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PARTNERSHIPS FOR HEALTH

Collaboration within the United Nations system and with other intergovernmental and nongovernmental organizations

This paper reviews the collaborative activities of the Regional Office, with emphasis on some of its main partners: the Council of Europe, the European Union and its institutions, the World Bank, the Joint United Nations Programme on HIV/AIDS and the United Nations Children's Fund. It is by no means an exhaustive report, but it highlights the major developments in the past year and is submitted to the Regional Committee for information.

The first part reviews the major partnerships and sets out some of the partners' views on working with WHO, while the second part focuses on nongovernmental organizations (civil society) and the new global and regional developments in this area.

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Contents

Introduction

1. To strengthen and build up new partnerships is a primary concern of WHO, motivated by a determination to focus on the added value of all partners who strive to promote and protect health.

2. The WHO Regional Office for Europe, including its five centres in Rome, Venice, Bonn, Brussels and Barcelona, and its 26 liaison offices, is engaged in numerous collaborative ventures.

3. The Regional Office's country strategy "Matching services to new needs" (EUR/RC50/10), which was adopted by the Regional Committee in 2000, strengthened existing partnerships for health and initiated new ones. In November 2001 a new Regional Adviser for External Cooperation and Partnerships was appointed to act as focal point for external relations.

4. This year this document includes an update on collaboration with the Council of Europe, the European Commission, the World Bank, the Joint United Nations Programme on HIV/AIDS (UNAIDS) and the United Nations Children's Fund (UNICEF). Relations with nongovernmental organizations (NGOs) are taking a decisive turn with the global launch of the Civil Society Initiative. A few examples of collaboration with NGOs are highlighted in this paper. Additionally, the Open Society Institute (Soros Foundation) presents its views on the partnership with the Regional Office.

The Regional Office's major partnerships – an overview

Council of Europe

5. At its fifty-first session in Madrid in 2001, the Regional Committee adopted resolution EUR/RC51/R9 on "Coordination of work with the Council of Europe in the field of health". In June 2001 the Council of Europe, the European Commission and the Regional Office formally expressed their political will and defined possible areas of cooperation in an official Exchange of Letters (available from the Secretariat).

6. The Council of Europe is a major player in the areas of ethics and human rights. The Regional Office is an observer at meetings of the European Health Committee (CDSP) and the Steering Committee on Bioethics (CDBI), and it contributes to technical working groups and related projects.

7. A good working relationship has now been established between the two organizations on "Patients and the internet" and "Palliative care", and joint guidelines in these two areas will be finalized by the end of 2002. Cooperation with the Council has also improved in the field of "Media and the patient", partly owing to the facts that WHO has moved from observer to partner status and that there is now a clear division of tasks for each partner.

8. The Regional Office has cooperated closely with the Council of Europe in the Russian Federation on tuberculosis control and human rights in prisons. The main focus of joint activities is the High-level Working Group for Tuberculosis Policy Formulation and the Thematic Working Group on Tuberculosis in Prisons.

9. Combined action by the Council of Europe and the Regional Office in 2001 resulted in the establishment of the South-East Europe (SEE) Health Network, bringing together Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the former Yugoslav Republic of Macedonia, Romania and Yugoslavia. Based on the countries' review of vulnerable populations' access to health care, the ministers of health of the seven SEE Member States reached an unprecedented political agreement on cooperation and concerted action for health development in the area. At a forum held in Dubrovnik, Croatia, in September 2001, they signed the Dubrovnik Pledge on "Meeting the needs of vulnerable populations in south-east

Europe", thus contributing further to the processes of peace, development, democratization, stability and reconciliation within the framework of the Stability Pact.

10. Health was therefore placed on the agenda of the Stability Pact Initiative for Social Cohesion. Partnerships were further extended and strengthened. The international community, and particularly the governments of France, Greece, Italy and Switzerland and the Council of Europe Development Bank, as well as the Council of Europe itself and the Regional Office, pledged both technical and financial support for four of the seven topics in the Initiative. Two of the projects are already in their implementation phase, and the other two are in the process of final preparation.

11. At its fourth meeting in Hillerød, Denmark from 26 to 28 May 2002, the SEE Health Network endorsed 12 founding principles for collaboration, the most important of which are a partnership-based approach, full ownership of action by the SEE countries, sustainability, complementarity, continuity, transparency and accountability.

12. The European Network of Health Promoting Schools (ENHPS) is another specific, practical example of a public health activity that has successfully harnessed the energies of three major European agencies in the joint pursuit of their goals in school health promotion. The project has been a tripartite activity since it was launched by the European Commission, the Council of Europe and the Regional Office in 1991. Four countries were involved in the pilot phase in 1991, whereas 41 countries are participating actively in 2002. A successful collaborative programme between this network and the World Bank has been implemented in the Russian Federation, and negotiations are ongoing for similar programmes to be undertaken in Tajikistan and Uzbekistan.

European Commission

13. Cooperation between the Regional Office and the institutions of the European Union, in particular the Commission of the European Communities, has increased at all levels over the past year.

14. Based on the framework for intensified cooperation agreed on 14 December 2000 through an Exchange of Letters between WHO and the Commission,[1] an open and positive policy dialogue has taken place with various Directorates-General on a range of issues. The focal point for close cooperation with the Commission is the Directorate-General for Health and Consumer Protection: meetings are held and contacts maintained on a regular basis between all managerial and programme levels of both organizations. Subjects covered include the Commission's policy on health and poverty, and combined actions and efforts on major communicable diseases, health and the environment, sustainable development, and tobacco control.

15. A first meeting of senior officials of WHO (from WHO headquarters, the WHO Office at the European Union and the Regional Office) and the Commission took place in Brussels in October 2001. It focused on communicable diseases and comprised a review of major issues of mutual interest, including health information, pharmaceuticals and tobacco control. These discussions were taken further at the second High-level Meeting (between the WHO Director-General and Regional Director, and the Commissioners for Health, Environment, Development and Research), held in June 2002.

16. The European Union (EU) member countries have mandated the Commission to negotiate the Framework Convention on Tobacco Control (FCTC) on their behalf in areas of its competence. At the WHO European Ministerial Conference in Warsaw in February 2002, strong political will was expressed to combine the forces of both organizations in order to reach the goals of the FCTC. Another milestone in cooperation is the new WHO European Strategy for Tobacco Control, which is on the agenda of the current session of the Regional Committee (document EUR/RC52/11).

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[1] *Official Journal of the European Communities:* **C1**, 9–11 (4 January 2001).

17. In the area of emergency and humanitarian action the Regional Office, with the assistance of the WHO Office at the European Union, has further strengthened its cooperation with the European Commission's Humanitarian Aid Office (ECHO), which has been and is one of the five largest contributors to the Regional Office's programme of humanitarian aid.

18. To intensify the growing partnership and understanding between both institutions, an exchange of communicable disease surveillance staff at the Regional Office and the Directorate-General for Health and Consumer Protection is in preparation and should begin this year.

19. Through ECHO, the European Commission funded a large project on tuberculosis (rehabilitation of services, supply of equipment, training) for Albania and the former Yugoslav Republic of Macedonia. The project ended in March 2002 and a similar project is planned for Ukraine. WHO also works closely with the Institut de veille sanitaire, an EU-funded health monitoring facility, in Paris, in the field of tuberculosis surveillance.

20. The European Commission has continued its support to the environment and health process, with representatives of the Directorates-General for both health and the environment participating as members of the European Environment and Health Committee. It is also assisting with preparations for the Fourth Ministerial Conference on Environment and Health, to be held in Budapest in June 2004.

21. The Bonn office of WHO's European Centre for Environment and Health collaborates with the Directorate-General for the Environment, mainly on air quality and health. WHO's Air quality guidelines for Europe were used as background for the Commission's directives on air quality. In 2001, the European Commission decided to develop a thematic strategy for "Clean Air for Europe" (CAFE), setting out Community policies in this field until 2020. The programme includes evaluation and revision of the air quality directives in 2004.

22. Additionally, cooperation is developing in areas such as:

- pharmaceuticals, through the EuroPharm Forum (which involves pharmacists in health promotion and disease management) and the European Network for Smoking Prevention (design of a survey on the attitude of community pharmacists towards tobacco dependence);
- telematics and telemedicine (the WHO office in Barcelona, together with the European Space Agency and the International Telecommunication Union).

World Bank

23. Extensive ongoing cooperation with World Bank teams on joint assessments at country level has been strengthened by identifying common strategies where feasible.

24. A meeting between senior staff responsible for field projects in the European Region took place in Copenhagen in September 2001. A framework and structure for enhanced cooperation between the two organizations were agreed upon. Specific guidelines (available from the Secretariat) were adopted to guide staff and consultants, and to facilitate collaboration between technical and operational programmes. Three pilot countries – Azerbaijan, Georgia and Kyrgyzstan – were selected for testing and evaluating intensified collaboration, better and earlier exchange of information was agreed on and the participation of the staff of both organizations in training modules was envisaged. As a follow-up to that meeting, and to make an initial evaluation of the successes and failures, a video conference with the directors of both organizations and staff from the pilot countries was held in March 2002. Overall collaboration was reviewed, and solutions to existing problems were discussed openly. It was decided to include three additional pilot countries: the Russian Federation, Tajikistan and the former Yugoslav Republic of Macedonia.

25. The World Bank is an increasingly active player in tobacco control and has adopted a policy that prohibits Bank lending for activities related to tobacco.

26. Additionally, there has been extensive field cooperation with the World Bank on tuberculosis in Kyrgyzstan (integration of primary health care), in Kazakhstan (as part of a health sector reform project) and in Belarus, the Republic of Moldova, the Russian Federation and Ukraine (continuation of activities started in 1999). In Uzbekistan, WHO has provided the World Bank with support in strengthening the role of primary health care in tuberculosis control. In Romania, some Regional Office staff have been seconded to the World Bank to work on tuberculosis.

27. In the field of pharmaceuticals policy, WHO and the World Bank, together with UNICEF and UNAIDS, formed the Interagency Pharmaceutical Coordination group (IPC) in 1997 and have met regularly to discuss collaborative approaches. At country level, close collaboration with World Bank health projects has proven fruitful, particularly in the newly independent states (NIS). Coordination and collaboration with the World Bank also takes place in the Balkan countries.

28. In the field of evidence generation, the World Bank joined WHO as a founding partner of the European Observatory on Health Care Systems. The Observatory supports and promotes evidence-based policy-making through comprehensive and rigorous analysis of the dynamics of health care systems in Europe. The partnership now includes the governments of Greece, Norway and Spain, the European Investment Bank, the Open Society Institute, the London School of Economics and Political Science and the London School of Hygiene & Tropical Medicine. It not only generates evidence but has collaborated successfully with the World Bank and the Soros Foundation to ensure the relevance and quality of its work and to disseminate evidence across eastern Europe, the Caucasus and central Asia.

UNAIDS

29. To follow up on the United Nations General Assembly Special Session on HIV/AIDS, a regional meeting was held in Moscow in March 2002 on The United Nations Response to HIV/AIDS in countries of eastern Europe and central Asia. It brought together the European regional co-sponsors of UNAIDS: (the United Nations Population Fund (UNFPA), the International Labour Organization (ILO), the United Nations Development Programme (UNDP), the World Bank, UNICEF, the United Nations Education, Scientific and Cultural Organization (UNESCO), the United Nations Drug Control Programme (UNDCP) and WHO. This meeting was organized by the UNAIDS Secretariat and hosted by the Theme Group on HIV/AIDS in the Russian Federation. The aim of the meeting was to ensure a strong, coordinated and accountable United Nations response to the key challenges in addressing the HIV/AIDS epidemic.

30. The UNAIDS co-sponsors expressed their concern at the escalating HIV/AIDS crisis in eastern Europe and central Asia. They called on the countries in the Region to launch a massive and comprehensive multisectoral response to reduce the vulnerability of young people and empower them to become active partners in the effort against the epidemic. Through a statement (available from the Secretariat), they also reaffirmed their commitment to facilitating partnerships between governments and civil society, as well as between the private sector and social partners, and to strengthening the involvement of people living with HIV/AIDS as a fundamental principle.

UNICEF

31. Acknowledging the same basic values, similar strategies and potential areas of cooperation, UNICEF and the Regional Office decided to reinforce the long-standing cooperation between the two organizations by developing joint strategies and setting up regular meetings.

32. A first meeting took place at UNICEF in Geneva in May 2002, during the World Health Assembly. The following established areas of cooperation were discussed:

- HIV/AIDS, with emphasis on mother-to-child transmission;
- iodine deficiency;

- information, publication and advocacy strategies; and
- the United Nations interagency group for young people's health protection and development.

33. Suggestions were made as to how cooperation in these areas could be intensified. Problems of collaboration in the field were discussed and a range of solutions proposed. Statistical data used by WHO and UNICEF in some areas and for some countries are significantly different, particularly with regard to mortality rates. Those differences not only give a confusing message to donors and Member States but also influence the design and evaluation of both organizations' programmes. Solutions to that problem will be sought in joint efforts. It was also agreed that both regional directors should disseminate the same political messages and promote the same strategies concerning HIV/AIDS and iodine deficiency. Joint statements with key political messages will therefore be elaborated.

34. The two Regional Offices have also had regular collaboration at country level in the area of humanitarian assistance. Such collaboration in Albania and the Russian Federation focused on child health and HIV/AIDS, in the former Yugoslav Republic of Macedonia on mental health, in Tajikistan and Turkmenistan on immunization programmes, in Croatia on health and nutrition, and in Hungary on "Baby-friendly hospitals".

35. Within the framework of the Stability Pact, an important partnership with the UNICEF office in Bosnia and Herzegovina has developed in the area of surveillance of vulnerable groups and implementation of second-generation surveillance of HIV. Future projects with UNICEF will be handled using a country-by-country approach.

36. In child and adolescent health, joint planning of activities is carried out at regional level. At country level, UNICEF has supported and participated in activities organized by the Regional Office and its staff have taken part in numerous training courses on perinatal and obstetric care. Following the recommendations of the Coordinating Committee on Health (consisting of representatives of UNFPA and UNICEF, and chaired by WHO), joint needs assessments and implementation of adolescent-friendly services were carried out in Bulgaria, the Czech Republic, Estonia and Latvia.

37. There is extensive collaboration in the areas of infant feeding and nutrition, and iodine deficiency, at regional and subregional levels. UNICEF has contributed to several WHO activities and is involved in development of the global strategy for infant and young child feeding that was discussed at the World Health Assembly in May 2002.

Giving the floor to partners

38. Some of the Regional Office's partners have agreed to express their views and expectations concerning their cooperation with WHO.

European Commission

Cooperation with international organizations is an explicit requirement under the new health competence of the European Union (Article 152 of the European Community Treaty). This is emphasized in the new programme of Community action in the field of public health which will start in January 2003.

In this context, the European Commission and WHO concluded a new exchange of letters, aiming at the consolidation and intensification of cooperation. Director-General Brundtland and Commissioner Byrne signed the letters and the memorandum of understanding on 14 December 2000. With their personal commitment, WHO and the Commission have developed a productive partnership at policy level over the past two years and this is reflected at all levels of cooperation.

At high level, regular meetings between the Commissioner responsible for health and consumer protection and the WHO Director-General are taking place. The first high-level meeting between Commissioner Byrne and Dr Brundtland, with the participation of senior officials from both organizations, was held in April 2001 in Geneva on the occasion of World Health Day which was dedicated to mental health. The second high-level meeting took place in June 2002 in Brussels and also involved Commissioners Lamy, Busquin and Nielson and the Head of Commissioner Wallström's Cabinet. In addition, the meeting was attended by Dr Danzon, WHO Regional Director for Europe. The discussions covered a wide range of issues including combating smoking, the fight against communicable diseases, access to medicines, health research, environment and health, and nutrition and food safety.

At technical level, the first senior officials' meeting took place in October 2001 in Brussels. This was attended by a large number of officials' from WHO headquarters and the WHO Regional Office for Europe, led by Dr Danzon, as well as from seven Commission departments. This meeting provided a valuable opportunity to exchange views on key issues and to create new possibilities for further development. Two workshops were organized on communicable diseases and health information, and an information session on tobacco, health and the environment and pharmaceuticals also took place.

The next meeting of senior officials is scheduled to be held in Copenhagen on 3 and 4 October 2002. The topics to be addressed are:

- communicable diseases, tobacco and health information (as a follow-up to the first meeting);
- health and enlargement, poverty and health, and children's health and the environment (through the organization of a workshop on each of these three issues).

In addition, officials from the WHO office to the EU and the Public Health Directorate of the Commission's Directorate-General for Health and Consumer Protection have five to six meetings a year, to discuss working arrangements and address particular problems. With the valuable contribution of Dr Kreisel and his successor, Dr Martin, these meetings are proving to be a useful forum at which to take up issues of concern and provide a setting for discussions about the priority areas for collaborative work. The meetings, which take place in Luxembourg, are followed by tripartite meetings between the European Commission, WHO and the Council of Europe.

Both organizations have agreed to initiate a staff exchange programme in the area of communicable diseases. As a first step, an official from the Regional Office is to be seconded to the Commission's Public Health Directorate for a period of up to one year. This exchange will facilitate cooperation on revision of the International Health Regulations, as well as on the possible establishment of a European Centre for Disease Control by 2005.

Council of Europe

Just over a decade ago, cooperation between European intergovernmental organizations was exclusively limited to avoiding overlap of activities and saving human and economic resources. This undoubtedly remains one of the aims of cooperation but it was, in its conception, negative and passive.

In the early 1990s these organizations – notably the Council of Europe, WHO and the European Commission – developed a positive and active approach to their cooperation.

The first and most notable step was the setting up of the European Network of Health Promoting Schools (ENHPS), run jointly by these three organizations with a single technical secretariat provided by WHO in Copenhagen. Thanks to this integrational initiative, ENHPS today has 41 Member States benefiting from health education in their schools.

It has to be stressed that this integrational conception of cooperation was not exclusively developed by the various international organizations. Several Member States had been insisting on greater convergence between the European organizations, particularly in sensitive areas where conflicting views could prove harmful. In 1999 the Council of Europe, the European Commission and WHO accordingly started a series of informal meetings to discuss their respective programmes. The efforts deployed in these tripartite meetings were crowned in 2001 by an exchange of letters between the three organizations, in the presence of Dr Marc Danzon, WHO Regional Director, and Dr F. Sauer, Director of Public Health at the EC Directorate-General for Health and Consumer Protection. The exchange of letters confirmed the interest in working together. They now had to be implemented.

The Regional Director, Dr Danzon, called on the Council of Europe practically within hours of his nomination. He spared no words in his enthusiasm for positive cooperation with the Council of Europe. Practical examples are not lacking.

WHO experts are actively participating, not as observers but as full participants, in two of the most important committees: the Committee of experts on the impact of information technologies on health care (the patient and the internet) and the Committee of experts on health and the media (the joint programmes in the Stability Pact).

WHO participation in the Council of Europe's European Health Committee (CDSP) is no longer limited to a general description of activities but extends to interventions on the various topics. This participative approach helps to identify common concerns and possible common action. Such participation is particularly important in the debate on the programme of activities. WHO is the organization par excellence on health issues, with terms of reference covering all possible aspects of health. Moreover, it has the necessary technical expertise. The Council of Europe is a political organization orientated towards the protection of human rights. Its health programme fits this orientation and can be a useful input into the work of WHO. Hence the need for WHO and the Council of Europe to follow closely the preparation of each other's work programme, to ensure that the right choices are made and to achieve the required synergy.

Apart from the tripartite meetings, which remain useful for arrangements between the three organizations, there is probably a need for bilateral meetings between the Council of Europe and WHO to deepen their relationships and ensure the convergence that Member States have rightly recommended.

World Bank

Basis for cooperation

Since the involvement of the World Bank in the region of Europe and central Asia (ECA) some ten years ago, the Bank and the Regional Office have made efforts to improve collaboration between the two institutions. Results have been mixed – some positive and others less so. To further strengthen collaboration, during Dr Marc Danzon's visit to the Bank in the summer of 2001, agreement was reached for the management and staff of the two institutions to meet in Copenhagen. This meeting took place on 14 September 2001, with the participation of most of the team leaders of Bank-financed health projects in the region. The meeting included open discussions about areas of support by the two institutions in each country of the region, as well as topics of mutual interest such as tobacco control, health promotion, immunization, pharmaceuticals and poverty. One important outcome of the meeting was a memorandum of understanding (MOU), signed by the managers of the two institutions, agreeing to increase efforts to strengthen and expand collaboration, in order to enhance the support provided to the countries in the region. The following three points were agreed upon for this enhanced cooperation: (i) the managements of both organizations give high priority to cooperation between the two organizations, and this message will be emphasized to staff members, consultants and Member States; (ii) opportunities will continuously be identified for meetings, exchanges of staff, consultations and sharing of information at managerial and operational levels; and (iii) cooperation is seen as a continuous process, requiring commitment, trust, mutual support and professional respect. While differences of ideas and messages may arise, it was acknowledged that it was important to avoid counterproductive differences and to encourage professional and operational synergies. The MOU sets out guidelines for the sharing of information, to facilitate collaboration between technical and operational programmes. In addition, it was agreed that every six months a video conference would be set up between the two organizations to review the progress of collaboration and plan future activities.

Development of cooperation in recent months

At the September 2001 meeting in Copenhagen, Azerbaijan, Georgia and Kyrgyzstan were selected as pilot countries for joint cooperation. The first video conference to review progress during the previous six months took place on 15 March 2002. Apart from discussing the results of joint work in the three countries, participants addressed matters of mutual interest in other countries where areas of work had expanded or had potential for expansion in the coming months. Other countries discussed included Tajikistan, the Russian Federation and Yugoslavia. In addition, the meeting discussed collaboration on review of Health care in transition profiles (HiTs), and opportunities for training Regional Office staff at Bank-sponsored events. Discussions during the video conference were frank. It was agreed that positive experiences are already evident in some cases/countries and that both institutions are benefiting from joint collaboration. In a limited number of cases, it was acknowledged that efforts will need to be intensified to resolve pending issues.

Several examples of collaboration between the two institutions in recent months can be mentioned: (i) joint support to the Ministry of Health in Turkey to prepare a strategy for outreach services focusing on improving immunization coverage in the eastern provinces (the strategy is now being implemented with the financial support of the Bank); (ii) organization of a regional "flagship" course on immunization for countries in the ECA region, held in Budapest from 15 to 26 April 2002. This course was the result of joint collaboration by the ECA Human Development Unit of the World Bank, the World Bank Institute (WBI), the WHO Regional Office for Europe, and UNICEF's Regional Office for central and eastern Europe, the Commonwealth of Independent States and the Baltics; (iii) organization of an immunization coverage survey in Tajikistan to be undertaken in the coming weeks; and (iv) participation of the Regional Office in public health workshops in Moscow in the past couple of months.

Future outlook

In looking at the future, staff of both institutions are encouraged to share information at early stages of the conception of documents, to maximize timely, open and upstream involvement in each other's work in the health sector. Further possibilities of coordinated work, including joint missions, will continue to be explored wherever appropriate and feasible.

Improving and developing partnerships with NGOs

39. WHO has longstanding, intensive collaboration with numerous NGOs and civil society organizations (CSOs). This paper reflects the efforts being made to improve and establish even closer links by developing a long-term strategy of cooperation within WHO's global and regional "Civil Society Initiative". The following section highlights some concrete examples of cooperation between WHO and NGOs.

The Civil Society Initiative

40. The concept and practice of collaboration with CSOs is not new for WHO, and many departments are currently working with a range of CSOs that share the Organization's values and offer opportunities and synergies for improving health outcomes. However, due to the growing influence of non-state actors in public life and public health, WHO at all levels is strengthening and broadening these relations as a means of jointly developing and acting on a broad social agenda. From a WHO point of view, enhancing the participation of CSOs in its work contributes to its relevance, capacity and ability to reach its objectives of health and human development. From the perspective of CSOs, increased participation in the work of WHO has several objectives: to influence policy development that affects health and human development, to learn from WHO's technical knowledge, and to support or participate in WHO activities at global, national and local levels.

41. In recognition of the contribution that CSOs make to health, and confident that many constructive relations could be developed further, the WHO Director-General launched the Civil Society Initiative (CSI) at the Fifty-fourth World Health Assembly in 2001. The CSI is currently undertaking a review of ongoing relations between WHO and CSOs, including current mechanisms governing these relations. The findings of the review will inform a renewed WHO policy for more effective collaboration, exchange of information and dialogue with CSOs. The policy will also propose ways in which WHO could strengthen its support to Members States in their work with CSOs in global and national health.

42. WHO has traditionally worked with health-specific nongovernmental organizations and utilized the term "NGO". Now, with the launch of this Civil Society Initiative, WHO is consciously reaching out to a broader range of organizations than NGOs. By CSOs we mean non-state, voluntary organizations that are generally, although not exclusively, not-for-profit.

43. At country level, CSOs are critical elements in the health domain. At national or district level they bring their resources and skills to service outreach; with their technical and social capacities, they contribute to policy development in health; development aid is often channelled through them; and new global health initiatives involve CSOs as major actors.

44. In the European Region, building alliances and networks for health has been central to the work of WHO, and support to CSOs is clearly included in the HFA policy framework for the European Region for the 21st Century. The Regional Committee at its forty-eighth session in 1998 urged Member States to "give support to HFA initiatives, especially those involving partners from local government, NGOs, sectors other than health, and other parts of civil society, including translation into local languages, where appropriate, of the health policy framework for the European Region" (resolution EUR/RC48/R5).

45. Given the privileged place that WHO enjoys at country level, WHO country offices can play a pivotal role in facilitating this support to CSOs, in enhancing collaboration among different actors in health and in strengthening relations between governments and NGOs.

46. In numerous workshops between WHO headquarters and WHO regional offices, a new policy for enhanced cooperation with CSOs was drafted in July 2002. Further discussions in the regions and countries will follow, and it is planned to present this strategy to the World Health Assembly in 2003.

Selected examples of collaboration with NGOs

47. Jointly with the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Russian Red Cross, the tuberculosis project has undertaken a case study in the Orel *oblast* (province) of the Russian Federation on the links between tuberculosis and poverty. This two-pronged approach, combining the Red Cross' social support and WHO's medical treatment, provides a model that helps increase the efficacy of directly observed treatment, short course (DOTS) schemes.

48. The following local, national and international NGOs are important partners in developing, implementing and monitoring tuberculosis control policy in the Russian Federation: the Open Society Institute, IFRC, the United Kingdom charity Merlin, the New York Public Health Research Institute, Médecins sans frontières (MSF), the Finnish Lung Health Association, the Royal Netherlands Tuberculosis Association, the Norwegian Heart and Lung Association, Care, Partners in Health, Project Hope and the Kill TB Consortium – not to mention all the partners who have been involved since the introduction of the WHO-recommended strategy for tuberculosis control in 1995.

49. The historic decision to certify the European Region of WHO as poliomyelitis-free in June 2002 was made possible with the significant human and financial contribution of Rotary International.

50. A joint project on child protection was developed together with the International Medical Corps in Ingushetia, Russian Federation. The project focused on maintaining the good health status of all internally displaced Chechen children from birth to five years of age in immunization clinics.

51. The Regional Office has carried out a collaborative project with MSF-Holland to set up a system of sentinel surveillance of nutritional status of young children in several regions of Uzbekistan struck by drought. The system helped local health care structures and international relief agencies to better target nutritional and food assistance to several hundred thousand affected people.

52. In the North Caucasus region of the Russian Federation affected by a complex emergency situation, WHO, in partnership with the International Medical Corps (IMC), created a system of several dozen primary health care posts in spontaneous settlements of internally displaced persons that have provided help to almost 15 000 people.

53. The Regional Office participated actively in the VIth European Regional Red Cross and Red Crescent Conference in Berlin in April 2002, an event that takes place every four years. WHO contributed its views and policy statements in the main plenary sessions on health and migration. In the Berlin Charter WHO is recognized as a key partner, with acknowledgement of WHO recommendations on treatment and of its mandate to coordinate the health sector in crisis interventions.

Giving the floor to NGOs

Open Society Institute (Soros)

The goal of the Open Society Institute (OSI) is to promote open societies characterized by the rule of law, respect for human rights and minorities, democratically elected governments, separation of business and government in a market economy, and a vigorous civil society.

In January 2001, the OSI introduced a new health strategy for central and eastern Europe. The goal of the programme is to introduce and develop new thinking about health in the region and to create the necessary mechanisms for effective policy-making to appropriately address public health challenges in the 21st century.

In 2001–2002, OSI and the Regional Office for Europe have collaborated on a number of regional initiatives. Collaboration has included partnership in key strategic areas, direct funding from OSI to WHO, and technical assistance from WHO to OSI, as outlined below:

Direct funding to WHO (all grants still active in 2002)	Partnership	Technical assistance
Health communications network	Tuberculosis control in central and eastern Europe/former Soviet Union (CEE/FSU)	Tuberculosis control in Croatia
Sexually transmitted infection (STI) task force	HIV/AIDS/STI in CEE/FSU	
Palliative care initiative	Schweitzer seminar series	
	European Observatory on Health Care Systems	

In 2002–2003, OSI would like to expand its partnership with the Regional Office to include more areas of mutual interest, as well as to strengthen collaboration between its national foundations and WHO staff at country level.