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INFORMATION EXCHANGE AND COLLABORATION IN
HEALTH-RELATED ACTIVITIES IN EUROPE

Report on a WHO meeting

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16-18 March 1983

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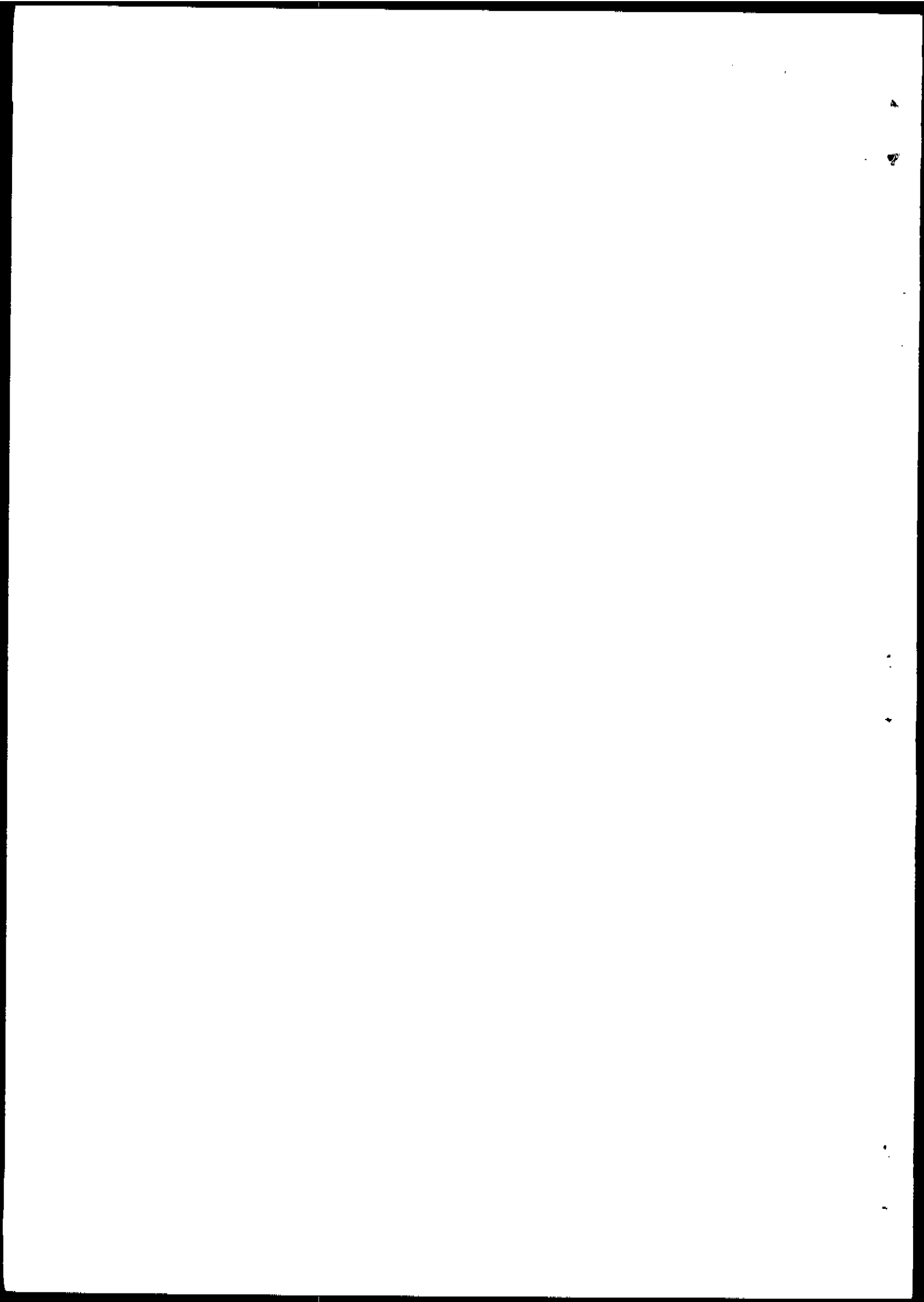
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1. Introduction

As part of its programme of work for 1983, the WHO Regional Office for Europe convened a consultation on information exchange and collaboration in health-related activities in Europe, in Copenhagen from 16 to 18 March 1983.

The terms of reference of the meeting were:

- to inform the invited organizations and agencies about the Regional Office's targets and objectives for 1984-1989 and at the same time to give their representatives an opportunity to describe their health-related activities, plans and intentions;
- to discuss strategies and possibilities for practical cooperation within the framework of the regional programme for 1984-1985;
- to review the results, difficulties and constraints with regard to past and present efforts in information exchange and cooperation;
- to develop and agree on means for improving information exchange and cooperation in the future.

Invitations were extended to United Nations agencies and other intergovernmental and nongovernmental organizations carrying out activities in Europe in fields of interest to the Regional Office.

The meeting was attended by representatives of the ECE, the Office of the United Nations Disaster Relief Coordinator, UNICEF, the European Office of UNDP, UNIDO, UNFPA, ILO, the United Nations Information Centre for the Nordic Countries, the Council of Europe and the League of Red Cross Societies, as well as Dr E. Duhr, Director of Health of Luxembourg, Dr N. Rosdahl, Deputy Director General of the Danish National Board of Health, and Mr N.I. Dahlqvist, external relations officer responsible for coordination with other organizations at WHO headquarters. The list of participants is attached as Annex 2.

Dr Leo A. Kaprio, in his capacity of Chairman, opened the meeting and welcomed the participants.

In his introductory address, he recalled that it is now a tradition to invite representatives of all interested intergovernmental and nongovernmental organizations to sessions of the WHO Regional Committee. Some attend regularly and make important statements. This applies particularly to the Council of Europe, more recently to the EEC, and sometimes the CMEA.

Reciprocally, the Regional Office is always invited to send representatives to meetings of the European Public Health Committee of the Council of Europe and it maintains regular cooperation with the Commission of the European Communities, particularly in the committees concerned with the environment, statistics, epidemiology, health education, accident prevention, cancer control and occupational health. Within the United Nations system, apart from close contacts with some of its institutions including UNICEF and the ECE, the Regional Office maintains regular liaison (either directly or through WHO headquarters) with the specialized agencies such as ILO, UNESCO and FAO. Economic considerations have led the Common Market to give attention to health problems and to examine the possibility of developing a joint approach by the 10 member countries. At present the founding Treaty does not allow such an approach, but the secretariat is seriously considering the matter.

2. Main thrusts of the WHO programme

Like other United Nations agencies, WHO has adopted a policy based on the strengthening of primary health care in order to achieve health for all by the year 2000 in all countries.

Within the framework of this world strategy, some of the common goals of UNICEF and WHO which have been approved by the United Nations General Assembly cover programmes relating to water supply, vaccination against the major communicable diseases, access to essential drugs and the development of primary health services at community level. This policy is clearly set out in a 1981 publication entitled "Global strategy for health for all by the year 2000".

Implementation of the global strategy in Europe will require a selective approach taking full account of the specific requirements of the Region. The Member States have therefore adopted a European regional strategy which, although in line with the global objectives, gives emphasis to

the three factors of lifestyles and their sometimes harmful aspects such as alcohol abuse and smoking, road traffic accidents and sexual behaviour, all of which influence the quality and expectation of life for the individual.

WHO and other United Nations agencies are conducting similar or related programmes in the field of the environment dealing with aspects such as the quality of life in the workplace and the local community, environmental hazards etc.

In place of the excessive priority given to high-technology hospital services there is a need for a preventive approach oriented to primary health care and based on health education. This is closely linked to the first two fields of activity mentioned, and national ministries of health have already started to develop the necessary strategies in cooperation with the Regional Office.

A recent publication entitled "Health crisis 2000" highlights this point very clearly. It is based on another study, "Health services in Europe" (vols. 1 and 2), issued in 1981, which describes the health services in each country of the European Region.

Referring to the main sections of the programme budget for 1984-1985, the Regional Director explained that WHO's decentralized structure facilitates the adoption and application of regional strategies and programmes. At sessions of the different regional committees, the Member States give their views concerning the programmes and activities proposed by the regional offices within the framework of their overall budget and make proposals for additional programmes that might attract voluntary contributions.

Given its regular budget (US\$ 35 million for two years), WHO plays an important role in Europe compared to other United Nations agencies whose health activities are in most cases relatively minor or confined to one part of the continent. WHO thus plays a role of catalyst in serving as executing agency for projects, especially in the environmental field.

The coordination of health programmes in the 33 countries of the Region is a very complex task in which the Council of Europe, the European Communities, the CMEA, the Nordic Council, OECD, EFTA and the Western European Union play a role.

Following the statement by the Regional Director, the directors of the five technical services in the Regional Office described the main features of their programmes so as to give the participants an idea of the collaboration existing between WHO and the various organizations represented as well as the fields where bilateral consultations would be necessary to reach a consensus during the 1984-1985 biennium. This was followed by a valuable discussion which gave the representatives an opportunity to describe their programmes and pinpoint suitable areas for effective cooperation with the Regional Office.

The participants then had individual discussions with the directors of the services and their staff.

3. International cooperation in the Region

The Deputy Director-General of the Danish National Board of Health developed some ideas showing how problems may be perceived by a national administration. For a country which has entered into a series of commitments with international organizations in Europe and has a relatively small medical administration at the central level, it is of course very difficult to keep informed about the full range of international health work. Administrations are organized in different ways in each country. They may give priority to coordination with other national sectors, or set up a department of international relations that is responsible for all activities at the international level. In the case of WHO and the Council of Europe, it is easy to monitor their work and identify their priorities, since generally the same department in the central administration is responsible for them.

The situation is quite different for instance with regard to UNIDO or ILO. In this case it is virtually impossible for a national health service to know what they are doing owing to the large numbers of sectors involved. To solve the delicate problem of national coordination of international activities, many countries have set up national committees for liaison with a particular United Nations agency (such as UNICEF, UNESCO or FAO).

There do not appear to be such committees in the case of ILO and WHO. Yet they would meet a definite need. Industrial development and its impact on the quality of the environment are particularly suitable areas for the closest possible coordination and collaboration between WHO and UNIDO.

The founding Treaty of the European Communities makes no specific mention of health. However, quite apart from the reasons for extending the scope of the Commission's activities, it should be mentioned that the third medical research programme covers numerous sectors relating to health. The size of the subsidies allocated by the Commission to research institutes or individual investigators attests to the importance it attaches to health.

The statements of the other participants are summarized in Annex 1, while the essential points of general interest are set out below.

The representative of UNIDO said he felt the present meeting of the different organizations was especially important in that he had for the first time gained the impression that each participant had not only contributed but also gained something, particularly through informal discussions.

The impact of industrialization on the environment should provide a major impetus for tightening the links between WHO and UNIDO. His organization was ready to enter into immediate dialogue with WHO headquarters and of course UNEP.

Referring to the call for health for all by the year 2000, he noted that the turn of the century is fast approaching and that there are a tremendous number of problems still to be solved in such a short time. UNIDO attaches increasing importance to the "future challenge". Mankind is continually subjected to cultural stress and environmental constraints; climatic conditions, political crises, technological progress. One cannot emphasize too strongly that rapid changes will take place in technology by the year 2000, requiring close collaboration between the different organizations within the United Nations system.

The representative of UNDP said he had learned a lot from the meeting. By necessity, UNDP has to limit its activity in the European Region to the provision of funds that have already been earmarked for specific purposes, leaving little scope for developing new projects. Because UNDP's resources are limited and because governments give first priority to advanced technology, WHO cannot expect many of its projects to be financed from the Fund.

Also, governments rarely give much priority to health in the allocation of resources. Where operational activities are concerned, 15 or 20 organizations are dealing with the same development issues, and this gives rise to overlap and problems of coordination. While that may attest to a laudable enthusiasm on the part of the organizations, it certainly complicates project implementation.

UNDP assistance in the European Region will doubtless have to be gradually reduced. This trend would essentially be the result of a political choice, on which there can be no discussion but which must be taken into account. It is also important to stress that for each UNDP-financed project, a sizable government cash contribution is required.

The three essential points to be considered are thus:

- (a) it is in the direct interest of the governments concerned to contact UNDP at a very early stage if the action is to be coordinated;
- (b) as it is becoming increasingly difficult to arrange for a given programme to be implemented by a single international organization, ways must be found of effectively involving other organizations;
- (c) the trend towards a reduction of UNDP's global input should in no case lead to a lowering of the technical quality of the activities.

The United Nations system is often justified in playing a coordinating role for operational activities for development when the objective is outside the scope of a single organization. In such a case it might be best to entrust the project implementation to two or three organizations at the outset: but this is rarely done. The problem arises more frequently in Europe than elsewhere due to the fact that in this Region a range of relatively sophisticated projects are undertaken that involve UNIDO as well as WHO or UNEP.

For an advanced technology project in the field of information science, one country may contact UNESCO, another UNIDO and a third ILO. However, other organizations should also be involved. The same is true of environmental pollution control. Again there is a need for a concerted effort by several organizations.

The representative of the Council of Europe said he was very satisfied with the collaboration between his organization and WHO and stressed the need to make governments realize that certain areas are suitable for truly effective cooperation between the two bodies. It is no less important to convince them that the Council of Europe, WHO, the ECE and all the other international organizations have a common policy and that they work together on an equal footing.

The representative of ILO, speaking as a physician, stressed that no effort should be spared to promote wellbeing, of which health is only one aspect. Health is of great social importance not so much in its own right but as an element of wellbeing.

At the previous meeting he had gained the impression that the readiness of the different organizations to collaborate was increasing year by year, and this applied to all of them without exception. Thanks to the Regional Office, he had established contacts with other organizations that would not otherwise have been possible. It was essential to continue along this course and to maintain the spirit of frank, invigorating cooperation that had imbued the meeting.

The representative of the ECE thanked the Regional Office for its invitation to attend the meeting. Both from the plenary sessions and from the individual discussions he had gained much useful information concerning the work of the different international organizations.

The ECE, by its very nature, does not have specific country projects but has been endeavouring for some time to promote cooperation between governments generally and especially East-West collaboration in many different fields. For this purpose, it counts on technical assistance from some of the organizations represented at the meeting. It already cooperates with WHO in a number of projects and this will certainly increase.

Closer cooperation could be established between the different United Nations agencies and between intergovernmental organizations in many areas that will be features of medicine in the year 2000, including questions of medical ethics. Such features include aging, chronic diseases, policies on abortion, demographic policies and the organization of primary health care.

With regard to the elderly, several plans of work have been produced following the United Nations World Assembly on Aging (Vienna 1982). Cooperation appears to be developing smoothly between the United Nations Centre for Social Development and Humanitarian Affairs and the European Centre for Social Welfare Training and Research. Such cooperation has been sadly lacking up to now. With regard to the programme on disability prevention and rehabilitation, cooperation by WHO with other international organizations, especially ILO, gives good grounds for optimism.

In the field of primary health care, the lively interest expressed by the participants is very encouraging. It is regarded as a priority and the concept appears to be well established at all levels in the United Nations system. It should be possible to launch more joint projects of the Regional Office and other United Nations agencies. However that does not seem to be the case, the reason being that the organization of primary health services is not considered as important in the European Region as in the developing world.

In Europe, promotion of this idea depends more on changes in governments' overall policy and ideologies and on the setting of priorities. However, the Council of Europe appears to be interested in the concept, as does the League of Red Cross Societies.

The above problems, especially that of medical ethics, are clearly relevant to health workers, but they should not claim to be able to solve them on their own since they are a concern of society as a whole. The problems have so to speak been "institutionalized" in WHO by the creation, in conjunction with UNESCO, of the Council for International Organizations of Medical Sciences (CIOMS) which convenes regular meetings on problem areas, such as medical ethics. WHO readily leaves a great many scientific problems to the professional associations concerned and sponsors only those projects which seem sufficiently well structured to allow their practical application at the government level.

WHO is thus an intergovernmental organization but it is also a scientific association dealing in particular with the problems faced by health systems that are of immediate interest to governments.

4. Conclusion

The discussions clearly brought out the fact that duplications of effort are caused by inadequate information exchange. During the three days of the meeting, a number of objectives were

drawn up that could provide a basis for future cooperation designed to ensure coordinated action in the direct interest of the governments concerned. Consultations of this kind show the areas where progress has been made and those where it has not.

Concerted action by several international organizations within the same programme, from the planning stage onwards, is strongly recommended. Biotechnology is a good example of this process. Several organizations in the United Nations system are involved in that field; UNIDO from the industrial and WHO from the medical standpoints, and IAEA in many respects. Attempts must be made to build health safeguards into the promotion of new technologies.

A proper balance must also be struck between long-term strategies and everyday practical requirements.

Dr Kaprio thanked all the participants especially Dr Duhr, who had taken constant interest in international cooperation. He believed that the meeting had been very informative and hoped that good contacts and effective cooperation would be maintained between WHO and the other organizations. Judging from their reactions he understood that the participants were in favour of holding a further consultation and the Regional Office would do all it could to arrange one as soon as the next programme budget had been adopted.

Annex 1

SUMMARIES OF STATEMENTS BY REPRESENTATIVES OF ORGANIZATIONS AND INSTITUTIONS

ECONOMIC COMMISSION FOR EUROPE

Although the Economic Commission for Europe, as a regional economic body, is not especially concerned with health-related problems, several elements in its programme of work have a direct or indirect relationship to man's well-being.

A Convention on Long-Range Transboundary Air Pollution entered into force in March 1983. Preliminary work on the implementation of the Convention in connection with the impact of sulfur compounds on the environment included the preparation in conjunction with the WHO Regional Office for Europe of a report on the health effects of such compounds and other related air pollutants.

Another field of cooperation with WHO is the work carried out under the auspices of the Conference of European Statisticians (including the area of environmental statistics). In 1982, a third joint ECE/WHO meeting on health statistics was held. A number of studies on environmental statistics in relation to indicators of environmental quality which could be applicable to relevant activities in the health section are also being conducted. With regard to environmental indicators, a survey of existing recommendations at the international level will be conducted by the ECE secretariat with the assistance of other international organizations.

Other ECE Principal Subsidiary Bodies carry out health-related activities within their programme of work, such as:

- the Inland Transport Committee which publishes statistics on road accidents and is working on measures aimed at improving the safety of vehicles;
- the Committee on Housing, Building and Planning which has a major programme on the harmonization of building regulations;
- the Committee on Water Problems which has a number of projects with health-related components. (A seminar on drinking-water supply and effluent disposal systems convened by the ECE in 1982 was the first contribution to the International Drinking Water Supply and Sanitation Decade.) It will be followed by a seminar on strategies and practices for the prevention of groundwater pollution, to be held in Greece in October 1983.

The ECE also convenes every year jointly with UNEP an intersecretariat meeting on waste problems in Europe. It is attended by intergovernmental organizations in Europe as well as relevant nongovernmental organizations. This particular mechanism has made a valuable contribution in promoting cooperation and coordination in the Region in the field of water resources management.

OFFICE OF THE UNITED NATIONS DISASTER RELIEF COORDINATOR

General responsibilities of UNDRO and WHO

UNDRO's relationship with WHO was formalized under a memorandum of understanding between the Director-General of WHO and the Coordinator of UNDRO, signed on 9 March 1979.

It is the responsibility of UNDRO, within the terms of the relevant United Nations General Assembly resolutions, to coordinate disaster emergency assistance and to promote disaster preparedness and disaster prevention, whereas WHO serves as the focal point for all health problems, and continues to exercise its operational prerogatives and responsibilities in relation to all emergency and preventive measures in the health field.

When the government of a disaster-stricken country in need of international assistance makes a request to UNDRO for disaster relief, UNDRO promptly informs WHO where the assistance should be envisaged. WHO then considers the types of medical or health assistance required, and any contributions by donors that might modify the request made by the country. Both organizations then consult each other on the action to be taken.

Joint action in the field

In developing countries UNDRO has established standing United Nation disaster teams, which operate under the UNDP resident representatives who act for UNDRO.

When a disaster occurs UNDRO sends an official representative from its headquarters to conduct an on-the-spot assessment and, where health problems are concerned, staff from WHO headquarters join the missions at short notice.

- (1) In its relief activities, which include disaster preparedness and prevention, UNDRO coordinates closely with WHO under the terms of the memorandum of understanding established in March 1979.
- (2) UNDRO keeps WHO fully informed about national and regional disaster preparedness plans.
- (3) UNDRO continues to reassess its working relationship with WHO in relation to relief activities in order to establish:
 - closer and more effective collaboration, and
 - mechanisms for mutual information exchange.

UNICEF

Very positive results have been achieved by the UNICEF Office for Europe with the collaboration of the WHO Regional Office during the past two years.

As an outcome of a workshop held in Divonne, France, in February 1981, a strategy was developed for UNICEF's new role in Europe in its capacity of follow-up agency for the International Year of the Child.

One of the important areas in which the UNICEF Office for Europe is involved is "women in development: impact on children". To this aim WHO contributed to a workshop held in Lisbon in November 1981 on the subject of national studies made by Bulgaria, Greece, Portugal and Yugoslavia. A report was issued, and the activities will be followed by national seminars, workshops and studies.

A second major area in which the WHO Regional Office participates relates to a network of child-related subjects. Two years of preparatory efforts by the UNICEF Office for Europe culminated in the adoption, at a meeting held in Greece in November 1982, of a European Network of Information on Children, aimed at establishing criteria for a permanent cooperative association between European institutions and organizations which share information on child-related issues. Again, a report is being prepared and follow-up meetings will be held.

A third area concerns children with special needs: "children suffering from physical and mental abuse"; this is a new field for UNICEF's involvement, which it hopes to expand in future. "Children of migrant workers" is another area where UNICEF cooperates closely with the United Nations Centre for Social Development and Humanitarian Affairs, ILO and other United Nations agencies, as is "children exploited".

National childrens bureaux and the framework for evaluation of the quality of life for children in industrialized countries should also be mentioned, as well as the Emergency Liaison Office in Geneva which works closely with UNDRO, and will ensure more rapid response to emergencies.

Organizational changes are being implemented in the UNICEF Office in Geneva as major executives are retiring, and about one-third of the posts will be transferred to Copenhagen, in view of a consolidation of UNICEF's supply operations in an Integrated Supply Centre in that city.

As reflected in "the state of the world's children", programme priorities will bring changes with regard to growth charts, oral rehydration therapy, breast-feeding and immunization - all potential entry points for action by UNICEF, which places a special emphasis on the overall concept of primary health care, as well as family planning and food support.

The excellent cooperation maintained between the UNICEF Offices for Europe, the Middle East and North Africa and the WHO Regional Office for Europe is a reflection of the effective way that UNICEF and WHO headquarters collaborate at a global level in Joint Committees on Health Policy.

The areas of such collaboration include the implementation of PHC, essential drugs, diarrhoeal disease control, expanded immunization, water, the new five-year nutrition programme in which the Italian Government is participating, monitoring of the infant formula code, urban problems and PHC.

The UNICEF Office in Geneva and the WHO Regional Office for Europe will continue to cooperate in future through:

- the UNICEF national committees,
- work concerning women and children in the southern European countries,
- the network of child-related subjects, children and families of migrant workers, abused and exploited children and last, but not least, the national childrens bureaux.

UNDP

UNDP has a dual role of funding technical cooperation activities and coordinating them.

For historical reasons the UNDP European Office in Geneva represents seven countries receiving UNDP assistance, namely, from east to west: Albania, Bulgaria, Czechoslovakia, Hungary, Malta, Poland and Portugal. It is the channel of communication for UNDP assistance to the governments of those countries, which are at a fairly high level of development.

The volume of aid to be provided to countries for the UNDP third cycle (1982-1986) has been seriously affected by a lack of financial resources that permit the delivery of only 55% of the total international planning figures (IPF) of the countries. Furthermore, the amount of UNDP assistance to countries served by the UNDP European Office is very limited and there are relatively few new projects. However, these countries are so interested in UNDP aid (especially in the field of advanced technology) that they are increasingly ready to add necessary resources from their own funds, thus showing the importance they attach to assistance from the United Nations system.

The situation is different in countries which have resident representatives, as their country programmes are larger, and for many of them the IPF gives more flexibility for assistance.

For regional projects, the UNDP assistance is limited to environmental protection and water.

The UNDP European Office is administratively responsible for some other funds and programmes, namely: UNEPA, the United Nations volunteers programme, the Inter-Agency Procurement Service, the Office for the International Drinking-Water Supply and Sanitation Decade and the Impact Programme for the Disabled.

Apart from these responsibilities, it represents the UNDP Administrator for Europe. In this capacity it fulfils central functions such as public information for Europe and liaison with nongovernmental organizations.

Role of the Coordinator of the United Nations Operational Activities for Development

The approach has been to provide an additional service to governments who have officially accepted this principle. Where coordination is concerned, the aim is to strengthen the process of interagency cooperation at country level, not only by establishing a central point that holds all the useful information, but also by ensuring that the agencies have their own contact at the country level, knowing what is going on and what will happen in the period ahead. It will also give governments an overall view of the assistance provided and planned by the United Nations system.

These functions performed from Geneva by a single official are very important as the United Nations Coordinator can help both governments and agencies involved in executing a project in different countries in the same field of activity, such as high technology, by providing adequate information and assistance.

Resource situation of UNDP

The UNDP Governing Council has decided that planning for the third cycle should be based on a 14% annual rate of growth of resources for its programme.

In order to alleviate the shortfall of resources currently experienced by UNDP as a result of the erosion in dollar terms of some pledges made in national currencies, which has especially affected the European countries since the volume of their IPF has decreased considerably, the UNDP Governing Council has decided to establish an Intersessional Committee on the Whole. Its aim is to ensure greater predictability of the possibilities for raising a higher volume of resources on an increasingly realistic, continuous and assured basis.

Consideration will be given to the adoption of a new system for the long-term utilization of resources, so as to give UNDP an idea of the actual volume of the aid which can be provided in the years ahead.

The year 1984 should be crucial in terms of prospects for the future, as UNDP will know at that time whether governments are really prepared to support the multilateral assistance.

UNIDO

It is of a particular interest to UNIDO that among the major components of the Regional Office programme, there is ample reference to activities related to pharmaceuticals, the environment and occupational health.

Drug supply is an important feature of PHC. Within its original mandate, UNIDO has established a pharmaceutical industries unit with the aim of helping developing countries to achieve greater self-reliance in the pharmaceutical sector through national endeavours and intercountry cooperation. Some examples of UNIDO's contributions to the development of this sector are provided in the WHO compendium.

At local level, UNIDO is providing assistance in projects for the production of essential drugs needed for PHC, and to this aim always follows WHO directives such as those of the model list of essential drugs, and the guidelines on good manufacturing practice and good laboratory practice.

Significant progress has been achieved in the establishment of plants for the production of essential synthetic drugs. UNIDO has also been active in promoting programmes for the utilization of national resources, such as medicinal plants and biological wastes.

With a view to increasing the industrial capacity of countries, pharmaceuticals constituted one of the nine sectors so far examined by UNIDO in a first consultation held with governments, workers and employers in Lisbon in December 1981, which should be followed by another one.

Since signing the UNIDO/WHO strategy document on manufacturing and control of pharmaceuticals, collaboration and coordination of the activities of both organizations have improved considerably, UNIDO being aware of its responsibility for establishing and strengthening the pharmaceutical industry in developing countries and especially the production of essential drugs to ensure the success of PHC.

WHO, as the United Nations coordinating authority on international health, together with other organizations such as UNICEF, UNDP, UNCTAD, the regional commissions and UNIDO, could help the developing countries to attain self-reliance in the area of essential drugs, as well as in other fields such as biotechnology and genetic engineering. Some concrete form of cooperation should take place in the abovementioned areas for various projects.

The UNIDO programmes in the following areas should be of interest to the WHO Regional Office for Europe:

- (1) industrial application of microbiology in the pharmaceutical industry;
- (2) development of multipurpose plants for drug manufacturers;
- (3) utilization of medicinal and aromatic plants for the production of selected pharmaceutical products;
- (4) blood and blood derivatives;
- (5) application of genetic engineering and biotechnology to the production of improved human and animal vaccines with reference to tropical diseases;
- (6) drug requirements of aged people.

UNIDO is also very active in other fields and contributes to major environmental programmes, especially those promoted by UNEP, as well as the chemical safety programme of the WHO Regional Office for Europe, the occupational risk prevention programme of ILO, the pesticides programme of FAO, the human settlements programme of the United Nations and many others sponsored by UNICEF, UNDP and ECE.

UNITED NATIONS FUND FOR POPULATION ACTIVITIES

Excellent collaboration has been maintained with UNFPA which is a major source of extrabudgetary funds for the family planning programme of the WHO Regional Office for Europe.

Although support by UNFPA is subject to the availability of funds and to the directives of its Governing Council, the volume of its resources will probably not change.

The Governing Council of UNDP, very much in line with the WHO primary health care policy, has recommended that priority should be given to programmes of family planning oriented to the individual and the family and integrated with maternal and child health services in a PHC context, together with others tailored to fit the sociocultural conditions in the countries concerned. It is hoped that funds at the country level might increase. However, there is a limit of 25% on the use of UNFPA funds for intercountry programmes.

Countries which will receive support in the first instance are Algeria, Morocco, Portugal and Turkey, with some assistance being provided to Greece and Malta. At the request of UNFPA headquarters, support was given to Bulgaria, Czechoslovakia, the German Democratic Republic, Hungary, Poland, Romania and Yugoslavia. The latter countries are developing either national programmes or international training courses, aimed at benefiting developing countries of other regions.

At the intercountry level, a substantial part of the programme has been directed towards manpower development for family planning, in collaboration with leading training institutions in Europe. The WHO Regional Office for Europe has provided continuing technical and managerial support for project development and implementation. Six intercountry meetings have been held and 12 studies carried out, taking into consideration the gradual decline in fertility with a consequent aging of the population in developed countries, and an annual growth rate of up to 3.4%, and populations of whom half are under 20 years of age in the developing countries.

Some of the international courses were conducted at the country level, where they had a wide impact on the commitments of national authorities to the promotion of national family planning programmes.

Support activities included country case studies, study terms and intercountry workshops.

Although UNDP funding will most probably remain at the same level in the next few years, there is a need for rationalization of the country and regional projects, e.g., family planning projects for personnel at different levels could be coordinated through various levels of participation of the different countries concerned. Considering the limited resources available, it should be possible to avoid duplications, promote more systematic programme planning for each programming cycle, and ensure that different types of training are covered in a coordinated way. In the case of workshops, seminars and other meetings on given topics, attendance of participants from other countries would raise the impact of the activity beyond the borders of the country where it took place. In many instances, purely national meetings would not be justified in view of the cost involved.

In preparation for the International Conference on Population that will be held in Mexico in 1984 to discuss questions of the highest priority, it is planned to convene a European Population Meeting in collaboration with the ECE, in Sofia, from 6 to 12 October 1983. It will identify regional needs, priorities and goals in the population field.

INTERNATIONAL LABOUR OFFICE

The long-standing collaboration between ILO and WHO, particularly within the Regional Office, in the field of occupational safety and health among others, is to be further strengthened in view

of the multisectoral nature of the programmes of both agencies, and ILO welcomes this development. In this respect special mention should be made of the ILO international programme for the improvement of working conditions and environment (PIACT).

During 1981-1982 collaboration with WHO as well as other United Nations agencies encompassed areas such as the International Programme on Chemical Safety, protection of workers against ionizing radiation, preparation of codes of occupational safety, e.g. in the milling of radioactive ores, as well as participation of ILO in a large number of meetings organized by WHO. Technical cooperation with WHO in Europe continued at the country level, in Algeria, Greece, Malta, Morocco, Poland, Portugal, Romania and Turkey, and within the framework of regional projects funded by UNDP.

The ILO programme and budget proposals for 1984-1985 include, in addition to programme 90.2, "Occupational safety and health", provision for other important ILO activities which may offer possibilities for practical cooperation in the WHO European regional programme in 1984-1985. The main areas of activity are:

- Occupational safety and health (programme 90.2). The overall objective of this programme is to promote and support efforts to reduce occupational accidents and diseases and improve the working environment. The programme is divided into four subprogrammes with the following major elements: policies for occupational safety and health, occupational accidents, occupational diseases, working environment and ergonomics, international occupational safety and the Health Information Centre.
- Employment and development (major programme 60). This programme covers research on the effects of poverty, unemployment and social injustice on health, special problems of youth unemployment, community involvement in primary health care, etc.
- Training (major programme 70). This programme provides for support of PHC in management and vocational training and also vocational rehabilitation, in close cooperation and coordination with other United Nations agencies and organizations.
- Conditions of work and welfare facilities (programme 90.3). The objective is to gradually raise the working conditions of poorly protected workers to an acceptable minimum level and to improve working conditions and welfare facilities in order to enhance the physical, moral and social wellbeing of workers.
- Cooperatives (programme 100.6). This programme is concerned with the introduction of primary health care elements into cooperative education and training.
- Social security (major programme 110). This programme covers the development and improvement of social security and welfare schemes, and the harmonization and coordination of social security legislation.

COUNCIL OF EUROPE

The Council of Europe carries out activities related to health according to the ten objectives listed in its medium-term plan for 1981-1986.

The first objective provides for a European programme for health promotion, while the others relate to studies of child health surveillance, screening methods, organization of preventive services, development of preventive medicine, improvement of the planning of care units, combating of the harmful effects of technological progress, promotion of the control of drug dependence and other forms of abuse, and training activities including fellowships programmes.

Collaboration between the Council and WHO is very fruitful, especially with regard to work on the post-basic training of nurses and the reduction of hospital costs. However, it should be reinforced in view of the fact that the member governments are looking for ways of saving money and preventing waste.

Thus there is a need for more rational organization of the collaboration both with WHO and with the EEC, taking as a starting point the characteristics of the three intergovernmental organizations, as the idea should not be limited to avoidance of the overlapping of programmes, which would be a somewhat negative cooperation policy.

Improved coordination would mean that each organization will concentrate on the aspects of a subject with which it can deal most efficiently in view of its structure. For instance, common

projects could be set up in the fields of education for health to prevent dependence and addiction, training of nurses, prevention of hospital infections, and the influence of employment on health, nutrition and food safety. It is worth mentioning the Council's activities in this last field carried out within the framework of the Partial Agreement, in relation to pesticides, toxicological and microbiological control of foodstuffs, pharmaceutical products, European pharmacopeia, and cosmetic products.

The work done by the Council concerning rehabilitation of disabled persons, accident prevention and the elderly is also of great interest to WHO.

Methods of collaboration

- As a first step, the organizations will have to see how far they agree on strategies to be tested and evaluation techniques to be employed;
- the next step would be to consider the organizations' budgetary resources in order to know what contribution each could make to a particular project;
- the third step would be to decide on the timing and staffing of pilot projects.

The Council also has activities in areas such as the Council of Europe work programme on higher education and research, academic mobility, and the European programme for the development of postgraduate training.

LEAGUE OF RED CROSS SOCIETIES

Eighty-five percent of the day-to-day activities of the national Red Cross societies, outside national disasters, concern problems related to health and social welfare services in the European Region.

In the field of health, the 31 national Red Cross societies in Europe provide a wide diversity of emergency, educational, curative and preventive services. Their training programmes for Red Cross volunteers include instruction in first-aid skills and resuscitation methods, and home nursing care of the elderly and the disabled. Volunteers participate in health education campaigns against alcoholism, drug abuse and smoking. Many of the national societies in Europe are active in blood programmes.

As a follow-up of the Alma-Ata conference on primary health care, an international Red Cross primary health care seminar was held in Frunze, USSR in May 1979. One of the conclusions of this meeting was that the national societies should consider PHC as one of their most important concerns. To this end, it was recommended that they should work closely with the health authorities of their countries, as well as with nongovernmental organizations in the development of common approaches.

Many of the national societies are reviewing their programmes in order to restructure their traditional institution-based programmes into community-based ones. In order to meet the changing needs, their personnel as well as volunteers and health workers will also have to be reoriented.

In 1981, the XXIV International Red Cross Conference which took place in Manila emphasized the desire of the Red Cross to fully participate in the implementation of PHC as part of the strategy for health for all by the year 2000.

The Red Cross should adapt its activities to changes in society concerning the evolution of the family, the increase of socially handicapped persons, the aging of the population, the growing numbers of the disabled, and the effects of migration.

A set of documents, "The health information kit", has been prepared by the League of Red Cross Societies, focusing on the role of the Red Cross and its possible contribution to the strategy for HFA2000.

The Red Cross has a long tradition of providing medical assistance to victims of conflict and natural disasters. Response to requests for assistance should be further improved through the development of written guidelines and standardized procedures. It would be important to specify the Red Cross policy on all aspects of emergency medical assistance, in order that staff of both the Red Cross and other operational agencies have a clear understanding of the responsibility of the Red Cross.

In 1982, the League of Red Cross Societies and the International Committee of the Red Cross prepared a document, "The Red Cross in emergency medical action", setting out the major policy issues.

Finally, there are many examples of fruitful collaboration between the International Red Cross and United Nations agencies (WHO, UNDR0, UNICEF) in the field of primary health care, disaster relief operations and disaster preparedness.

The League of Red Cross Societies, together with highly motivated volunteers, represents a vast investment of the existing, although limited financial resources. For this purpose, a constant dialogue between the League and the United Nations system, as well as between the national Red Cross societies and the Red Crescent seems to be highly advisable.

Within the International Red Cross, in conformity with its guidelines, United Nations agencies have always been and will remain the focal point for cooperation.

WHO HEADQUARTERS

As far as coordination at the global level is concerned, two entirely new mechanisms have recently been established at WHO headquarters, which will eventually influence developments in the regional offices and national institutions, and vice versa.

1. Close cooperation within the framework of PHC is being ensured by WHO headquarters with the organizations of the United Nations system, as a multisectoral undertaking. This factor was stressed by the United Nations General Assembly in its resolution 36.43 of 19 November 1981 concerning the global strategy for health for all by the year 2000.

The United Nations Consultative Committee on Substantive Questions (CCSQ) has extensively discussed the possibilities of joint planning within the United Nations system for the adoption of a more coordinated and systematic approach to the operational activities. PHC has been selected as one of the pilot areas where joint planning could be tried out, WHO being assigned the role of coordinating agency for this purpose.

The Administrative Committee on Coordination (ACC) has laid down the basic philosophy of such planning and a system of this nature. WHO headquarters has started to analyse the present collaborative activities and has worked on procedures which will make such intersectoral cooperation possible. It has made an inventory of all the programme areas where collaboration has taken place between headquarters and the regional offices on one hand and the organizations of the United Nations system on the other. The result is a compendium covering an impressive range of activities, which has been distributed to all the bodies concerned.

This work has been followed by consultations between headquarters and eventually the regional offices, together with other agencies, with regard to joint planning and collaboration of relevance to PHC.

Coordination at country level, which can be considered as the basis of such mechanisms, should also start and for this purpose it would be necessary to encourage ministers of planning to undertake joint planning and programming of the operational activities of the United Nations system in the field of PHC. A number of pilot countries will be selected to this end. However, in view of the constraints of the planning cycles and procedures for the implementation of pilot activities applied by the various United Nations organizations, satisfactory planning and coordination mechanisms of this nature may take years to implement.

2. The close collaboration with nongovernmental organizations and the new directions that this collaboration is taking at the national level, in the promotion of HFA2000, represents a great potential, not only of financial means, but also of manpower and political resources. Where such organizations are involved in community participation and intersectoral development, they often challenge the conservative attitude which may sometimes be found among officials in countries.

Conclusion

Specific action has been taken at WHO headquarters by the officer responsible for coordination with other organizations, who has visited five selected countries in order to promote closer collaboration between intergovernmental organizations and governments at the national level. The result of these consultations has been very positive; it is clear that they can contribute to the health development of the countries concerned, and it is hoped to launch similar initiatives in other countries.

Annex 2

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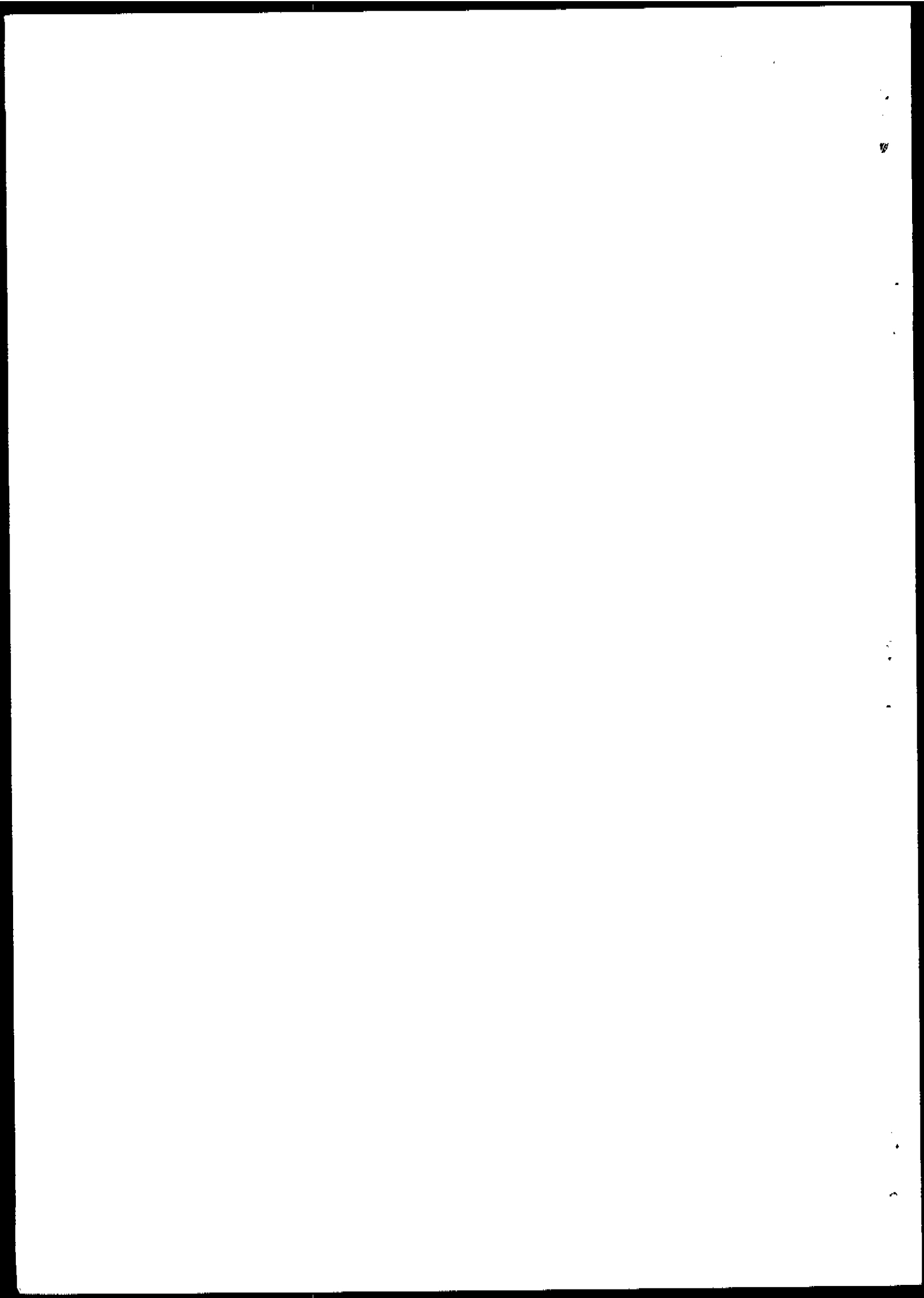
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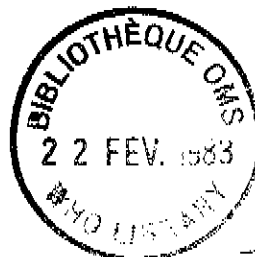




Consultation on Information Exchange and
Collaboration in Health-related
Activities in Europe

Copenhagen, 16-18 March 1983

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SCOPE AND PURPOSE

*Int. coop. Health plan
Regional - Europe*

International cooperation in health development is generally recognized as an important feature of WHO's strategies for "health for all", and promoting such cooperation is one of the major roles of the Regional Office. Coordination in this field, however, has to take account of several specific European conditions. *Europe*

Most countries of the Region are highly developed and moderately to heavily industrialized, but some still belong to the category of developing countries. Gross national products and living standards are generally high, and a few of the countries are among the richest in the world. Collectively, the European countries are the largest source of finance in the United Nations system, as well as of bilateral technical and economic assistance to developing countries.

Many European countries are members of one or more intergovernmental organizations (IGOs) with health-related programmes, and several United Nations organs and agencies are involved in health work in the Region. However, the WHO Regional Office for Europe is the only agency with a health programme covering the whole Region.

The different types of national administration and political structure among the countries of the Region and the existence of bilateral and multilateral agreements must be considered by the Regional Office when dealing with Member States. In addition, there is a north-south gradient in the state of development of health services, and the situation is further complicated in that the languages of the less developed countries are not among the working languages of the Office. The Office's main collaborative programmes with other United Nations organs and agencies, IGOs and other bodies mainly concern countries in that category.

The proliferation of bodies within and close to the health field often leads to duplication and overlapping of effort which reduces effectiveness in confronting the problems. Quite frequently, health-related activities are planned without prior consultation. In most cases, the objectives and results of such activities are known only after their completion.

Health administrations in the Member States of the WHO European Region are concerned with strengthening collaboration between IGOs and nongovernmental organizations in the planning and implementation of intercountry health policies and programmes. They are also concerned that there may be insufficient coordination between United Nations agencies and IGOs in national health projects, combined with a lack of awareness of bilateral and multilateral contacts and agreements between Member States on common health plans and activities.

As a follow-up to similar meetings from 27 to 28 March 1980 and from 29 to 31 October 1980, the present meeting is called in order to:

- inform invited United Nations organs, agencies and other organizations of the objectives and targets of the Regional Office for 1984-89 and, on this basis, to offer representatives of invited organizations and agencies the possibility of informing the technical staff of the Office about their health-related activities, plans and intentions;
- to discuss strategies and possibilities for concrete cooperation in the regional programme for 1984-85;
- to review results, difficulties and constraints in past and present information collaboration efforts; and
- to elaborate and agree on mechanisms to improve mutual information exchange and collaboration in the future.