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INTERSECTORAL ACTION:
PRACTICAL ARGUMENTATION AND MECHANISMS

Report on a WHO Working Group

Utrecht

30 November - 2 December 1988

Note

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Introduction

Intersectoral action is an essential component in the process of achieving health for all. The European regional strategy for health for all adopted by the thirtieth session of the Regional Committee for Europe in 1980 recognized that it was impossible for countries to solve the health problems facing them through action within the health sector alone. In the target book describing the 38 specific regional targets that have been endorsed by the European Region, the prerequisites for health are described as being peace and social justice, food and water, education and decent housing, and a useful role and a reasonable income for all in society. The securing of these prerequisites presupposes intersectoral action. A number of the targets themselves refer directly to intersectoral action, while the outlines of the steps to be taken to achieve other targets include similar suggestions. The importance of intersectoral action was emphasized in the technical discussions at the Thirty-ninth World Health Assembly and in the Ottawa charter on the basic prerequisites for health promotion.

Despite this widespread consensus on the importance of intersectoral action, there is still relatively little understanding of how best to implement it. Challenges that need to be overcome include competition for resources and power, lack of understanding of other groups' vested interests, minimal horizontal thinking on management processes, and the perceived need for short-term political gain as opposed to long-term social benefit. To help further progress, the Working Group on Intersectoral Action: Practical Argumentation and Mechanisms was held in Utrecht, Netherlands, from 30 November to 2 December 1988. The Working Group was organized by the WHO Regional Office for Europe in collaboration with the Ministry for Welfare, Health and Cultural Affairs of the Netherlands.

The aim of the meeting was to discuss and analyse in depth the argumentation and methods for intersectoral action. Its specific objectives were to produce knowledge on how to build agendas for action that are comprehensive, practical and sensitive to opportunities, and to make recommendations on ways that professional and organizational capacity in this field should be developed. The meeting focused on strategies and tactics for intersectoral action in general, using tobacco and accidents as particular examples. Participants from eight European countries attended, and included both generalists and specialists involved in intersectoral action at different administrative levels. The participants were drawn from the health sector, from nongovernmental organizations and from other sectors such as fire departments, environmental protection, consumer safety and universities.

Organization and structure of the meeting

The meeting was opened by Dr J.E. Asvall, Regional Director of the WHO Regional Office for Europe. Dr J. van Londen was elected Chairman of the meeting, with Dr G. van Etten Vice-Chairman; Ms A. Taket was elected Rapporteur. Dr J.J.M. Vijverberg, Head of the Bureau for Health and the Handicapped in the Province of Utrecht, welcomed the participants to the meeting on behalf of the Governor of the Province of Utrecht.

The first plenary sessions in the meeting were devoted to two procedural case studies on mechanisms for intersectoral cooperation and intersectoral negotiation, and to two substantive case studies of accidents and tobacco; these are summarized below.

The participants then divided into four groups, each of which discussed a different main topic: strategies for intersectoral action, tactics for intersectoral action, accidents and tobacco. Time was set aside for

the groups to work in smaller groups (triads) and to pass messages, in the form of suggestions or questions to the groups tackling other topics, as well as to set their own agendas for discussion. In this way, considerable interaction between the four groups was achieved, even before the group reports were discussed in plenary sessions. Working in triads for part of the time ensured that everyone could participate in the discussions to a full extent and provided opportunities for initial divergence of views, followed by later convergence. The results of the Working Group discussions are summarized in the fourth section below.

Presentations to the meeting

Opening addresses

The first opening address was given by Dr van Londen, who welcomed participants to the meeting on behalf of the Secretary of State for Welfare, Health and Cultural Affairs of the Netherlands. In his address, he spoke of the history of the Utrecht pact concluded in 1579 and identified themes from this relevant to present-day discussions on intersectoral action: the importance of common goals, the need to seek allies, and the need to recognize and respect important differences in perspective (in the case of the Utrecht pact, differences in religion). He then reviewed the need for intersectoral action in the health field, emphasizing the necessity for convincing other sectors of the importance of considering the health consequences of their decision-making and noting that, on the other hand, the health sector constantly considers the requirements of other sectors in terms of budget constraints and so on. He particularly drew attention to the importance of identifying common goals as a basis for successful intersectoral action.

The second opening address was by Dr Asvall, who presented a comprehensive review of intersectoral

collaboration in Europe in the context of health for all and identified some of the obstacles in this field. Chief among these was the reluctance of organizations and sectors to share authority and control in a true partnership. Negotiation and compromise are essential since, without them, successful partnership will not be achieved.

Although intersectoral action, as a necessary component of action for health for all, has been taken up as a theme in national health for all policies, in Healthy Cities projects and in local community initiatives, the results of the 1988 health for all monitoring concluded that the situation as regards intersectoral action was patchy over the Region as a whole, with essential linkage with other sectors often poor, both at the local and at the more central levels. Where successful action has occurred, it has often been in response to an acute crisis or as a result of key dedicated people capitalizing on particular opportunities. However, in a number of countries, steps have been taken to develop permanent mechanisms to give substance to new policies and action in this area.

Finally, as an example of what can be achieved and how this can be brought about, Dr Asvall focused on the Europe-wide campaign against tobacco, initiated in 1987 by the Regional Office and launched in earnest by the First European Conference on Tobacco Policy held recently in Madrid, which culminated in an important charter of rights. This case study was used to illustrate three important steps in initiating intersectoral collaboration: first, identification of the goal(s) for action; second, demonstration of support for goals; and third, the formation of true partnerships with the other relevant sectors.

Mechanisms for intersectoral cooperation

The presentation by Dr J. Roberts discussed mechanisms for intersectoral action, particularly in

terms of seeking an appropriate metaphor for the activity, and explored some of the ways in which successful intersectoral action has been achieved with examples from work on smoking and tobacco in the United Kingdom. In the context of working towards health for all, action takes place at several levels: the individual, the corporate (workplace or family), the intersectoral (working with other groups outside your own) and the political. In terms of success and level of activity in these different forums, these often decrease as we move from the personal through to the political.

Intersectoral action is a political imperative, and its mechanisms encompass joint agreement on priorities, targets and plans, joint groups, cross-membership, joint funding of projects, joint appointment of staff, joint conferences, joint publications and information sharing. In adopting any of these, problems of rivalry, incompetence and ignorance have to be recognized and overcome.

For successful intersectoral action, it is necessary to mobilize the majority in support of the changes desired. Examples were provided here from action against smoking and tobacco in Manchester in the United Kingdom, where children participated through membership of a special organization or club undertaking a wide range of campaign activities. Children have also been involved on a wider scale in a competition run through art teachers in schools, whose aim was to produce posters subverting the messages of tobacco advertisements.

Intersectoral action can also involve the careful use of celebrities and trendsetters; again, an example from the United Kingdom involved the use of a football team to support and reinforce nonsmoking messages. Finally, examples were given of some of the long-term benefits that can accrue from working cooperatively with other sectors, in this case transport, to support action on smoking. In Manchester, taxi drivers were originally

involved through the purchase of advertising space on the side of cabs to display the nonsmoking message "Clear the air". At the end of the period of hire of the space, some of the drivers wished to continue displaying the messages, because of the beneficial effects they themselves perceived. Working with bus companies has also resulted in agreements on mutually beneficial health messages to be displayed on buses.

Intersectoral negotiation

The presentation by Mr P. Winsemius explored some of the key stages in the intersectoral negotiation required for policy formulation. Policy always aims at changing people's behaviour or at maintaining behaviour in the face of some expected change in it. Recognition of this is a necessary basis for understanding and achieving intersectoral negotiation. The strategy involves three distinct steps: a situation analysis, followed by an evaluation of options, and then finally the production of an action plan. A two-track strategy could be used at each stage: the external track concerned with the situation outside one's own organization, i.e. social needs and objectives, and the internal track concerned with the situation inside one's own organization/sector (including assessment of the quality and quantity of financial and personnel resources available), and activities needed to achieve the objectives.

Before commencing any intersectoral action, it is important to have a clear understanding of your own goals, and then to identify a limited number of objectives for achievement at any one time. Although this should be self-evident, it is frequently not done. The speaker identified three types of mechanism or method available for policy implementation: legislation/regulation; use of incentives; and finally, consensus building/cooperation through communication, mediation, advocacy and education. Before entering negotiation, it is important to have selected the appropriate method(s) for use in the specific situation concerned.

Another key element in successful intersectoral negotiation is the recognition of different stages in the life cycle of a policy: recognition, formulation, solution and, finally, control. It is important to acknowledge that the key players and groups involved will change from phase to phase, and that the transfer of responsibilities from one party to another must take place at the optimum time.

Finally, the presentation identified six key factors for success in negotiation, based on experience in the field of environmental protection. These were:

- take target groups seriously, don't simply tell them what to do;
- prevent escapism, e.g. avoidance of recognition of the problem or use of delaying tactics;
- offer "reasonable" policy solutions, i.e. those that are acceptable to the target groups concerned, particularly in terms of their culture;
- give people the information necessary for adopting problems as their own and making their own choices;
- prevent losers; a solution needs to be found whereby everyone gains; and
- be credible throughout, including remaining true to the essential tenets of your policy goals.

Accident prevention

Mr J. van der Vorm outlined some of the experience gained so far with regard to intersectoral cooperation in the context of accident prevention, drawing on the experience of the Netherlands. He distinguished three different levels at which preventive action might be developed: the micro-level (products and their use);

the meso-level (the location and immediate environment within which a product is used, such as the home or the workplace); and the macro-level (the infrastructure surrounding the home or workplace). At each of these levels, emphasis can be laid on primary, secondary and/or tertiary prevention.

As an example, he took the case of fire safety in general, where action at any of the levels can be directed at heat sources, fuel safety devices or fire-fighting equipment. In the Netherlands, the choice has been made to concentrate efforts at the micro-level and, in particular, to focus on product safety, one of the reasons for this choice being the view that this was a target area that would allow a maximum health return for a minimum input of resources. In initiating intersectoral work in this field, it was necessary for the Ministry of Health to recognize the different perspectives adopted by its potential collaborative partner, the Ministry of Home Affairs.

Finally, the presentation identified some general conclusions regarding intersectoral action. The recognition of safety problems by potential partners or opponents is an important prerequisite for intersectoral action; relevant data and their analysis to produce cogent argumentation is important here, while maintaining effective and open communication is also necessary. When working with "opponents", it is helpful to identify what common interests do exist. For example, in the case of product safety, the link with product quality provides obvious marketing potential.

Opportunities for the incorporation of safety considerations into internationally agreed standards are presented by the coming single European market. The speaker also stressed that the Netherlands provided an

example of where a useful way of stimulating intersectoral action, as well as sectoral activities, had been the establishment of a specialized nongovernmental organization, the Consumer Safety Institute, which has a wide role including contributing to the development of relevant policy.

The case of tobacco

The presentation on the case of tobacco was given by Ms T. Salvador, who focused in particular on the perspective of the southern European countries. She identified the heart of the problem as a basic fear of governments, conscious of a massive imbalance of power between health priorities and tobacco industry interests. The tobacco industry has an interest in maintaining this imbalance and is adopting comprehensive strategies to fulfil its desire for market expansion.

Following a description of these strategies, the speaker identified elements for an effective multisectoral policy to control tobacco-related problems. This was based around integrated implementation of measures in six main areas: information, education, cessation and other support resources, legislation, economic intervention, and research. It is important to counter misleading information provided by the tobacco industry, to emphasize that the achievement of a tobacco-free society is not an impossible goal, and to counter the belief that there are more important risk factors to deal with.

Three different types of education programme need to be developed: school programmes, professional training programmes and community-based programmes. The development of effective cessation programmes needs to involve a wide variety of actors; experiences from countries such as Canada, Finland and parts of the United States can provide useful guidance here. Legislation is possible on a variety of issues: freedom from tobacco promotion (through control of advertising and

sponsorship), use of health warnings, product modification, restrictions on sales, restrictions on smoking in public places, and funding of health education. In addition to intervention through taxation, other forms of economic intervention can also be envisaged such as the development of crop substitution programmes and programmes to assist retailers in replacing tobacco with alternative commodities; there is a role here for international organizations such as the Food and Agriculture Organization of the United Nations in demonstrating the feasibility of tobacco crop substitution. Product liability suits also offer a potentially effective economic control through action on behalf of passive smoking victims.

Working group discussions

The remainder of the meeting was devoted to work in four groups, each discussing a different main topic: strategies for intersectoral action, tactics for intersectoral action, accidents, and tobacco.

Strategies and tactics groups

At the outset, it should be recognized that, throughout any intersectoral action, it is important for the health sector to maintain a public stance that is principled and ethical, and to retain its important ultimate goals (and thus maintain credibility), yet still be flexible enough to allow for give and take in negotiation and be willing to compromise where appropriate.

In terms of the three different approaches for intersectoral action identified earlier (consensus building/cooperation, incentives and legislation/regulation), the first of these was seen as the most desirable and should be used wherever possible. The cooperative approach involves a way of working very similar to that necessary for health promotion, focusing

on enabling, mediating, education and advocacy. It is also useful to distinguish between three different ways of working within the cooperative approach, i.e. sponsoring, joint ventures and synergy marketing.

It is important to recognize that intersectoral action can be initiated by sectors other than health. Where others have taken the initiative, governments and health authorities have a role to play in giving support. In situations where higher levels are indifferent or even antagonistic to action for health, the use of "bottom-up" approaches will be particularly appropriate. Communication between parties working at different levels is an area that deserves special attention.

Within any intersectoral action, it is necessary to provide scope for ad hoc and opportunistic activity to take place, but to try to incorporate this within a systematic framework. The setting of specific targets for intersectoral action should preferably be carried out with the involvement of all partners concerned, and this activity can be useful for the diffusion of ideas and the stimulation of motivation and involvement. Allies can be created or fostered through the identification of common goals, and in any situation efforts should be made to find something for each party to gain.

The language used to talk about intersectoral action is particularly important. It should be in terms that others will understand, involving no professional jargon; the use of metaphors and pictures may be helpful here. It is important to create a positive image of intersectoral action, building on past successes and expressing goals in terms of health gain.

Accurate and convincing information and argumentation is essential for successful intersectoral action. It is also important that this is widely and interestingly distributed, and that full use of the mass media is cultivated. In a situation where antagonists exist,

whose interests are opposed to health goals, it is necessary to keep ourselves accurately informed of their activities.

Training for intersectoral action is essential and should be integrated with training activities throughout the health sector. Skills that may be particularly relevant include those of negotiation, marketing, and innovation and interpersonal skills.

A detailed check-list for intersectoral action was suggested to assist in structuring the debate on the dynamics of intersectoral action that takes place during the orientation period of planning for intersectoral action. A detailed list of tactics and tips that may be useful was produced by the working group that discussed tactics. The hints and solutions offered in these are of a general nature and will need adaptation for use in any particular situation. It was hoped that these would be published in full following the meeting.

Tobacco group

With specific reference to tobacco, there was a need to anticipate and oppose the introduction of new nicotine-carrying products. It was also considered particularly important to find ways of supporting the maintenance of healthy behaviour and linking this to fundamental human rights. This might involve the promotion of nonsmoking as giving freedom (from addiction) and fun; continuing to counter the tobacco industry's portrayal of the benefits of tobacco in its advertising, both direct and indirect; and exposing the unethical aspects of such advertising. In tactical terms, when health is under attack, counterattack may often be the best form of defence. Finally, it was suggested that the topic of tobacco-related fire risks could usefully receive more emphasis.

Accidents group

This was one area where intersectoral action was considered absolutely essential and where legislative and regulative measures, together with suitable enforcement mechanisms, have a particularly important role to play. Attention also needs to be given to ensuring that industry is seen as being responsible for any dangerous products it produces. Here, there is definitely scope for active involvement of consumer groups and recourse to product liability action in the courts. There is also scope for recognition of industries with a particularly good safety record, perhaps through an annual award scheme. Finally, it was emphasized that ministries of health are often not in a particularly strong position regarding accident prevention. Safety and prevention activities, however, are often their responsibility and can lead to significant reduction of health damage. A potential role for an intersectoral action "watchdog" with executive and/or negotiating power was identified.

Conclusions

Strategy is for all

In considering intersectoral action, it is important to recognize that the formulation of strategies should take place at all levels. The most appropriate place for initial action will vary according to the nature of the subject to be tackled and the specific social, cultural and political environment. In facilitating intersectoral action, the health sector must seek to win allies and motivate people and groups through the identification of common goals, compromise and negotiation, working with partners on an equal footing while acting within an ethical framework.

Flexibility and opportunism

Strategies for action should be adapted quickly to successful tactics, building on past successes. Although requiring a systematic approach, mechanisms for intersectoral action must be flexible. They should maintain the ability to seize opportunities brought by changes in external circumstances and the willingness to enter into negotiation with potential partners on an equal basis, compromising where appropriate.

The organizational structures set up to carry out intersectoral action must support this achievement of flexibility. Extremely hierarchical and centralized structures may not always be the most helpful, although they can be particularly appropriate for the dissemination of information. The use of a more ecological model, based on the fostering of networks, may sometimes be more productive. Careful consideration should be given to the nature of the appropriate organizational structures in each individual situation.

Differences in organizational/group culture

In approaching intersectoral action, it is extremely important to recognize the different organizational or group cultures of potential partners and target groups. This will affect appropriate ways of working in any particular situation and the language used.

Language and metaphor

The meeting continually returned to the importance of using a common and easily understood language, avoiding professional jargon. We need to learn to communicate better, in pictures and in metaphors, choosing the appropriate metaphor to use for a specific situation.

Communication and dissemination of information

Successful intersectoral action relies on timely and widespread dissemination of accurate and understandable information, regarding both the description of the problem and the argumentation for intersectoral action. There is a need for a much wider dissemination of material relating to mechanisms and tactics for intersectoral action, both within and between countries. The distribution of national and international reports was identified by many participants in the meeting as being problematic, including the distribution of material from WHO to levels other than the central/national and to relevant nongovernmental organizations and sectors other than health.

Mechanisms, strategy and tactics

In the course of the meeting, the Group identified many features of the mechanisms by which intersectoral action can be achieved, strategies for its development and suggestions for tactics to be considered, and proposed their inclusion in a future publication.

In promoting intersectoral action, it is important to draw out positive aspects such as:

- economic benefits, either for collaborating partners or for the economy as a whole;
- contribution to the attainment of the goals of other sectors or groups, and the identification of common goals;
- focus on issues that already have wide public support; and
- possibilities for true negotiation and equal partnership.

There are particular problems to be faced in situations where divisions within the health sector exist concerning a specific area for intersectoral action. We must devote attention to ensuring that we select the "game" to be played and that we are not forced into a game of our opponent's choice.

Opportunities for international cooperation

At several points in the meeting, the potential for important international action was identified, and this is reflected in several of the recommendations. Specific opportunities include action in the field of taxation, demonstration of the feasibility of tobacco crop substitution, inclusion of safety considerations in international standards being drawn up in connection with the advent of the single European market, and improved exchange of information and experience between countries.

Setting goals and targets

The process of setting targets or goals for intersectoral action can be very useful for disseminating information about the topic concerned and for motivating people. It is important that this is done in partnership with all relevant actors (both vertically and horizontally) to ensure the widest possible commitment and to motivate those who will carry out the intersectoral action.

Equal partnership

The spirit of intersectoral action requires the health sector to enter into equal partnership with other sectors, organizations and groups in the community at all levels. The most successful intersectoral action requires a partnership of equals where power and responsibility are shared; this remains one of the greatest challenges for the future.

Recommendations

The recommendations from the meeting are given below in four sections: general, mechanisms for intersectoral action, information, and training.

General

1. As a specific follow-up to the meeting the papers, report of discussions, plans of action and check-lists produced should be published and widely advertised.
2. WHO and Member States should work to make health a desirable goal for all sectors, and build up support for health issues in political circles. One of the mechanisms for achieving this is through the influence of selected mediators, such as physicians.
3. Member States should recognize that successful intersectoral action requires that the health sector acknowledges and respects the validity of goals other than health and the necessity to work together with other sectors on these.

Mechanisms for intersectoral action

4. WHO and Member States should promote a constructive, systematic approach to intersectoral action, which consolidates opportunism within it.
5. WHO itself should take intersectoral action more seriously by:
 - establishing relationships with other organizations outside the health sector at all levels;
 - liaising in particular with consumer groups;
 - reviewing all relevant earlier sets of recommendations from WHO meetings and examining their state of implementation; and

- incorporating the general recommendations of this meeting within specific action plans.

6. WHO should develop a manual on intersectoral action that will assist in planning and training for intersectoral action.

7. Initially, intersectoral action can take the form of pilot projects in countries or regions of countries. WHO should seek ways of supporting and encouraging Member States in developing intersectoral action by disseminating experience gained in such pilot projects.

Information

8. WHO should facilitate better exchange of information relevant to intersectoral action by:

- establishing a clearing-house for information related to intersectoral action, including case studies;
- identifying better dissemination methods for reports on intersectoral action; and
- continuing to work for standardization of data collection and use, and facilitating the translation of research data into policy-relevant information.

Training

9. Member States and WHO should recognize that public health training oriented towards intersectoral action is important for all relevant parties, including health professionals, health care managers and administrators, and health care planners and researchers.

Annex 1

WORKING PAPERS AND BACKGROUND DOCUMENTS

Working papers

- ICP/MPN 016/5 Mechanisms for intersectoral cooperation,
by John L. Roberts
- ICP/MPN 016/6 Intersectoral negotiation, by
Peter Winsemius
- ICP/MPN 016/7 Intersectoral argumentation: the case of
accidents, by Johannes van der Vorm
- ICP/MPN 016/8 Intersectoral argumentation: the case of
tobacco, by Teresa Salvador

Background documents

Health as a focal point. An abridged version of Memorandum health 2000. The Hague, Ministry of Welfare, Health and Cultural Affairs, 1987.

Intersectoral action for health. The role of intersectoral cooperation in national strategies for health for all. Geneva, World Health Organization, 1986.

Intersectoral cooperation in national strategies for health. Resolution WHA39.22 of the Thirty-ninth World Health Assembly.

Summary of the scenario reports on accidents in the year 2000. Extracts from the STG report "Accidents in the year 2000" with policy recommendations.

Equity and intersectoral action for health. Edited by Keith Barnard, Anna Ritsatakis & Per-Gunnar Svensson. Gothenburg, Nordic School of Public Health, 1987.

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