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**TERMINOLOGY FOR THE EUROPEAN HEALTH POLICY
CONFERENCE**

A glossary with equivalents in French, German and Russian

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Acknowledgements

From the introduction to this glossary, which describes the method used to compile the terms listed, it is apparent that a large number of people made an important contribution to this task.

The preparatory work of compiling the original lists of terms and references, and selecting those to be included in the glossary was carried out by Dr Wichard Jungclaus, who was working at the time as a short-term professional with the Country Health Policies unit at the WHO Regional Office for Europe (WHO/EURO).

Ms Sonja Hvalkof, Assistant, Terminology and References, WHO/EURO, then finalized the definitions and references, and coordinated the work done by the staff translators, who were regularly consulted throughout the process of compilation.

Most of the technical units in WHO/EURO were also consulted at two stages of the work, and experts from the ministries of health in France, Germany and the Russian Federation gave advice regarding the terms in their national languages.

The Country Health Policies unit would like to thank most warmly all those people involved; without their help, this glossary could not have been compiled.

However, this is only the beginning of an ongoing process. It is hoped that the present glossary can be expanded and improved. Comments and suggestions for improvements would be welcome, and these should be addressed to:

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Introduction

1. Purpose of the glossary

The present glossary was prepared for "The European Health Policy Conference: Opportunities for the future", organized by the WHO Regional Office for Europe in collaboration with the European Commission and the Council of Europe and held in Copenhagen from 5 to 9 December 1994.

The **main purpose** and aim of this glossary is therefore quite simple: to ensure **common understanding and use of the basic terms that are relevant to the Conference programme**. It is therefore of value primarily to those preparing papers and presentations and to the many individuals participating in the Conference discussions.

However, the glossary is expected to have a longer-lasting and wider-reaching impact:

- one of the main aims of the Conference is to further promote collaboration by intergovernmental and other international organizations with an interest in health policy. A common understanding of the basic concepts and terms used will facilitate this ongoing process;
- this core set of terms can be expanded and improved, to provide a more complete tool at a later date;
- although this glossary is based on English-language terms, equivalents for these terms have been given in the other three official languages of WHO's European Region (French, German and Russian). This important aspect of the work can be carried forward at a later date to ensure reliable translation of the definitions.

2. Selection of terms

For the purposes of the Conference, it was decided to restrict the glossary to about 50 terms. The approach followed was to start from a longer list and reduce this to a more manageable size for the Conference. Given the secondary objective of later expanding the glossary for more general use, this preparatory work is expected to provide input for a subsequent expanded version.

Once it had been decided that the glossary was to include terms relevant to the Conference programme, the next step was to explore what had already been done. A number of existing glossaries were therefore examined and the relevant terms listed. This produced a first list of 120 terms.

Technical units at the WHO Regional Office for Europe were then each asked to give no more than 10 terms which they considered important for the Conference participants. The original list of terms was then put through two filters to check:

- i) whether they had been selected by the technical units, and
- ii) if they were cited in previous glossaries.

From the beginning, the translators at the Regional Office were involved in the process and advised on terms which, from their empirical experience, were problematic in translation and needed clarification. The Ministries of Health in France, Germany and Russia were also asked for, and kindly proffered, their advice in this respect.

Finally, a number of terms were included either to ensure an internal logic in relation to the policy for health for all (HFA) or because they were frequently confused with other terms already included in the glossary.

3. Presentation

It was decided to present the terms in three broad categories which correspond to the framework of the HFA policy:

- A Principles and ethical basis of the HFA policy
- B Process of health policy development
- C Lifestyles, the environment and health care
- D A "catch-all" category

Naturally, the simplest way of presenting the terms would have been in alphabetical order. However, many of the terms presented (e.g. "goals", "objectives" and "targets") form logical groups and can be better understood when seen together. For this reason, the terms are presented in alphabetical order within the above categories, except where special groups are required to facilitate understanding. Users will, however, also find an alphabetical index at the end of the glossary. At the beginning of the document, the List of contents shows the logical groups of terms.

4. Definitions

As far as possible, the definitions used to describe the terms in this glossary are taken from well-known publications. However, since health policy analysis is developing rapidly, some of the definitions used and published in the last few years do not quite match present-day usage. In these cases, we have retained the original definition and reference, but have taken a degree of "poetic licence" by adding further explanations.

Within each section the terms are ordered in logical groups. Each English term is accompanied by a definition and notes in English and equivalents in French, German and Russian. The sources of information are shown by numbers: thus (1, p. 9) is reference 1 in the bibliography at the end of the document, p. 9 is the page referred to in the Glossary of Terms used in the "Health for All" Series. Some definitions have been supplemented, but for the time being we have decided to continue to refer to the original source

GLOSSARY FOR THE EUROPEAN HEALTH POLICY CONFERENCE: OPPORTUNITIES FOR THE FUTURE

A HFA VALUES AND PRINCIPLES

Health for All

The attainment by all the people of the world of a level of health that will permit them to lead a socially and economically productive life. Health for All (HFA) will be interpreted differently by each country in the light of its social and economic characteristics, the health status and morbidity patterns of its population, and the state of development of its health system (1, p. 9).

- F Santé pour tous (2, p. 11)
- G Gesundheit für alle (GFA) (3)
- R Здоровье для всех (4)

health gain

The result of a systematic process of approving, for a specific population, a range of measures that are based on the length of life and the quality of life, and then providing and planning health resources that increase the average length of improved life enjoyed by that population (5).

Note: This is a comparatively new term used mainly in the U.K. It is still being clarified.

- F amélioration de la santé (4), gain en matière de santé (4)
- G gesundheitliche Verbesserung (Verbesserung der Gesundheit) (4), Gesundheitsgewinn (6), Mehr an Gesundheit (4), Zugewinn an Gesundheit (4)
- R выигрыш для здоровья; улучшение здоровья (4)

health outcome

A change in the current and future health status of a patient that can be attributed to antecedent health care or health policy measures (7).

Note: One of the achievements of the HFA approach is the shift from planning for inputs and outputs to planning based on the achievement of health outcomes (8).

- F résultats (au niveau de la santé) (4)
- G Behandlungsergebnis (4)
- R результаты здравоохранительных мер (4)

accountability

The result of the process which ensures that decision-makers at all levels actually carry out what they are obliged to do, and that they are made answerable for their actions (8).

Note: The process of setting explicit objectives and targets for health and defining the means of monitoring progress towards them has facilitated the attempt to achieve greater accountability through public disclosure or "transparency" (8).

- F obligation de rendre des comptes (4), transparence des responsabilités (4), attribution des responsabilités (4)
- G je nach Kontext: Verantwortlichkeit (Verpflichtung zur Rechenschaftsablegung) (4), Rechenschaftspflicht (9)
- R ответственность, подотчетность (4)

community participation

In the health field, the active involvement of people working together in some form of social organization in the planning, operation and control of health resources and services at local and national levels (10).

- F participation de la population (4)
- G je nach Kontext: Bürgerbeteiligung (11, p. 261), Einbeziehung der Bevölkerung (4)
- R участие населения (4)

"equity in health"

Equity in health implies that everyone should have a fair opportunity to attain his or her full health potential and, more pragmatically, that no one should be disadvantaged from achieving this potential (12, p 9).

Note: This term clearly has moral and ethical dimensions (8)

- F égalité des chances en matière de santé (13, p. 1), équité (4)
- G Chancengleichheit im Gesundheitsbereich (14, p.1), gesundheitliche Chancengleichheit (4)
- R обеспечение справедливости в вопросах охраны здоровья (15)

quality of life

Note: The term "quality of life" has been used inconsistently in health services research literature. Some authors define quality of life as being typically limited to psychosocial and social attributes. Other definitions of health-related quality of life focus on the qualitative dimension of a person's functioning in terms of mortality, morbidity, symptoms, and prognosis (16).

- F qualité de la vie (17, p. 46)
- G Lebensqualität (17, p. 46)
- R качество жизни (4)

sustainable development

Development that meets the needs of the present without compromising the ability of future generations to meet their own needs. It contains within it two key concepts: the concept of "needs", in particular the essential needs of the world's poor, to which overriding priority should be given; and the idea of limitations imposed by the state of technology and social organization on the environment's ability to meet present and future needs (18, p. 54).

- F développement viable (économiquement et écologiquement) (4), développement durable (19, p. 65).
- G dauerhafte und tragfähige Entwicklung (4); zukunftsfähige Entwicklung (in Germany also: nachhaltige Entwicklung). In the context of environmental health: dauerhafte und umweltgerechte Entwicklung (20, p. 25)
- R устойчивое развитие; стабильное развитие (4)

B HFA POLICY DEVELOPMENT PROCESS

goal

A long-term general aim towards which to strive (1, p. 18)

Example: one goal could be to ensure equity in health (21).

- F but (2, p. 21)
- G Ziel (4); Endziel (4)
- R цель (4)

objective

An aim which can be partly achieved during the planning period (23, p. 6).

Note: Although the term objective is frequently used interchangeably with the term goal, it generally refers to something more specific than a goal (23, p. 6).

Example: One objective would be to reduce inequities in the regional distribution of health facilities (23, p. 6).

- F objectif (2, p. 18)
- G Ziel (3); Endziel (9)
Syn: allgemeine Zielvorgabe, generelle Zielsetzung (3)
- R цель; целевая установка; плановая цель (4)

policy

An agreement or consensus among relevant partners on the issues to be addressed and on the approaches or strategies to deal with them (24, p. 62).

- F politique (25, p. 103)
- G Politik (4)
- R политика (26, c. 100)

strategy

Broad lines of action to be taken to achieve the goals and objectives, incorporating the identification of suitable points for intervention, the ways of ensuring the involvement of other sectors, the range of political, social, economic, managerial and technical factors, as well as constraints and ways of dealing with them (23, p. 6).

- F stratégie (4)
 G Strategie (4)
 R стратегия (4)

target

An intermediate result towards the achievement of the goals and objectives. It is more specific than an objective, is usually quantified, and has a time horizon (1, p. 18).

Example: A target relating to a national objective concerning the provision of medical care might be that by the year 1990, in no region of the country should the ratio of inhabitants to physicians be more than 550:1 (23, p. 6).

- F but (4), but ponctuel (4)
 G Ziel (4); Syn.: Zwischenziel; punktueller Ziel (9)
 R задача (4)

evaluation

In the health field, the systematic assessment of the relevance, adequacy, progress, efficiency, effectiveness and impact of a health programme or other actions for health gain (1, p. 24).

- F évaluation (2, p. 27)
 G Evaluierung (4)
 Syn.: Evaluation, Beurteilung (4)
 R оценка (4)

monitoring

The regular observation of changes in a condition (e.g. health status) or situation (e.g. levels of pollution) or changes in activities to ensure that they are proceeding according to plan. In the case of monitoring activities, this might include keeping track of achievements, staff movements and utilization, supplies and equipment, and the money spent in relation to the resources available. The information gained from monitoring is utilized for evaluation (1, p. 23).

- F surveillance (2, p. 27)
 G je nach Kontext: Kontrolle (27, p. 43), Monitoring (27, p. 43), Überwachung (27, p. 43), Beobachtung (3), Begleitüberwachung (3), begleitende Überwachung (3), Verlaufskontrolle (4), Verlaufsbeobachtung (4), Messung (9)
 R мониторинг; контроль; контролирование; (постоянное) наблюдение; долговременное (или последующее) наблюдение (4)

HFA policy

Policy which is based on principles of equity and democratic participation in decision-making. It deals with issues of lifestyles, environment and health care (based on 28, p. 158).

Note: In the WHO European Region, the means of implementing this policy is expressed through 38 targets which were adopted by the Regional Committee in 1984 and revised and reaffirmed in 1991. In accepting this policy, the 50 Member States in the Region are then expected to develop similar policies at country, regional and local levels, suited to their own specific circumstances (28, p. 158).

- F politique de la Santé pour tous (29, p. 248)
- G Politik "Gesundheit für alle" (11, p. 263)
- R политика достижения (обеспечение) здоровья для всех (4)

regional HFA strategy

1. Within the context of the six WHO regions: A strategy designed to help countries within a Region overcome obstacles to the fulfilment of their national health plans and to give effect to regional health and related socioeconomic policies, with the aim of attaining health for all (1, p. 29).

2. Within a country context: a strategy designed to help a region of a country (e.g. a county, voivodship, canton or Land) achieve the aims of Health for All (21).

- F stratégie régionale de la Santé pour tous (2, p. 33)
- G Regionale Strategie "Gesundheit für alle" (3)
Syn: Regionalstrategie "Gesundheit für alle" (3)
- R региональная стратегия (достижения) "Здоровья для всех" (4)

regional HFA target

In the context of the WHO European Region, one of the 38 targets outlined in the regional HFA policy.

Note: A target is a statement of the improvements that could be expected if all the will, knowledge, resources and technology already available were pooled in the pursuit of the common aim of attaining health for all. A target is intended to provide a basis for measuring progress and to aid Member States in determining their own priorities, goals and capabilities (30).

- F but régional de la Santé pour tous (3)
- G regionales GFA-Ziel (3)
Syn: regionales Ziel in Verbindung mit der Strategie "Gesundheit für alle", GFA-Regionalziel (3)
- R региональная задача по достижению здоровья для всех (ЗДВ) (4)

health policy review

A process for analysing health policy formulation, implementation, monitoring and evaluation (31, p. 7).

Note: In 1989, Finland asked the WHO Regional Office for Europe to provide an objective, outside opinion of the progress made in implementing its national HFA policy. The report from this review process, the first of its type be carried out by WHO, was presented at a press conference in Helsinki in 1991. In a follow-up meeting to assess the value of such health policy reviews, it was recommended that this should be one of the main roles for the WHO Regional Office for Europe in the future (32, p. 1).

F examen de la politique sanitaire (4)

G Überprüfung der Gesundheitspolitik, Bestandsaufnahme der Gesundheitspolitik (4)

R (обзорный) анализ политики здравоохранения; оценка политики здравоохранения (4)

healthy public policy

An explicit concern for the promotion of health and equity in all areas of policy and an accountability for health impact. Healthy public policy creates a supportive physical and social environment which enables people to lead healthy lives (33, p. 2).

F politique publique favorable à la santé (4), politique officielle compatible avec la santé (4)

G Gesundheitsfördernde Gesamtpolitik (34, p. 2)

R политика, способствующая укреплению здоровья (35)

public health

The science and art of preventing disease, prolonging life and promoting mental and physical health and efficiency through organized community efforts (36, p. 344).

F santé publique (37, p. 211)

G je nach Kontext: öffentliche Gesundheit (38 and 39), öffentliches Gesundheitswesen (relates to the classical public health services (38 and 39), öffentlicher Gesundheitsdienst, "Public Health", Gesundheit der Bevölkerung (4), Gesundheitswissenschaften (4); Volksgesundheit (for historical reasons, to be avoided)

R общественное здравоохранение (4)

new public health

The application of the biological, social and behavioural sciences to the study of health phenomena in human populations. It encompasses two main objects of analysis: first, the epidemiological study of health conditions of populations and, second, the study of the organized social response to those conditions, in particular, the way in which that response is structured through the health care system (40).

Note: The new public health entails systematic efforts to identify health needs and to organize comprehensive services with a well-defined population base. It thus includes the processes of gathering the information required to characterize the conditions of the population and mobilizing the resources necessary to respond to such conditions. In this regard, the essence of public health is the health of the public. Therefore, it includes "the organization of personnel and

facilities for providing all the health services required for health promotion, disease prevention, diagnosis and treatment of illnesses, and physical, social and vocational rehabilitation" (40).

- F nouvelle santé publique (4)
 G neue öffentliche Gesundheit (4)
 R общественное здравоохранение (4)

policy agenda

A list of matters to be acted upon in the field of policy (8).

- F ordre du jour politique (4)
 G gesundheitspolitische Tagesordnung (4), gesundheitspolitische Agenda (4)
 R политическая повестка дня; план/перечень мероприятий (4)

policy development

The process of formulation of policy (8).

Note: This term implies a continuous process of input, monitoring and evaluation, and reformulation of policy (8).

- F élaboration des politiques (4), mise en oeuvre des politiques (4)
 G konzeptionelle Entwicklung (4), Entwicklung von Handlungskonzepten (4)
 R разработка (курса) политики; процесс разработки, выполнения (и мониторинга) политики (4)

policy environment

The social, political, cultural and economic situation in which a policy is or can be developed, i.e. the context in which a policy is developed in a particular country or locality and at a particular time (21).

- F contexte d'une politique (4)
 G politisches Umfeld (9)
 R условия (контекст) реализации (осуществления) политики (4)

policy framework

A conceptual structure showing the relationship between the philosophy, intentions and principles that will guide future decisions and action concerning a specific issue or set of issues (24, p. 62).

- F cadre politique (25, p. 108)
 G konzeptioneller Rahmen (4), Rahmenkonzeption (4)
 R концептуальные рамки; основные принципы; рамки политики (26, с. 100)

benchmarking

Comparing performance by finding a similar organization elsewhere and comparing different aspects of performance with a view to each adopting the best methods or performance targets (5).

- F recherche comparative des meilleures méthodes (4)
 G je nach Kontext: Maßstab, Fixpunkt (4), Meßlatte (9)
 R равнение на передовые/образцовые методы; следование передовым образцам/методам; сравнение с передовыми/образцовыми методами (4)

input

In most organizations includes resources of money, materials and staff (with their skills, aspirations and attitudes) (41, p. 3).

- F ressources matérielles et humaines (4)
- G Input (4)
- R вклад, вводимые ресурсы (4)

outcome

In the field of health, the result or impact of policy measures or health interventions in terms of a change in health status or health behaviour (21).

Note: As a consequence of the European Conference on Planning and Management for Health held in The Hague in 1984, "planning for HFA changed radically in increasingly pluralistic societies, no longer primarily focusing on inputs to health systems but turning its focus first on outcomes in terms of achieving health gains" (42, p. ix).

- F résultat en matière de santé, issue des soins (4)
- G Ergebnis (4)
- R планируемый(е) результат(ы); запланированный(е) результат(ы); конечный(е) результат(ы); итоговый(е) результат(ы) (4)

output

The result of an activity. In a factory, the output is a product. In health work, the output is a service (41, p. 6).

- F produit (4)
- G je nach Kontext: 1. Arbeitsziel (Programme Budget) (4), 2. Output, 3. Ergebnis, 4. Resultat (3)
- R планируемый(е) результат(ы); запланированный(е) результат(ы); конечный(е) результат(ы); итоговый(е) результат(ы) (4)

Note for the above three terms. The end product of given inputs (e.g. in the case of the health services hospital beds and staff) is the related output (number of patients treated), whereas the effect of the treatment would be the outcome, as the final result or impact of overall policy measures for health (41, p. 3).

intersectoral action

The result of the coordination of activities of different sectors (42, p. 13).

Note: The terms "intersectoral" and "multisectoral" are frequently used interchangeably. In an HFA context, however, the preferred approach would be an intersectoral one, that is, coordinated action for health (8).

- F action intersectorielle (2, p. 17)
- G intersektorale Maßnahmen (4), sektorüberprüfendes Handeln (4), ressortübergreifendes Handeln (4)
- R межсекторальные действия (4)

multisectoral action

In the health field, health action carried out simultaneously by a number of sectors within and outside the health system (3).

- F action plurisectorielle (2, p. term 20)
 G multisektorales Handeln (11, p. 262), multisektorale Maßnahmen (3), sektorübergreifende Maßnahmen (4)
 R многосекторальные действия (4)

network

A grouping of individuals, organizations and agencies organized generally on a non-hierarchical basis around some common theme or concern (43).

- F réseau (4)
 G Netz, Netzwerk (4)
 R сеть; система (4)

C HFA POLICY IMPLEMENTATION AND ACTION

Lifestyles:

CINDI

The WHO countrywide integrated noncommunicable disease intervention programme. Established in 1982, it has the overall aim of improving community health and the quality of life by reducing premature death, disease and disability. The programme is intended to provide CINDI member countries with a framework for the prevention and control of risk factors (e.g. smoking, high blood pressure, abnormal blood lipids and excessive alcohol consumption) which are common to a number of chronic noncommunicable diseases, as well as for addressing the socio-environmental determinants of risk factors (24, p. 1).

- F CINDI (programme d'intervention intégré à l'échelle d'un pays contre les maladies non transmissibles) (25, p. 1)
 G CINDI (Integriertes Interventionsprogramm für Nichtübertragbare Krankheiten) (4)
 R СИНДИ (Общественная интегрированная система профилактики неинфекционных заболеваний)

health-promoting hospital

A hospital which tries to incorporate the health promotion culture into the hospital's environment, with the goal of improving the quality of health care, working conditions and satisfaction of the staff, patients and relatives, and to introduce organizational development strategies through a wide spectrum of activities (44).

- F hôpital-santé (4)
 G gesundheitsförderndes Krankenhaus (4)
 R больница по укреплению здоровья (4)

health-promoting school

A school which aims at achieving healthy lifestyles for the total school population by developing supportive environments conducive to the promotion of health. It offers opportunities for, and requires commitments to, the provision of a safe and health-enhancing social and physical environment (45).

- F école-santé (46)
- G gesundheitsfördernde Schule (47)
- R школа укрепления здоровья (48)

Healthy City

A city that is continually creating and improving those physical and social environments and expanding those community resources which enable people to mutually support each other in performing all the functions of life and in developing to their full potential (49).

Note: The Healthy Cities project is a long-term development project that seeks to put health on the agenda of decision-makers in the cities of Europe and to build a strong lobby for public health at the local level. Ultimately, the project seeks to enhance the physical, mental, social and environmental wellbeing of the people who live and work in Europe's cities (50, p. 11). The goal of the project is to turn the vision of a Healthy City into reality through political commitment, diffusion of ideas and experiences, innovative action and institutional change (51).

The Healthy Cities network is a network of European cities that experiment with new ways of promoting health and improving the environment (49).

- F Ville-santé (4)
- G Gesunde Stadt (4)
- R Здоровые города; Города здоровья (4)

Regions for Health Network

A network of regions in Europe set up by the WHO Regional Office for Europe to achieve change in the thinking about, and action for, the protection, maintenance and promotion of health in regions. It aims to support the commitment of national governments to HFA through the development of appropriate health policies at the regional level (52, p. 5).

Note: The Regions for Health Network in Europe (RHN) was founded in 1992 in response to a need for a systematic exchange of ideas and experience in strengthening the focus in countries at regional levels, on achieving HFA. There are already almost 20 regions in this network, which has its secretariat in WHO/EURO. Guided by decisions of the Annual General Meeting, a Steering Committee, composed of representatives of six of the regions and the secretariat, plans and monitors joint projects and the general running of the network (8).

- F Réseau Régions-santé (4)
- G Netzwerk "Regionen für die Gesundheit" (53, p. 6)
- R сеть "Регионы для здоровья"; региональная сеть ЗДВ (54)

health competence

Individual competence to influence factors determining health (28, p. 221). i.e. the knowledge gained to lead a healthier life or to cope with health problems (21).

- F compétence individuelle en matière de santé (29, p. 247)
- G gesundheitliche Kompetenz (11, p. 261), gesundheitsförderliche Kompetenz (6), gesundheitliche Eigenverantwortung (9)
- R компетентность в вопросах охраны здоровья; компетентность по вопросам здоровья (4)

health education

Consciously constructed opportunities for learning which are designed to facilitate changes in behaviour towards a pre-determined health goal (17, p. 34).

- F éducation sanitaire (17, p. 34), éducation pour la santé (4),
- G Gesundheitserziehung (17, p. 34)
- R санитарное просвещение; медико-санитарное просвещение (4)

health potential

The fullest degree of health that an individual can achieve, regardless of whether he or she suffers from mental, sensory or physical impairment to health. Health potential is determined by caring for oneself and others, by being able to make decisions and take control over one's life, and by ensuring that the society in which one lives creates conditions that allow the attainment of health by all its members (28, p. 222 and 21)

- F potentiel de santé (29, p. 248), capital-santé (4)
- G gesundheitliches Potential (11, p. 261), Gesundheitspotential (4)
- R потенциал здоровья (4)

health promotion

The process of enabling individuals and communities to increase control over the determinants of health and thereby improve their health (17, p. 37). An evolving concept that encompasses fostering lifestyles and other social, economic, environmental and personal factors conducive to health (1, p. 16-17)

- F promotion de la santé (2, pp. 19-20)
- G Gesundheitsförderung (11, p. 262)
- R укрепление здоровья (4)

lay care

All measures carried out by non-professionals to promote, maintain, improve or restore their health and well-being (17, p. 40)

Syn.: non-professional health care

- F soins non professionnels (4)
- G Laienversorgung (4)
Syn: Laienbetreuung (4)
- R непрофессиональная помощь; лечение не специалистами (не врачами) (4)

self-care

All the health care activities carried out by individuals for themselves and their families, including the maintenance of health, prevention of disease, self-diagnosis and self-treatment (1, p. 11).

- F auto-prise en charge (3)
- G Selbstbetreuung (3)
Syn: Selbstversorgung (4)
- R самопомощь (4)

lifeskills

Those personal, social, cognitive and physical skills which enable people to control and direct their lives and to develop the capacity to live with and produce change in their environment (17, p. 40).

- F aptitude de se prendre en charge (4)
- G Lebensfertigkeiten (17, p. 40), Lebenstüchtigkeit (9)
- R жизненные навыки (и умения) (49)

lifestyle

A general way of living based on the interplay between living conditions in the wide sense and individual patterns of behaviour as determined by sociocultural factors and personal characteristics. The range of behaviour patterns open to individuals may be limited or extended by social and environmental factors: for this reason, lifestyles are usually considered in the context of both collective and individual experiences and conditions of life (17, p. 41).

Note: A change in lifestyle might include such things as stopping smoking, changing the pattern of nutrition or taking physical exercise on a regular basis (8).

- F mode de vie (17, p. 41)
- G Lebensweise (17, p. 41)
- R образ жизни (4)

occupational health

The health of an individual or group in relation to work and the occupational environment. It includes the ability of individuals to adjust to the activity of work and the adjustment of the occupational environment to the individuals who work there (17, p. 44).

- F santé au travail (17, p. 44)
- G Gesundheit am Arbeitsplatz (17, p. 44)
- R гигиена труда; профессиональная санитария (4)

self-empowerment

The fact or process of an individual or group gaining control over decisions and actions affecting their health (10).

- F accession à l'autonomie (4)
- G Selbstbefähigung (17, p. 47)
- R самостоятельность; опора на собственные силы (4)

social network

The number and types of social relations and links between individuals which may provide access to or mobilisation of social support for health (17, p. 50).

Note: families, friends and workmates would be part of an individual social network (21)

F réseau social (17, p. 50)

G soziales Netz (6), soziales Netzwerk (6)

R социальные структуры/системы; сеть (система) социального вспомоществования (4)

Health care:

appropriate health technology

Methods, procedures, techniques and equipment in the field of health that are scientifically valid, adapted to local needs and acceptable to those who use them and to those for whom they are used, and which can be maintained and utilized by the community with resources it and the country can afford (1, p. 28).

F bon usage des techniques médicales (4)

G bedarfsgerechte Gesundheitstechnologie (3)

Syn: bedarfsgerechte Medizintechnik (3)

R соответствующая (потребностям) технология здравоохранения (4)

basic health services

Services designed to provide for the essential health needs of a population (3).

Note: In practice it is difficult to make useful distinctions between such services and other levels of health services, since what is considered basic would be determined very much in a particular cultural and economic context and could differ over time (3).

F services de santé de base (2, p. 14)

G gesundheitliche Grundversorgung (3)

R основные службы здравоохранения; базовые службы охраны здоровья (населения) (4)

co-payment

An arrangement whereby an insured person pays a particular percentage or fixed amount of any bill for health services received, the insurer paying the remainder (55, p. 4), e.g. a proportion of the cost of pharmaceuticals or a fixed amount to be paid on each prescription for pharmaceuticals (8).

F (système du) ticket modérateur (56, p. 297), participation aux coûts (4)

G je nach Kontext: Selbstbeteiligung (4), Zuzahlung (6)

R совместная оплата; долевая оплата (выплата); совместная выплата (4)

community care

The provision of health and care services such that individuals have no need to move either out of their home, or their immediate neighbourhood to receive most of the care they need. It implies that many care episodes would be provided by visiting services, away from institutions into or nearer homes (5).

- F soins de proximité (4), soins dans le milieu de vie (4)
- G gemeindenahe Versorgung, gemeindenahe Betreuung, gemeindezentrierte Versorgung, gemeindezentrierte Betreuung, bürgernahe Versorgung (4)
- R коммунальная помощь; медико-санитарное обслуживание на коммунально-общинном уровне (4)

comprehensive health system

A health system that includes all the elements required to meet all the health needs of the population (1, p.11).

- F système de santé complet (2, p. 16)
- G umfassendes Gesundheitssystem (3)
- R всеобъемлющая система здравоохранения; комплексная система медико-санитарной помощи/медико-санитарного обслуживания (4)

contract system

A system of health services which involves contracts between three separate parties: a) the beneficiaries or patients; b) the fund-holders or purchasers acting on behalf of the beneficiaries, and c) the providers of services (57).

- F système contractuel (4)
- G Kontraktsystem, Leistungen auf Vertragsbasis (4)
- R система контрактов (4)

cost-benefit analysis

A form of economic evaluation where all the costs and consequences are expressed in money terms (58, p. 432).

Note: In principle, this form of analysis enables one to assess whether a particular objective is worth achieving. However, estimation difficulties often reduce cost-benefit analysis to a consideration of those costs and consequences that are easy to express in money terms (58, p. 432).

- F analyse coût/avantages (58, p. 435)
- G Kosten-Nutzen-Analyse (3)
- R анализ затрат и результатов (4)

cost-containment

In the health field, controlling or restricting medical care expenditures by such means as limiting budgets (cash limits), imposing or increasing cost-sharing, using predetermined budgets for clinical activities (clinical budgets) or pharmaceutical prescriptions, increasing the productivity of personnel (6).

- F maîtrise des dépenses (4)
- G Kostenbegrenzung, Begrenzung der Kosten (4), Kostendämpfung (9)
- R сдерживание расходов/издержек/затрат (4)

cost/effectiveness analysis

In the health field, a form of economic evaluation where the costs are expressed in money terms but where some of the consequences are expressed in physical units (e.g. life-years gained, cases detected) (58, p. 432).

Note: It is usually used to compare different ways of achieving the same objective (e.g. saving life) and assumes the objective is worth achieving (58, p. 432).

F analyse coût/efficacité (58, p. 432)

G Kosteneffektivitätsanalyse (59)

Syn: Kostenwirksamkeitsanalyse (59)

R анализ эффективности затрат; анализ экономической эффективности (4)

diagnosis-related groups (DRGs)

A group of cases arranged according to their diagnosis, determined using the International Classification of Diseases (57).

Note: The purpose of grouping is to assist in the comparison of costs or in calculating the price to be charged for each case conforming to a particular pattern or grouping (57).

F groupes homogènes de patients, groupes homogènes de malades (4)

G Diagnosegruppen (22, p. 16), (diagnosebezogene Fallpauschalen) (22, p. 15)

R связанные диагнозом группы (4)

gatekeeper function

An accepted role of a particular professional or organizational unit (eg. at the primary care level) through whom other, often expensive or scarce, care resources are accessed. Thus a person needing consultant medical skills in the UK can only obtain these if referred by a family doctor (GP) (5).

F fonction de contrôle de l'accès (4)

G je nach Konzept: "Torwächterrolle", Funktion als Torwächter (4) (für eine anschließende Behandlung in Spezialeinrichtungen), Bedarfsgutachter (9)

R контрольная функция при направлении к специалистам (или для получения специализированной помощи) (4)

general practitioner

A physician whose tasks are to provide people with comprehensive health care from the beginning of life to death and to advise them on all aspects of health, irrespective of age, sex, ethnic group or religious beliefs (60, p. 5).

Note: The general practitioner's task begins with prevention and extends right up to rehabilitation, taking into account special knowledge of the patient's family, professional and social circumstances. The general practitioner works in close proximity with the people, is the first doctor to be consulted, has an overall knowledge of the patient, his or her environment and circumstances and thus remains the family doctor (60, p. 5).

F généraliste (4)

G Allgemeinmediziner, praktischer Arzt, Hausarzt (4)

R общепрактикующий врач; врач общего профиля (4)

general practitioner fundholding

Giving to a group of general practitioners the financial and managerial responsibility for paying for a defined range of medical or other services for the patients under their care. This allows the GP to pay others (hospitals etc) or to employ staff to do the work (5).

F système du budget géré par le généraliste (4)

G treuhänderisches Budget (des Hausarztes) (6)

R финансово-управленческая бюджетная ответственность общепрактикующего врача (группы) (4)

health personnel development

A process that embraces all the basic functions involved in the "production", education, training and management of health workers. It involves estimating and developing health human resources needs and taking steps to ensure that the staff needed are properly recruited and trained, adequately paid and given career prospects that will keep them within the service and within the country (3, and partly from 1, p. 12).

Syn: health staff development, health human resources development, health manpower development (deprecated)

F développement des personnels de santé (2, p. 14)

G Bildungs- und Beschäftigungsplanung für die Gesundheitsberufe

Syn: Nachwuchs- und Stellenplanung für die Gesundheitsberufe (3)

R подготовка (развитие) кадров здравоохранения; подготовка медицинских кадров (4)

health insurance

An arrangement between a client and an insurer to the effect, that in the event of specified events occurring (e.g. a certain illness) or to cover certain agreed actions to promote health and prevent disease, such as advice on lifestyle issues and immunization, the insurer will pay certain sums of money either to the insured person (direct payment) or to the health service agency (indirect payment) (based on 55).

F assurance maladie (56, p. 41)

G Krankenversicherung (61, p. 41)

R медицинское страхование; страхование на случай болезни (4)

health service

A formally organized system of established institutions and organisations, the multi-purpose objective of which is to cope with the various health needs and demands of the population (17, p. 38).

F service de santé (17, p. 38)

G je nach Kontext: Gesundheitsdienste (17, p. 38), Gesundheitsdienst, Gesundheitswesen (4)

R службы здравоохранения (4)

informal care

Assistance with personal human activities given by relatives, friends, neighbours or other lay persons (3).

F soins non professionnels (3)

G Laienbetreuung (3)

Note: in certain contexts also: Nachbarschaftshilfe (3)

R непрофессиональная помощь; неврачебная помощь (4)

managed competition

Government regulation of a health market which uses competition as the means to promote efficiency objectives within a framework of government intervention designed to achieve other policy objectives such as control of patterns of service provision, greater accountability of local managers, price control, cost containment, quality control, political support for redeployment of and closure of surplus facilities, control of powerful professional groups and greater equity in service access (57).

F concurrence administrée (4), concurrence réglementée par l'Etat (4)

G gelenkter Wettbewerb, gesteuerter Wettbewerb, abgefederter Wettbewerb (9)

R регулируемая (управляемая) конкуренция (4)

patient management

Planned systematic nursing care with supporting documentation, together with individual patient care (62).

F prise en charge (médicale) du patient (4), prise en charge (médicalisé) du patient (4)

G Patientenführung, Patientenmanagement (4)

R ведение больного/пациента (4)

patients' rights

Basic rights to health of patients in terms of access to care and services, equity in treatment and quality of care (63, p. 1).

Note: Individual rights are based on the principle of human self-determination. Although individual rights in health are not identical with patients' rights, patients' rights nevertheless constitute the biggest and most important part of the individual rights in health care (63, p. 1).

F droits des patients (4)

G Patientenrechte (4)

R права пациента/больного (4)

peer review

The scrutiny by an individual or group of the activities of another individual or group with comparable training and experience (7).

Note: The basis of peer review is competence to draw conclusions about activities or performance (7).

- F analyse critique collégiale, examen collégial, évaluation collégiale (64)
- G Peer review (65, p. 47), kollegiale Selbstkontrolle (27, p. 88), kollegiale Kontrolle (66), Bewertung durch Peergruppe (67), fachkollegiale Beurteilung (67),
- R оценка (анализ), осуществляемая(ый) специалистами (со стороны); профессиональная (компетентная) оценка; сравнительное исследование медицинских служб; совместный (врачебный или фармацевтический) разбор (4)

primary health care

Essential health care made accessible at a cost the country and community can afford, with methods that are practical, scientifically sound and socially acceptable. Primary health care is the central function and main focus of a country's health system, the principal vehicle for the delivery of health care, the most peripheral level in a health system stretching from the periphery to the centre, and an integral part of the social and economic development of a country (1, p. 10).

- F soins de santé primaires (2, p. 12)
- G primäre Gesundheitsversorgung (3)
- R первичная медико-санитарная помощь (4)

private health insurance

Privately organized and profit-oriented health insurance based on calculations of individual risks, rated on the basis of experience rating or for a community as a whole, either to provide full protection or to supplement an existing entitlement to health care, e.g. in order to cover or reduce patient's co-payments, to obtain first-class accommodation in hospitals or to cover costs of treatment from health professionals in private practice (6).

- F assurance maladie privée (4)
- G private Krankenversicherung (PKV) (4)
- R частная система страхования на случай болезни; частное медицинское страхование (4)

public/private mix

The combination of public and private financing and/or delivery of services (68, p. 315).

- F dosage secteur public-secteur privé (4)
- G Mischform von öffentlicher und privater Beteiligung im Gesundheitswesen (6)
- R сочетание государственных (общественных) и частных форм медико-санитарного обслуживания (4)

quality assurance

In the health field, a process where the ultimate objective is to improve the outcome of all health care in terms of health, functional ability, patient wellbeing and consumer satisfaction (69, p. 1).

- F assurance-qualité (4)
- G Qualitätssicherung (65, p. 18)
- R обеспечение качества (4)

social insurance

A package of social protection measures guaranteed through a publicly organized and regulated insurance system, based on the principle of solidarity and consisting of one or more insurances, typically covering health costs, pension benefits and benefits in case of accident, unemployment and various other events (6).

- F assurance sociale (56, p. 42)
- G gesetzliche Sozialversicherung (6)
- R социальное страхование (4)

Environment:

ecological public health

An extension of the new public health, with health being viewed in a holistic sense and including the recognition that one's physical, mental and social wellbeings are determined by the interaction of environmental, socioeconomic, cultural, political and personal factors (70, p. 4).

Note: The thrust of action-oriented ecological public health is to integrate environment and health through intersectoral cooperation (70, p. 4).

- F écologie de la santé (17, p. 31)
- G Ökologie der Gesundheit (17, p. 31), ökologisches Gesundheitsmodell (6)
- R экологическая модель здоровья; экология здоровья (4)

environmental health

Those aspects of human health and disease that are determined by factors in the environment. It also refers to the theory and practice of assessing and controlling factors in the environment that can potentially affect health. Environmental health ... includes both the direct pathological effects of chemicals, radiation and some biological agents, and the effects (often indirect) on health and wellbeing of the broad physical, psychological, social and aesthetic environment, which includes housing, urban development, land use and transport (71, p. 18).

- F hygiène du milieu (4), hygiène de l'environnement (72, p. 22)
- G umweltbezogener Gesundheitsschutz (4), gesundheitsbezogener Umweltschutz (4)
gesundheitlicher Umweltschutz (73, p. 22)
je nach Kontext auch Umwelt und Gesundheit (4), Umwelthygiene (73, p. 22)
- R гигиена окружающей среды (74, с. 20)

D GENERAL TERMS

health

1. A state of complete physical, mental and social well-being and not merely the absence of disease or infirmity (75, p. 1).

2. The absence of detectable disease or disorder (3)

Note: The first definition, that of the WHO Constitution, expresses an ideal, which should be the goal of all health development activities. It does not, however, lend itself to objective measurement, and for working purposes a narrower definition is required. The second definition is usually used for this purpose (e.g. in health statistics).

F santé (4)

G Gesundheit (3)

R здоровье (4)

health advocacy

The actions of health professionals and others with perceived authority in health to influence the decisions and actions of communities and governments which have some control over the resources which influence health (17, p. 30).

F défense de la cause de la santé (4), action de sensibilisation aux questions de santé (4), mobilisation en faveur de la santé (4)

G je nach Kontext: Sensibilisierung für Gesundheitsfragen (4), Schärfung des Gesundheitsbewußtseins (4), Anwaltschaftliches Eintreten für die Gesundheit (4)

R защита здоровья; отстаивание интересов здравоохранения/охраны здоровья; активная защита (и пропаганда) интересов здравоохранения (4)

health information system

A changing entity consisting of data elements and an organizational structure which facilitates their utilization. The organizational structure enables the user of the system to condense, select, aggregate, extract or display data (76, p. 6).

Note: The system should be flexible enough to receive new data items and to adapt to new methods of data structure and movement. A health information system should be able to provide information at local, regional or country levels and for other subsets of the population. It should enable users to extract and analyse data from various perspectives and in different contexts, thus providing information for many purposes. This depends on a database being available which allows the data to be used and interpreted in a number of ways by different interested groups (76, p. 6).

F système d'information sanitaire (4)

G Gesundheitsinformationssystem (4), System für Gesundheitsinformation(en) (4)

R система медико-санитарной информации; информационная система по вопросам охраны здоровья; информационная система по вопросам здравоохранения (4)

health status

The state of health of a person or a population, assessed by reference to general morbidity, morbidity from particular diseases, impairments, anthropomorphic measurements and mortality, and indicators of functional status and quality of life (77, p. 4).

A description and/or measurement of the health of an individual, group or population against accepted standards, often by reference to health indicators (17, p. 38).

- F état de santé (individuel) (17, p. 38), situation sanitaire (d'une population) (4)
- G Gesundheitszustand (17, p. 38)
- R состояние здоровья (4)

intergovernmental organization

An organization which is established by intergovernmental agreement (78).

Examples: WHO, Council of Europe, OECD, other UN specialized agencies.

- F organisation intergouvernementale (3)
- G zwischenstaatliche Organisation (3)
- R межправительственная организация (4)

nongovernmental organization

A national or internationally based organizational entity such as a citizens' group, an association, a church group or a foundation, that provides an independent and flexible counterbalance to government and the for-profit business sector (79).

Syn.: voluntary organization (79).

- F organisation non gouvernementale (80, p. 397)
- G nichtstaatliche Organisation (3)
- R неправительственные организации (4)

pluralistic system

A system of government where decision-making is not centralized in the hands of one person, group or authority but is determined through consultation among the interested parties or partners, several of whom are private.

Note: In the health field, the ministry of health (at national or other relevant levels in countries with a federal structure) has limited responsibilities in terms of directly providing health care. Typically, the user/patient is free to choose the care provider he/she wishes. The financing of the system is largely "socialized" (reliant on collective mechanisms such as sickness funds and public subsidies) but the relationship between persons cared for and the care provider clearly remains in the nature of a private contract. In most of these systems it is generally believed that market mechanisms should to some extent influence the way in which health care is provided (based on 81, p. 69).

- F système pluraliste (4)
- G pluralistisches System (4)
- R плюралистическая система (4)

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