quality guidelines for Europe, Second edition. 2000 (WHO Regional Publications, European Series, No. 91).

ROOTMAN, I. ET AL., ED. *Evaluation in health promotion: principles and perspectives*. 2001 (WHO Regional Publications, European Series, No. 91).

CURRIE, C. ET AL. *Health and health behaviour among young people*. 2000 (Health Policy for Children and Adolescents series, No. 1).

Monitoring ambient air quality for health impact assessment. 2001 (WHO Regional Publications, European Series, No. 85 – Russian edition). (English version published in 1999 – the Russian edition is expanded and adjusted to meet the needs of readers in the newly independent states).

KOVATS, S. ET AL. ED. *Climate change and health: impact and adaptation*. Geneva, World Health Organization, 2000 (WHO/SDE/DEH/00.4) (issued jointly with the WHO European Centre for Environment and Health, Rome).

Co-publications

BARTON, H. & TSOUROU, C. *Healthy urban planning: a WHO guide to planning for people*. London, Spon Press, 2000.

A source book on implementing local environment and health projects. London, Chadwick House Group, 2000.

KLINGEMANN, H. & GMEL, G. ED. *Mapping the social consequences of alcohol consumption*. Dordrecht (Netherlands), Kluwer Academic, 2001.

DAWSON, A. & TYLEE, A. ED. *Depression: social and economic timebomb: strategies for quality care*. London, BMJ Publishing Group, 2001

Health care system in transition (HiT) profiles

2000

Belgium, Czech Republic, Estonia, Germany, Lithuania, Norway, Romania, Slovakia, Spain, Switzerland, The former Yugoslav Republic of Macedonia, Turkmenistan.

2001

Armenia, Australia, Austria, Denmark, Finland, Italy, Latvia, New Zealand, Slovenia, Sweden, Uzbekistan.

⁵ All issued at Copenhagen by the WHO Regional Office for Europe, unless otherwise stated.

Highlights on health

2000

Belarus, Croatia, Hungary, Iceland, Turkmenistan [2nd ed.].

2001

Armenia, Azerbaijan, Bulgaria, Czech Republic, Estonia, Georgia, Latvia, Lithuania [2nd ed.], Malta, Poland, Republic of Moldova, Slovakia, Slovenia, Switzerland, Ukraine.

Highlights on women's health

2000

Albania, Armenia, Austria, Azerbaijan, Belarus, Bulgaria, Croatia, Czech Republic, Denmark, Estonia, Finland, Georgia, Germany, Greece, Hungary, Ireland, Israel, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Malta, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Slovakia, Slovenia, Sweden, Switzerland, Tajikistan, Turkey, Turkmenistan, Ukraine, Uzbekistan.

Conference documents

Declaration on Young People and Alcohol: the WHO European Ministerial Conference on Young People and Alcohol, Stockholm 19–21 February 2001. (EUR/01/5026952)

SETTERTOBULTE, W. ET AL. *Drinking among young Europeans.* 2001 (Health Policy for Children and Adolescents Series, No. 3).

Second WHO Ministerial Conference on Nursing and Midwifery in Europe: report on a WHO conference, Munich, Germany 15–17 June 2000. (EUR/01/5019309)

Overview of instruments relevant to transport, environment and health and recommendations for further steps – Synthesis report. (EUR/00/5026094/1) (<http://www.euro.who.int/document/trt/advreport1.pdf>, accessed 4 July 2002).

Other documents

BRUUN JENSEN, B. & SIMOVSKA, V., ED. *Models of health promoting schools in Europe.* 2001 (EUR/01/5024642).

17th annual meeting of CINDI programme directors: report on a WHO meeting. Qawra, Malta 9–10 June 2000. (EUR/01/5015946).

Violence against women living in situations of armed conflict. Report on a WHO/ISS workshop in preparation for the International Conference: The role of health professionals in addressing violence against women, Naples 12–13 October 2000. 2001 (EUR/01/5019570).

Precautionary policies and health protection: principles and applications. Report of a WHO workshop, Rome 28–29 May 2001. (EUR/02/5027100)

CINDI dietary guide. (EUR/00/5018028)

Consensus meeting on surveillance of infectious diseases: report on a WHO meeting, Grottaferrata, Italy, 4–7 April 2000. (EUR/00/5016367)

WHYTE, L.A. *Community nursing for countries in transition.* (EUR/00/5019305).

Boys in the picture: gender-based programming in adolescent health and development in Europe. (EUR/00/5017720)

HUNTER, D.J. ET AL. *From “Health of the Nation” to “Our Healthier Nation”.* 2000 (Policy Learning Curve Series, No. 2)

Interlaboratory quality assessment of levels of PCBs, PCDDs and PCDFs in human milk and blood plasma: fourth round of WHO-coordinated study, (EUR/00/5020352).

Comparative analysis of progress on the elimination of iodine deficiency disorders (EUR/ICP/LVNG 01 01 01).

JOOSSENS, L. *Regulation of tobacco products: an update on European developments 1999–2001.* (<http://www.euro.who.int/document/e74524.pdf>, accessed 9 July 2002).

- WHO evidence-based recommendations on the treatment of tobacco dependence.* (<http://www.euro.who.int/document/e73285.pdf>, accessed 9 July 2002).
- MASON, P. *Helping smokers change: a resource pack for training health professionals.* (<http://www.euro.who.int/document/e73085.pdf>, accessed 9 July 2002).
- MCNEILL, A. & HENDRIE, A. *Regulation of nicotine replacement therapies: an expert consensus.* (<http://www.euro.who.int/document/e74522.pdf>, accessed 9 July 2002).
- SCHAR, E.H. & GUTIERREZ, K.K. *Smoking cessation media campaigns from around the world: recommendations from lessons learned.* (<http://www.euro.who.int/document/e74523.pdf>, accessed 9 July 2002).
- TERAESALMI, E. ET AL., ED. *Pharmacists against smoking, a research report 2001* (EUR/01/5025372).
- Ninth meeting of the European Regional Commission for the Certification of Poliomyelitis Eradication: Report on a WHO meeting, Vienna, Austria, 19–21 June 2000* (EUR/01/5018750).
- Tenth meeting of the Regional Commission for the Certification of Poliomyelitis Eradication: report on a WHO meeting, Chisinau, Republic of Moldova 11–13 October 2000* (EUR/01/5018752).
- Eleventh meeting of the Regional Commission for the Certification of Poliomyelitis Eradication: report on a WHO meeting, Copenhagen, Denmark 13–16 February 2001* (EUR/01/5018750).
- Sub-regional meeting of national coordinators for laboratory containment of wild polioviruses: report on a WHO meeting, Prague, Czech Republic 13–15 December 2000* (EUR/01/5018753).
- Sub-regional workshop on enhanced surveillance of acute flaccid paralysis and poliomyelitis: report on a WHO meeting, Ljubljana, Slovenia 5–6 July 2001* (EUR/01/5017487).
- Guidelines for implementation of laboratory containment of wild poliovirus. Laboratory survey and national inventory.* (EUR/00/5017484)
- The First action plan for food and nutrition policy: WHO European Region 2000–2005* (EUR/01/5026013).
- Intersectoral food and nutrition policy development: a manual for decision-makers.* (EUR/01/5026035).
- Urban and peri-urban food and nutrition action plan: elements for community action to promote social cohesion and reduce inequalities through local production for local consumption.* (EUR/01/5026040).
- Urban agriculture in St Petersburg, Russian Federation: past, present and future perspectives* (Urban food security case study no. 1) (EUR/00/5014688).
- Progress with Roll Back Malaria in the WHO European Region – regional and country updates September 2000–April 2001.* (EUR/01/5023398).
- Malaria border coordination: report on a WHO inter-country meeting, Dushanbe, Tajikistan, 1–2 June 2001* (EUR/01/507594).
- Mental health in Europe: stop exclusion – dare to care. WHO document, 2001* (<http://www.euro.who.int/document/e72161.pdf>, accessed 9 July 2002).
- European regional consultation on the introduction of second-generation HIV surveillance guidelines: report on a WHO consultation, Copenhagen, Denmark 14–15 November 2001* (EUR/01/5026722).
- Strategic action plan for the health of women in Europe – endorsed at a WHO meeting, Copenhagen 5–7 February 2001* (EUR/01/5019540).
- The role of the occupational health nurse in workplace health management.* (EUR/01/5025463).
- Improved coordination and harmonization of national food safety control services: report on a joint WHO/EURO-FSAI meeting, Dublin, Ireland 19–20 June 2001* (EUR/01/5026000).
- Occupational medicine in Europe: Scope and competencies, 2000* (EUR/ICP/EHBI/02 02 04).
- Policies to reduce exposure to environmental tobacco smoke – report on WHO working group Meeting, Lisbon, Portugal, 29–30 May 2000* (EUR/00/5020495).
- TB manual – National tuberculosis programme guidelines.* (EUR/01/5017620).
- Rapid response to future challenges in health: report on a WHO workshop (Futures Fora inaugural meeting), London, United Kingdom 4–5 July 2001* (EUR/01/5021599).

Highlights on health for the candidate countries for accession to the European Union: report on the WHO third project meeting, Luxembourg, 1 March 2001 (EUR/01/5018693).

WALLACE, M. *The European Union standards for nursing and midwifery: information for accession countries.* (EUR/01/5019308).

POMERLEAN, J. *Development of a global strategy on infant and young child feeding: report on a WHO/UNICEF consultation for the WHO European Region, Budapest, Hungary 28 May–1 June 2001 (EUR/01/5018050).*

KAMPER JOERGENSEN, F. *The Danish government programme on public health and health promotion 1999–2008: a case study.* (Policy learning curve series no. 5).

Report of the World Health Organization depleted uranium mission to Kosovo, 22–31 January 2001. (<http://www.euro.who.int/document/e71919.pdf>, accessed 9 July 2002).