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REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



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INFORMATION EXCHANGE
AND
COLLABORATION IN
HEALTH-RELATED ACTIVITIES IN EUROPE

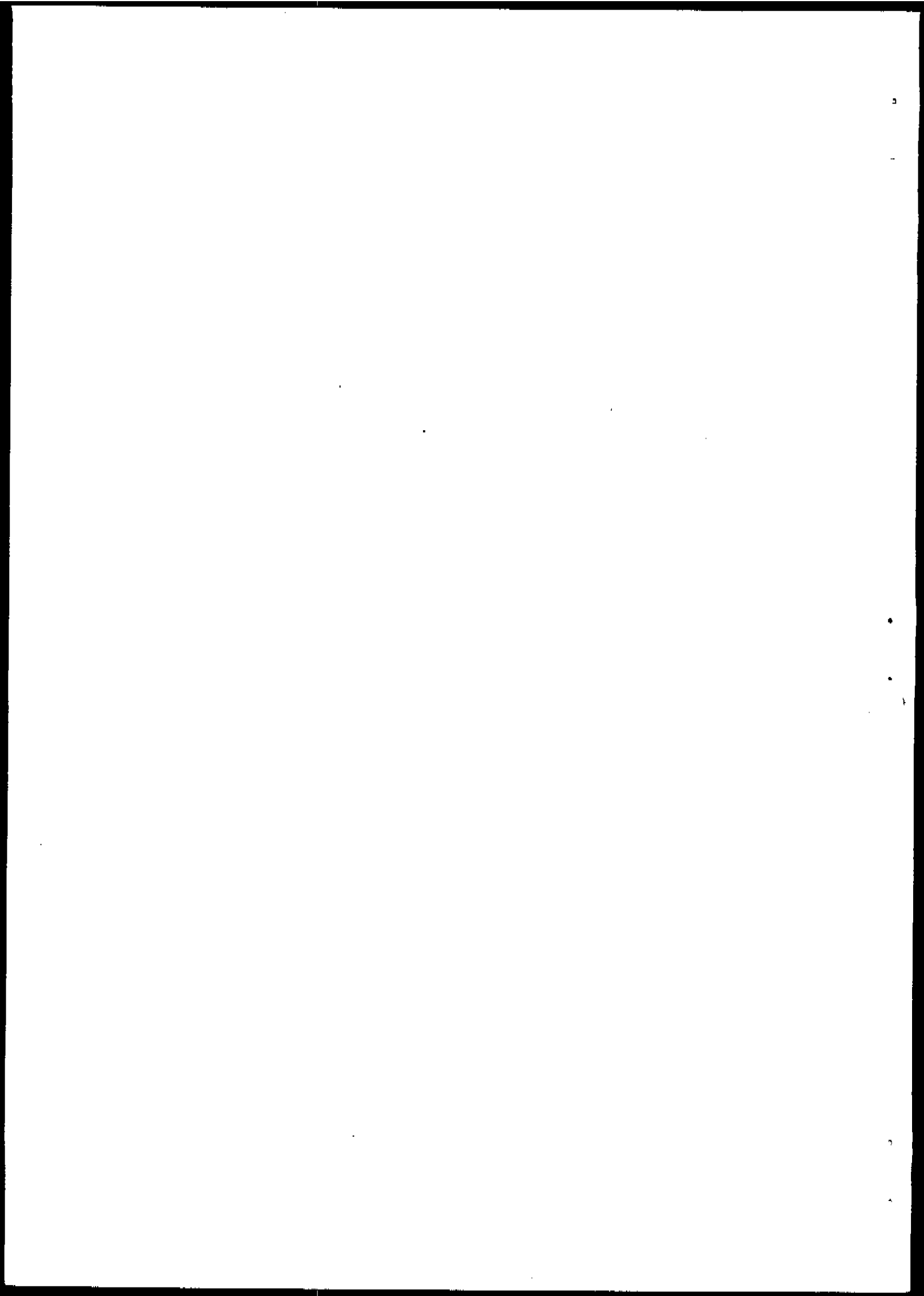
Report on a WHO meeting... , 830'

Copenhagen
22-24 September 1986

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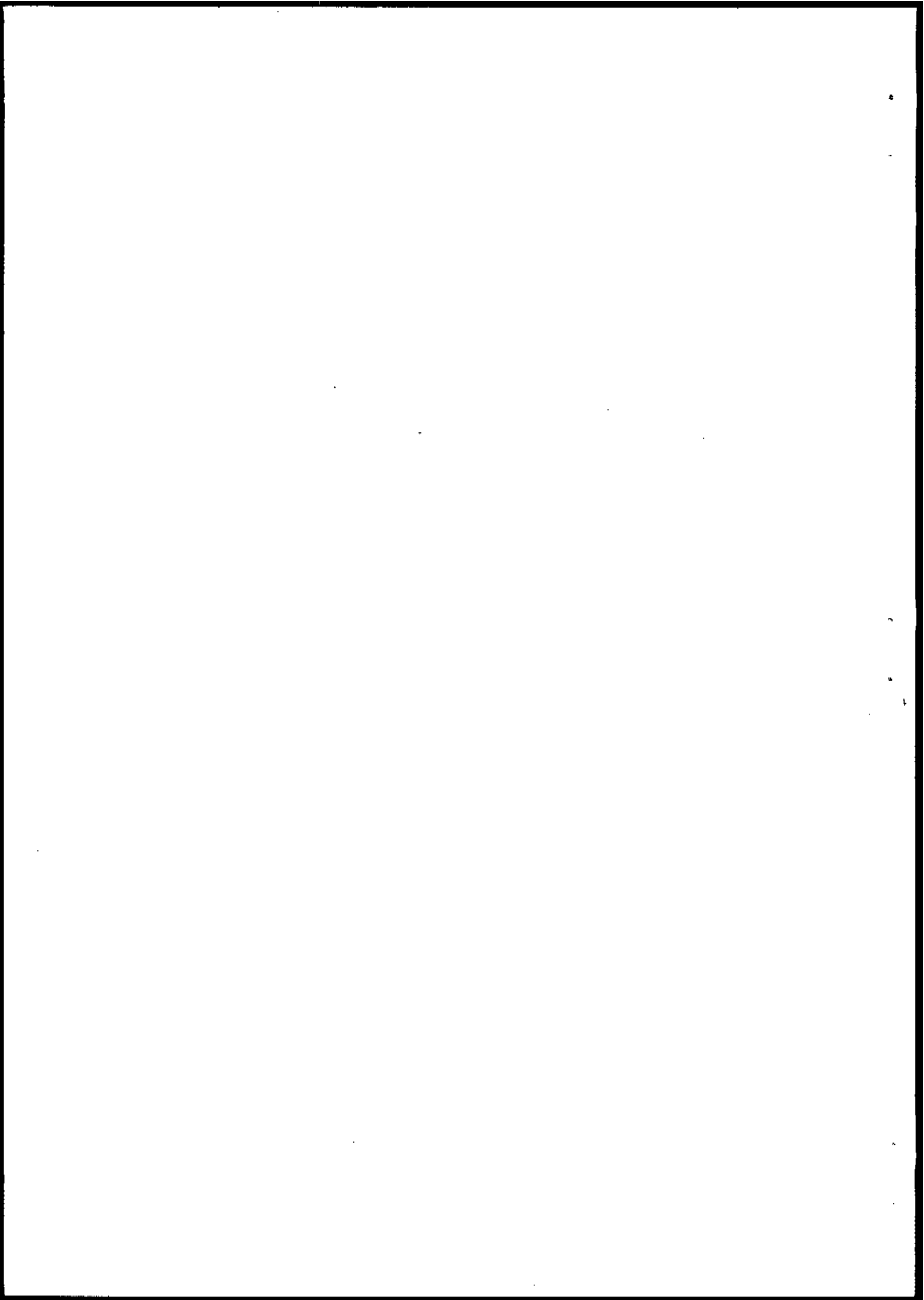
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1. Introduction

With the proliferation within the various UN Agencies, intergovernmental organizations (IGOs) and nongovernmental organizations (NGOs) of activities directly, or indirectly, involving health the need for exchange of information and, more than this, of coordination of activities to avoid overlapping and duplication of efforts, has been very much felt.

To this effect, coordination meetings with Agencies of the UN system, IGOs and international NGOs of European relevance were organized by the WHO Regional Office for Europe (WHO/EURO) in November 1980 and in March 1983. Taking into account the achievements of the two previous meetings and the desire expressed by the various participants, WHO/EURO convened a third Consultation on information exchange and collaboration in health-related activities in Europe. The meeting was held in Copenhagen on 22-24 September 1986 and had the following terms of reference:

- exchange information on health and health-related activities carried out by intergovernmental organizations in Europe;
- review existing cooperation in the field of health between intergovernmental organizations in Europe and WHO; and
- identify possible new forms of collaboration and cooperation of mutual interest for the organizations involved and relevant to the Health for All (HFA) policies.

Invitations were extended to 31 various organizations and, of these, 12 sent participants. Although two bodies (UNDP Unit for Europe, New York and the Turkish and International Children's Centre, Ankara) could not secure their participation, statements were submitted (see Annexes IV-0 and IV-P). The UNDP European Office in Geneva requested the UNFPA participant to represent them. The WHO International Agency for Research on Cancer (IARC), Lyon and the WHO headquarters Emergency Relief Operations were also represented at the meeting. The List of Participants is attached as Annex I.

The Regional Director, Dr J.E. Asvall, opened the meeting by welcoming the representatives of six UN sister organizations: United Nations Information Centre (UNIC), Economic Commission for Europe (ECE), Office of the United Nations Disaster Relief Co-ordinator (UNDRO), United Nations Children's Fund (UNICEF), United Nations Fund for Population Activities (UNFPA), United Nations Industrial Development Organization (UNIDO); the World Tourism Organization (WTO); four IGOs of European relevance: Council of Europe (CE), Commission of the European Communities (CEC), Organization for Economic Co-operation and Development (OECD) and the Nordic Council and one leading NGO: League of Red Cross Societies (LICROSS).

2. Plenary sessions

In his introductory speech, Dr Asvall described the WHO European Region embracing 32 countries and a population of over 800 million. He reminded the meeting of the initial scepticism with which the primary health care policy was accepted by the industrialized countries and how this eventually resulted in the preparation of a European Health Policy.

In practice it was not difficult for the 32 Member States of the WHO European Region to work together on a common health policy (debates started in 1980 and culminated in 1984) which is now contained in a WHO publication "HFA by the Year 2000" which is being assured a wide circulation among the Member States and the international community. The European HFA Policy is based on four main thrusts demanding intersectoral cooperation because it is now agreed that solutions for health problems cannot be found only within the health system but depend also on the cooperation with, and the input from, other sectors. It is evident that it will be rather difficult to transfer the said policies into practice; the attainment of objectives will be made easier by the 38 targets based on lifestyles and the 65 health indicators worked out to evaluate the progress made at country levels to achieve HFA by the year 2000. It is recognized that the best possible utilization of the expertise and services from the international community may result in real and practical benefits to Member States.

One example of how WHO/EURO intends to go about is given by the campaign against tobacco. This will be mounted as a major operation which could, with the intersectoral aid at international and national levels, deal with the various aspects of tobacco dependence as a health and socioeconomic problem.

Dr Asvall added that in Sweden the National Health Policy at the end of its drafting was influenced by the WHO/EURO HFA Policy. Finland developed a broad national HFA Policy based on data from WHO/EURO. Similarly, during the past 12 months Poland and Yugoslavia have finished their

national policies and the Dutch policy was recently submitted to the Parliament for final debate. Bulgaria and Hungary have started implementing their first five-year plans where the lifestyle elements of the strategy had been introduced for the first time; Bulgaria is at present drafting a national HFA policy. Malta decided to make a national HFA policy and made a first draft; the second is now in the making. During the past 12 months Italy adopted a new law stating that all future health developments have to be planned according to the HFA policy. Norway, following a large national health conference in November 1985, decided to launch a HFA policy planning process, and Iceland took such a decision in March 1986. In April 1986 Ireland followed and a first outline of its new HFA policy was presented at the Fourth European Seminar for Leading Public Health Administrators which took place in August 1986. In Denmark, after an initial slow reaction when the Ministry in June 1985 decided to launch a broad public debate, the last six to eight months have been marked by an extremely lively debate on this issue in many professional associations and other NGOs; three provinces have been marked as pilot ones for HFA development. In the Czech Republic, the Ministry decided to use the regional HFA policy as a framework for developing its plan for health development up to the year 2000 in June 1986. In the Federal Republic of Germany, the federal and all länder ministers of health debated the regional strategy in October 1985, calling for a review of the issue in all länder and a study at federal level. Plans for organizing broad national HFA conferences in order to raise motivation for starting subsequent policy developments have been made during the last twelve months in Israel, Portugal, San Marino and Switzerland. In the United Kingdom, as in a number of other countries, some districts and provinces have started testing the use of the regional HFA Strategy as a framework for their own local development plans. Austria has recently started activities to spread the knowledge and stimulate debate on the Regional HFA target book.

Thus, there is a rapidly developing process which is continuously expanding in two ways; it involves an increasing number of European countries and it goes steadily deeper into developing the technical aspects of the HFA movement.

Dr J.-P. Jardel, Director, Programme Management, explained how the WHO/EURO Programme is formulated and eventually submitted to Member States for their approval. He also explained how the priorities in HFA Targets were established by Member States and taken into consideration when developing the regional programme. A summary of Dr Jardel's presentation is attached as Annex II. The debate that followed clarified that the priorities of developing or implementing a programme are not a WHO/EURO decision, but the Member State(s) choice. An example was given of the health technology assurance which was given high priority by Member States in spite of the fact that initially WHO/EURO ranked it of lower importance.

Dr I. Kickbusch, Regional Officer for Health Education, spoke on the theme "A challenge for cooperation in health" and illustrated a group of five targets (13-17) dealing with lifestyles conducive to health as an example of actions to be taken for their attainment. Dr Kickbusch referred to three activities currently being developed, i.e., the healthy cities project, the Conference on Health Promotion and the Conference on tobacco and health. The project on healthy cities is a good example of intersectoral activities also at the WHO/EURO level. In this particular project, health is seen as an intercity enterprise. Fifteen European cities are so far interested in this project and will cover activities such as the planning of transport or the integration of people in city life. In this project, people are the main target and one of the main objectives is to activate the existing community resources. The conference on health is being organized in collaboration with the Canadian Authorities; it will define the role of the various health sectors, and will promote advocacy for HFA. The Conference on tobacco and health will try to shift the main emphasis from the actual smoking of tobacco into related issues of intersectoral nature. It will try to promote a serious political will and intersectoral actions as expressed or viewed by Member States. For instance, the Conference may result in the gathering of those Member States having tobacco monopolies, whereby public sectors on the one hand produce tobacco for export or local use and, on the other hand, encourage people to quit or reduce smoking.

This presentation gave rise to a vivid discussion which touched upon the meaning of equal access to health or of access to equal health. It was recalled that ECE is deeply involved in the renewal of urban areas and such a programme could offer an effective linkage between ECE and WHO, provided this is foreseen from the very onset of the planning.

Dr H. Vuori, Chief, Research Promotion and Development, illustrated the "EURO's research for HFA programme". It was pointed out that research could be considered a valid support for accomplishing the main objectives of HFA and will serve the main purpose of stimulating investigations and expanding knowledge. Dr Vuori said that the document illustrating a research plan will be submitted to the WHO/EURO Regional Committee in 1987. It is hoped that European scientists will study the WHO/EURO Research Plan to orientate their own research training and plans

towards the WHO objective of achieving HFA. This document should serve as a guidance and inspiration for activities having the same objectives. A copy of the document will, of course, be made available to those who are interested, once it is approved by the Regional Committee.

Dr M. Danzon, Public Information Officer, introduced "The HFA promotional campaign". A Summary of Dr Danzon's presentation is given in Annex III. During the following discussions it was agreed that, most likely, after many conferences and debates at high level, the people in the street will not be aware of what HFA is about and what is happening; this is also valid for many professionals of the health sector. Therefore, WHO/EURO is now endeavouring to ask governments to push matters at their level and to obtain community involvement and participation. Talking about political will and politicians it was noted that preferably, local authorities, where action takes place, should be approached. In this connexion it was indicated that the indicators will prove invaluable in order to detect faults and find where they happen so that the performance of health services may be evaluated. It was also said that, as the targets are of a general nature, a number of difficulties may be encountered when one proceeds to put this strategy in practice. It was agreed, however, that to strike a balance between the "too vague and too precise" is very difficult. In fact, the major role of targets is not to impose a system to Member States, but to give them the feeling that it is possible to design a strategy towards HFA. The reality is that countries have views about long-term plans of their health services but not of the peoples health. This and perhaps the acceptance of the indicators is of more value than the acceptance of the targets per se.

ORGANIZATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

Dr G. Schieber, Social Affairs and Manpower Education Administrator, OECD, before illustrating his statement dealing with the health-related activities of OECD (see Annex IV-A) stated that his Organization's main objective is to promote policies to:

- achieve the highest sustainable economic growth and employment and a rising standard of living in member countries, while maintaining financial stability and thus contribute to the development of the world economy;
- contribute to sound economic expansion in member, as well as non-member, countries in the process of economic development;
- contribute to the expansion of world trade on a multilateral, non-discriminating basis in accordance with international obligations.

In OECD four directorates, out of eight, are involved in health activities. Areas having an involvement in health are those dealing with urban and environmental issues, provision of public services, budget, reduction of fundings through decentralization, notification of procedures, hazard products such as children's toys, safety standards, science technology and indicators, pharmaceutical studies, industrial and medical research.

In 1977, OECD published a study on "Public expenditure on health" which was extended in 1985 with two more publications on the same subject. Additional OECD studies on matters related to health are expected before the end of 1986 and in the course of 1987.

Many points were raised during the discussion which followed Dr Schieber's presentation, such as the possibility of having a WHO observer in the meeting of the Labour Ministers, the possibility of establishing direct links between OECD and WHO/EURO.

OFFICE OF THE UNITED NATIONS DISASTER RELIEF CO-ORDINATOR (UNDRO)

Dr F. Gentiloni, Relief Coordination Officer, UNDRO, in addition to his statement shown in Annex IV-B, pointed out that the relation between donor countries and disaster stricken countries is now undergoing a substantial change. The current emphasis is to avoid as much as possible the arrival in disaster areas of unsolicited supplies and unwanted relief operation teams. Nowadays the emphasis is on the training of local personnel to face situations arising immediately after a disaster; nuclear accidents, of course, should be given special attention.

WHO/HEADQUARTERS EMERGENCY RELIEF OPERATIONS (WHO/HQ)

Dr K.O. Elo, Responsible Officer, Emergency Relief Operations, WHO/headquarters, clarified WHO headquarters and WHO Regions responsibilities when disaster situations occur. He stressed the need for WHO, in any case, to act as "one organization" towards the rest of the world. As such, the main objective for WHO is to reach the less favoured countries with relief operations, as was the case during the African Crisis. Dr Elo said it is rewarding, that what has been developed in the

WHO European Region can be used in favour of other WHO Regions. Particular reference was made to the various meetings and training courses organized by WHO/EURO during the past five years. The collaboration with NGOs has been particularly fruitful. As a case in question, Dr Elo illustrated the recently developed three-year plan operations with LICROSS which gives a clear definition of the roles of LICROSS, other NGOs, IGOs and WHO.

The existence in WHO/EURO of a "stand-by team", specialized in assessing health needs of disaster stricken countries, was illustrated. The recent Kalamata (Greece) earthquake was given as an example where all members of the team were alerted and eventually one expert in housing and one in environmental hygiene were ready to proceed to the disaster area, at very short notice, should the Greek Government make such a request. The need for planning at local level and training of personnel to this effect was underlined once again. The support being given to WHO/EURO by the Swiss Government for a study on long-term epidemiological effects and public health measures, as well as measures adopted for the information of the public, following the Chernobyl nuclear accident, was also clarified.

The meeting was informed of the handbooks and manuals already published by the Regional Office for the Americas/Pan American Health Organization (AMRO/PAHO), UNICEF and WHO, as well as the recent one made by the United Nations High Commission for Refugees (UNHCR). WHO/HQ is now to extract the essentials from the existing manuals (some of which are too cumbersome) so that a simple publication can be made available for use in the field. The documents related to disasters and accidents, recently produced by WHO/EURO, including the reports of the Trieste, Ankara and Marakesh meetings and training courses were also mentioned.

UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

Mr B.S. Muntasser, Senior Liaison Officer of UNFPA Liaison Office in Geneva, submitted his statement (see Annex IV-C). In addition, Mr Muntasser paid tribute to the long-standing and effective cooperation his agency has had with WHO/EURO.

In spite of the rather limited budgetary support, the UNFPA activities executed by WHO/EURO have been extended to cover studies on sexuality over and above the traditional endeavours on maternal and child health and human reproduction.

Mr Muntasser also mentioned the newly established cooperation between UNFPA and ECE in the field of the aging and migration. During the discussions it was mentioned that the containment of AIDS and eventually its control may become a new field of collaboration between UNFPA and WHO/EURO at country level. It was also mentioned that UNFPA and WHO partnership covers other fields such as measurement of demographic trends, health in major cities and legal and ethical aspects of human reproduction.

The ECE and CE delegates brought to the attention of the participants the fact that CEC has recently published a book which particularly covered the legal and ethical aspects of human reproduction and that CE also deals widely with the same subject.

UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION (UNIDO)

Dr R. Wijesekera, Special Technical Adviser, UNIDO, in presenting his statement (see Annex IV-D) focussed UNIDO's activities related to those having a bearing on health such as assistance to developing countries in the fields of pharmaceutical and biological products. During the discussion it was clarified that UNIDO assistance to countries for the production of health equipment, other than pharmaceuticals and biologicals, needs to be supported by UNDP, the main provider of funds and the country donors. Moreover, such an assistance should be devised on a regional basis. The case of quality assurance for new health technology and heavy polluting industrial equipment was also discussed.

WORLD TOURISM ORGANIZATION (WTO)

Mr P. Shackelford, Chief of Research, WTO, in addition to the information in his statement (see Annex IV-E), informed the meeting that WTO's new Secretary-General had stated his intention of establishing even closer cooperative links with other international organizations, especially those within the UN System. The Joint Cooperation Agreement, concluded between WTO and WHO headquarters in 1982, formed an excellent basis for developing these links. The definition of tourism employed by WTO was that endorsed in 1963 by the UN Conference on international travel and tourism, Rome, which covered both holiday (non-obligatory) travel, as well as travel out of duty or obligation (business, family, religion, sport, mission, meeting and study). Health was recognized by the UN definition as a primary motivation for tourism; this related to travel to spas, sanatoria, "cures" and other health facilities. However, health was an underlying motivation for many other forms of travel, since it was considered to provide opportunities for physical and psychological

rest and relaxation. In fact, most countries had instituted legislation on leave with pay as a recognition of this right of the individual to rest from work. Every year, one thousand million tourist arrivals, both international and domestic, were recorded worldwide; cross-frontier travel accounted for over 300 million arrivals. Such movements gave rise to needs and problems; the needs of tourists were: safe areas to visit, clean and hygienic facilities, pure food and drink and access to health care. Also, special groups such as the young, elderly and the handicapped, had special needs. Problems arising from tourism were related essentially to the speed of travel and the large numbers involved - especially at peak periods. They included: spread of communicable diseases, drug trafficking, pressure on scarce resources (such as water) and deterioration of the environment (usually temporary).

The WTO representative went on to refer to the activities of his Organization described in the written communication, with particular reference to: (a) health information for travellers contained in WTO's "Travel abroad - frontier formalities" publication; (b) WTO's Affiliate Working Parties on "Tourism and Health" and "Tourism and the Handicapped"; (c) WTO's cooperation with UNEP on tourism and the environment; and (d) recommendations of the 1985 WTO study on "Security and Protection of Tourists". He also replied to questions concerning: cholera information; sex tours; tourism as a development option; LICROSS and other NGO participants in the Affiliates' Handicapped Working Party; and the problem of duty-free allowances of tobacco and alcohol for travellers.

WHO/EURO

At the beginning of the second day of the plenary session Dr A. Figa, Chief, Coordination with other Organizations, took the floor to illustrate the place and role of coordination activities in WHO/EURO towards HFA. Dr Figa's presentation is given in Annex IV-F.

COUNCIL OF EUROPE (CE)

Mr H. Scicluna, Head of the Health Division, Council of Europe, in addition to the points taken in his statement (see Annex IV-G) stressed the importance of the coordination meetings called by WHO/EURO and proposed that other organizations interested in these activities should, in turn, play host for these kind of meetings. During the discussions it was noted that WHO is virtually taking an active part in all activities related to the field of health being organized by the Council of Europe. It was also mentioned that WHO/EURO plans to resume the compilation of data on health activities performed by various IGOs and NGOs; with the sophisticated computerized facilities now available in WHO/EURO it will not be difficult to have this information easily updated and made available to those concerned.

The relationship between activities falling under the responsibilities of the Health Division and that for Higher Education and Research was clarified. The advantage of the Regional Director, WHO/EURO addressing the European Parliamentary Assembly to sensitize its members on WHO HFA policy and strategy was also viewed. It was advised that addressing the Commission of Social Questions could be more advantageous because any relevant recommendations will be followed-up three years later by a questionnaire to the Member States.

EUROPEAN YOUTH CENTRE (EYC)

Mr F. Marziale, Director (see Annex IV-H) expressed his disappointment about the fact that in spite of the leading role of the European Youth Centre (annual output of 40 seminars, and 2-3 Symposia) and the acknowledged importance of youth in the world affairs, young people have not been involved in health discussions or in the preparation of health activities focussing on youth. There is evidence that young people want to participate in the management of their own affairs and be partners of those interested in youth. Young people recognize the importance of the family, sexuality and, broadly speaking, of prevention; they are ready for discussion on positive behaviours and would like to be involved in concrete activities. The European Youth Centre has linkages with 600 youth organizations which may be reached by WHO/EURO, through the Council of Europe. Mr Marziale also informed the meeting that the University of Rome, of which he is an associate Professor, is undertaking the training of teams consisting of physicians, nurses, psychologists and social workers. In this connexion he was advised that the University of Rome may become part and parcel of the "Universities Network" supported by WHO/EURO.

From the ensuing discussions it was found that the definition of "young", according to CE, is somewhat flexible in that the agreed age of 16-25 years may be extended to 18-28 years.

The question of equality, sexes and education as dealt with at the European Health Centre are the expression of our time trends - it was also suggested that associations of health-related professions should encourage the creation of grouping young professionals.

COMMISSION OF THE EUROPEAN COMMUNITIES (CEC)

Dr L. Karhausen, Principal Administrator, CEC, DG-V, focussed his presentation on the European Communities programme of action against cancer (see Annex IV-J for Resolution 86/C184/05 of 7 July 1986, extracted from the Official Journal of the European Communities of 23 July 1986, in lieu of his statement). Dr Karhausen recalled that the idea of CEC's action against cancer originated from President Craxi of Italy and President Mitterand of France. In reality EURATOM has in the past been carrying out activities against cancer, including research but on a limited scale. The recent Resolution, however, has established priority actions on specific activities which will simultaneously aim at cancer moving from seven different areas, i.e., a) tobacco; b) clinical substances; c) nutrition and alcohol; d) prevention/early diagnosis; e) epidemiological data; f) health education; and g) international collaboration.

The same resolution calls on the Commission to submit, on a yearly basis, a programme detailing the work required to implement the above-mentioned priority actions. Dr Karhausen concluded his presentation by expressing the desire, shared by the audience, that more close working collaboration should, in the near future, be established in the specific field of action against cancer, between CEC, WHO/IARC and WHO/EURO.

UN/ECONOMIC COMMISSION FOR EUROPE (ECE)

Dr C. Lopez-Polo, Director, Environment and Human Settlements Division, ECE enlarged on his statement (see Annex IV-K) and concluded by stressing that it was most desirable that the already excellent collaboration between our two regional bodies continues in the future. He added that it was most unfortunate that documents pertaining to WHO's meetings arrive too late for any relevant action to be taken when the meetings are not attended by ECE participants. Dr Lopez-Polo pointed out that WHO's presence at the ECE Fourth Session of the Executive Body for the convention on long-range transboundary air pollution, Geneva, 11-14 November 1986 is of paramount importance because, WHO is expected to contribute extensively on related health effects.

At the discussions which followed, assurance was given to the ECE representative that WHO will participate at the above-mentioned meeting. Measures will also be taken for WHO/EURO working papers to reach ECE in due course, even when ECE is unable to attend the meetings themselves.

LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES (LICROSS)

Mrs L. Ehmer Olesen, Head, National Department, Danish Red Cross, presented the LICROSS statement (see Annex IV-L) and underlined the several fields of cooperation established between LICROSS and WHO/EURO. During the discussions the joint LICROSS-WHO Workshop on epidemiology of home accidents was mentioned as a recent example of excellent cooperation.

NORDIC COUNCIL

Mr E. Hulten, Secretary to the Social and Environment Committee, complemented his statement (see Annex IV-M) with other health-related information which was of particular interest to the meeting. From the discussions it was learned that the recommendations based on the newly ratified Article 65 are the most powerful instrument in the Nordic Council system. Countries have to report every year on the implementation of the recommendations until the Council is satisfied. So far 60% of the recommendations have been implemented; 20% are under study and 20% had been discarded. There is, within the countries of the Nordic Council, an NGO taking care of problems related to youth, where members are also young people. The downward trend of the birth rate in the Nordic countries gives cause for concern and the matter was submitted to the Ministers' Council already three years ago. The need of organizing a system for the rest of Europe, as already enforced in the Nordic countries, whereby medical prescriptions issued in one country are valid also in the others was emphasized. This was considered of utmost importance especially for travellers.

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

Dr G. Martin-Bouyer presented his statement (see Annex IV-N) which was followed by a discussion focussing on the confidentiality of information about patients which is available in research institutions as well as in cancer registries. The need for cooperation with the CEC was again stressed.

3. Demonstration of the WHO/EURO's Information System

On 24 September 1986, Mr I. Vinther-Joergensen, Systems Analyst, Epidemiology and Information Support, illustrated the WHO/EURO Information Service, its relationship to the WHO Global System and the computerized links for the exchange of health information with Member States and, eventually, with other NGOs and IGOs.

His presentation, enriched with the projection of overhead transparencies, was followed by a demonstration in the microcomputer laboratory and a visit to the main computer machine room, where the external communication system, using very advanced technology, was also illustrated.

4. Individual discussions

In addition to the plenary sessions of the meeting, individual discussions with the WHO/EURO Programme Managers were arranged for the various participants. These discussions aimed at reviewing existing cooperation in specific technical areas and ascertaining whether new openings in technical activities were possible in the near future with a view of avoiding overlapping and duplication of efforts, as well as complementing and supplementing activities already implemented, or being implemented, by any of the parties in question.

With this in mind, individual meetings were arranged as follows:

<u>Date</u>	<u>Organization</u>	<u>Unit^a met</u>
22 September 1986	UNFPA	SFP
	ECE	IWD
23 September 1986	CE	EIS CHR SFP
	CEC	CHR CAN
	ECE	SFP RCE
	EYC	SFP SDA/MNH
	IARC	CAN
	LICROSS	SDA/MNH
	Nordic Council	SDA/MNH CD
	OECD	EIS EDR
	UNFPA	SFP
24 September 1986	CE	SDA/MNH EHP HED CD NO
	CEC	SDA/MNH
	ECE	EHP
	EYC	CHR
	IARC	CAN
	Nordic Council	EDR HED CD

Moreover, the various participants had additional meetings with the Regional Director, Dr J.E. Asvall, in the presence of Dr A. Piga, Chief, Coordination with Other Organizations, and the relevant WHO/EURO Programme Managers.

5. Conclusions

The closing of the meeting was marked by a working lunch on 24 September 1986, hosted by the Regional Director. On this occasion, Dr Asvall expressed his satisfaction for the views and information exchanged, as well as for the interest shown by the delegates of the various activities illustrated at the meeting.

^a

CAN	=	Cancer
CD	=	Communicable Diseases
CHR	=	Chronic Diseases
EDR	=	Elderly, Disability and Rehabilitation
EHP	=	Environmental Health Planning and Management
EIS	=	Health and Biomedical Documentation
HED	=	Health Education
IWD	=	International Water Decade
RCE	=	Environmental Hazards
SDA/MNH	=	Abuse of Psychoactive Drugs
SFP	=	Sexuality and Family Planning

Dr Asvall stressed that the overall coordination and follow-up actions were the responsibility of Dr Piga, Chief, Coordination with Other Organizations, WHO/EURO. The responsibility, however, for coordinating individual programmes or activities was left to the technical units which were also responsible for long-term cooperation of well-defined activities and ad hoc requests for collaborating in specific technical fields. Dr Asvall also pointed out that the situation was more clear than years ago and that now it was a question of maintaining overall contacts and keeping individual contacts especially for follow-up actions. Dr Asvall also added that learning from the expertise and network of activities in the fields related to health, currently implemented by other agencies and IGOs was, indeed, a great profit for the Regional Office. He expressed his desire to receive more detailed information on their programmes and welcomed new ideas and proposals. He also reminded the participants that so far the coordination meetings convened by WHO/EURO had taken place every third year; it was hinted that these meetings, being of great interest and importance, should be organized at least every second year.

Dr Jardel, Director, Programme Management, recalled that in the past EURO endeavoured to classify activities in fields related to health and information found in reports, periodicals or through correspondence. Now that more sophisticated means for recording, storing and disseminating information exist in EURO, it is intended to resume these activities and to have WHO/EURO act as a clearing house for distribution of the said information. Dr Jardel also referred to the HFA 2000 logo which has the WHO emblem inside the last zero. He suggested that the same logo with other organizations emblem inside the other zeros could be used for joint activities.

It was also said that the information which WHO/EURO could make available for the other organizations should have the purpose of avoiding overlapping or unnecessary repetition of activities already implemented or planned by other organizations.

Dr Danzon, Public Information Officer, stated that it would be of great help to him to know who, in the other organizations, is responsible for using and receiving public information material.

Dr Asvall said that the Coordination Unit has already started to design for the internal use of this Office, profiles of other agencies and organizations. He hopes that this activity could now be completed with the additional information on structure, programmes and activities which hopefully will be received in the future.

Dr Asvall also referred to the WHO/EURO "action on tobacco" which will soon start with the support of the Member States, and to which he would like to receive the intersectoral support from other agencies and organizations - especially those dealing with the economical aspects of it.

Mr Schackelford, WTO, concluded by stressing the importance of avoiding overlapping and duplication of efforts and paying tribute to the pleasant atmosphere and constructive spirit by which this coordination meeting had been characterized.

Annex ILIST OF PARTICIPANTS

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Annex II

THE MAKING OF THE WHO/EURO PROGRAMME

Presentation by Dr J.-P. Jardel, Director, Programme Management

1. Introduction

In presenting the EURO programme for 1986-1991, I would like to stress the following three points:

- the objective of the EURO programme
- its structure and the process used to developing it
- the major emphasis, contentwise, of the ongoing programme.

2. The objective of the EURO Programme

- Dr Asvall has mentioned that the goal of the whole Organization is the attainment of HFA by the year 2000.
- He has also mentioned to you that the operational meaning of this goal in the European Region is represented by the 38 Regional HFA targets.
- The objective of the EURO programme is essentially to support Member States in reaching these 38 targets.
- but to do so, EURO has only a very limited number of tools which are best described by what we call the four functions of the Organization.

These functions are:

- (1) to help make existing knowledge better known by identifying innovative and improved health care approaches in Member States;
- (2) to promote priority health research;
- (3) to act as a catalyst in promoting national health policy development towards HFA2000 principles;
- (4) to improve cooperation and coordination between international organizations active in the health field.

Of course, these functions do not have the same importance in all health-related areas. In fact, where the necessary knowledge exists to reach the target, the emphasis should be on incorporating that knowledge into national policies and programmes (function 3); where the knowledge is lacking, the emphasis should be on collecting information about innovative experiences (function 1) and stimulating research (function 2).

In all cases, the support of other organizations (NGOs and IGOs) is needed either to gather the knowledge or to advocate for putting it into practice.

It is with this objective and the functions of this Organization in mind that the programme of this Organization is developed.

3. The structure and process of developing the programme

(a) The structure

The structure of the programme is in line with the structure of the Regional HFA target documents, to:

- ease the planning and monitoring of the programme of this Organization; and
- facilitate the evaluation of the extent of our support to Member States in attaining the targets.

Our programme is summarized in the Proposed Programme Budget document; the document is composed of six chapters.

The first one deals with the development and the evaluation of the regional health policy as a whole, as well as the development and management of the EURO programme. The other five chapters deal respectively with each main area of the target document. Each chapter is subdivided into as many subchapters as there are regional HFA targets in each area. Under each subchapter or target you will find the following information.

1. A situation analysis: describing the present situation in the Region, the variations between countries and between specific population groups within countries, and future trends.
2. Suggested solutions: summarizing, on the basis of the best available knowledge, the main ways in which the problems could be tackled.
3. The regional programme perspective: relating the most important past activities and the future development of the regional programme to the present situation and proposed solutions.
4. Programme structure: this section has four components:
 - Objectives: An objective reflects a specific approach which the Regional Office intends to encourage and support in the Member States with a view to reaching the regional HFA target in question.
 - Budget: After each objective, the 1988-89 budget allocation in US dollars is given for all the outputs under that objective. The amount shown is broken down into regular budget funds and funding from other sources.
 - Outputs: Outputs are the results which the Regional Office proposes to achieve through its activities in order to support the countries in their work towards the regional HFA targets. Where applicable, the IGO and NGO organizations and the WHO headquarters units which will collaborate with the Regional Office in achieving the outputs are shown as links.
 - Activities: These are the main actions planned in order to achieve a given output. Above each set of activities is an indication of the programme involved in financing its implementation.

The 1988/89 Programme is only one of many leading to the year 2000.

4. The process of developing the EURO programme

The EURO programme is mainly based on the three following elements:

1. In-house evaluation of our activities in the previous biennium which helps us estimating the:
 - extent to which the knowledge in a field is sufficient to reach the target and the emphasis should be on putting it into practice; and
 - areas where more knowledge is required.
2. The evaluation done in Member States of the effectiveness of the implementation of the HFA strategy (every three years), which is helping us to identify the major problem areas in the Region as a whole, or in particular countries, as well as the major achievements made during the past years, so as to gradually shift our priorities regionwide and focus more specifically countrywide.
3. The consultation letter is a preliminary programme budget overplanned by about 25% that we send to each Member State to obtain their own priorities and comments.

Based on these priorities and comments, we reduced the overplanned programme to a level we can manage with the resources available.

I would like to spend a little time on summarizing the results of the first evaluation and of the consultation letter, because it may have some consequences.

(a) Summary of the evaluation

Although the outlook appears reasonably good so far as the Region as a whole is concerned, more detailed examination reveals major discrepancies between the situation observed in the Region and the regional HFA targets. They are:

- equity in health including the prerequisites for health
- lifestyles conducive to health
- social support systems
- political will and public support for HFA
- national HFA strategies
- health information systems
- training health personnel for PHC
- evaluation of health technologies
- multisectoral coordination and
- community participation.

Of these 10 areas where major improvements are needed, at least eight directly involve sectors other than health and organizations other than WHO.

(b) Summary of the consultation letter

The need to collaborate with other IGOs and NGOs is also reflected in the priorities given by Member States to the 38 targets.

The regional HFA Targets which are of a priority to Member States are the following:

<u>Target No</u>	<u>Title</u>	<u>Score</u>
10	Cancer	18
17	Health-damaging behaviour	18
4	Reducing disease and disability	16
9	Diseases of the circulatory system	16
11	Accidents	16
32	Research strategies	16
15	Health education	15
35	Health information	15
16	Positive health behaviour	14
38	Health technology assessment	14
31	Quality of care assurance	13
19	Control of environmental hazards	12

Very few of them, if any, can be efficiently dealt with by the health sectors alone.

Finally, if I try to summarize the major comments formulated by Member States to the consultation letter, the following four seem the crucial ones:

- focus more on evaluating what we have done up to now than on developing new things;
- provide good and reliable data in health and related fields, so that Member States can compare themselves;
- publish innovative national experiences in health and related areas; and
- cooperate with other IGOs and NGOs involved in health-related fields, especially:
 - prerequisites
 - workers' health
 - control of environmental hazards and
 - disaster preparedness.

It is with this in mind that the EURO programme has been finalized and that the scope and purpose of this meeting has been written.

5. Major emphasis of the ongoing programme

The evaluation processes and the consultation letter have led to retaining the following priorities for the following years:

- promotion of the HFA movement and the development of national HFA policies;
- promotion of lifestyles conducive to health;
- countrywide noncommunicable disease programmes;
- technology assessment and quality assurance;
- selected environmental hazards;
- HFA research strategy;
- human resources for HFA;
- health information systems; and
- multisectoral collaboration.

In each of these areas the emphasis is to put into practice the knowledge available and to stimulate innovative national experiences and research when knowledge is lacking. In many of these areas, collaboration will be of our mutual benefits.

Annex III

THE HEALTH FOR ALL PROMOTIONAL CAMPAIGN

Presentation by Dr M. Danzon, Public Information Officer

In September 1984, a very important event took place in the field of health. For the first time, all the Member States of the WHO European Region (33 altogether) decided to commit themselves to attain 38 concrete targets by the year 2000.

It was the first time that so many countries had adopted a comprehensive health policy going beyond general principles. This unique event remained known only to a few major health politicians and administrators; the rest of the population knew nothing about it.

However, one should not be surprised. Very often in our kind of public organizations, dealing with health problems, it is thought that information will spread all by itself.

Fortunately, our ideas on this subject have progressed, and in September 1985, the Regional Committee agreed to launch an information campaign to promote the Health For All policy and its 38 targets.

I would like to present to you this campaign and the activities that are in progress now.

1. Basic principles of this promotional campaign

We want this campaign to be different from the usual and traditional health campaigns. Therefore, three basic principles were defined from the start.

1.1 A long-term perspective

Information campaigns are usually a lightning affair; they promise a lot and leave behind them a trail of frustration.

The Health For All promotional campaign is planned to last - at least up to the year 2000 - and even beyond, I hope.

1.2 An open process

The most important message of the Health For All programme is that health is the responsibility of every individual and community, and not just of technicians and specialists. The campaign to promote it will, therefore, be wide open. Its success will depend, not on the number of people passively hearing the message, but on the number of people and groups actively committing themselves to implement it.

1.3 An adaptable and flexible campaign

This third basic principle is the result of the two previous ones. This campaign is not a package, all wrapped and tied up.

Continuous adaptation will be possible, according to the initial results and the needs of the partners involved. The role of EURO will be to coordinate and produce basic material that can be adapted accordingly.

Right from the start, I have tried to demonstrate that this campaign was not a campaign. We have been using a word that everyone can understand. In fact, what we want is to create a snowball effect to support this HFA movement.

2. Components of the campaign

In order to promote the health for all policy and the 38 targets, three main components have been defined:

2.1 To make the HFA strategy and targets better and more widely known

By this, we mean, to increase the awareness of different key groups and to help them in their involvement. These key groups are:

- health administrators;
- parliamentarians and politicians;
- health professionals;
- IGOs and NGOs;
- sectors, other than health sectors;
- schools and universities;
- mass media; and of course,
- the general public, which is the main concern.

The way to increase this awareness will be mainly through public relations:

- a logo, the symbol of recognition of the campaign, is available and is now being widely used;
- written and audiovisual material (leaflet, booklet, slides, videocassette and exhibition(s) are in preparation);
- the different press and media are being involved; and
- EURO will also initiate new ways of collaboration between the different groups involved in HFA and the television companies.

2.2 The second component is to promote the development of national HFA policies and programmes

This is, of course, an ongoing activity. The campaign will support it by the collection and dissemination of experiences (success stories). Our ambition is to create a bank of experiences in the health field.

2.3 The third component is to promote European-wide concerted actions

The aim of this component of the campaign is to initiate a series of activities related to health for all and which will involve as many countries and groups as possible in the European Region.

Last week the Regional Committee chose tobacco to be the theme of the first of these European-wide actions.

This action will be developed in three steps:

- a) collection and dissemination of data and experiences;
- b) a declaration of responsibility; and
- c) implementation and public information.

Annex IV-A

ORGANISATION FOR ECONOMIC CO-OPERATION AND DEVELOPMENT (OECD)

Statement made by Dr G. Schieberg,
Administrator, Social Affairs Manpower Education, OECD

The OECD's efforts to date have largely focused on data collection and analysis in the areas of the financing and delivery of health care. In 1977, the OECD, as part of its Studies in Resource Allocation, published Public expenditure on health, a study that brought together and analysed comparable international health care expenditure, price and utilization data. Two OECD studies published in 1985 extended this analysis. In Social expenditure 1960-1990, past growth in public expenditures on health as well as education, pensions, and unemployment compensation are analysed and projections of future spending levels are made. Measuring health care 1960-1983 contains one of the most systematic and comprehensive efforts to date to develop comparable time series data on public and total health expenditures, utilization and resource availability. This publication contains some 80 tables, giving information for the 24 OECD countries for the 1960-1983 time period.

In late 1986, two additional OECD studies will be published. The first, entitled, Health and pensions policies under economic and demographic constraints, will contain four papers on health care financing and delivery and five papers on pensions that were presented at the November 1985 Joint Japanese/OECD Conference of High Level Experts on Health and Pensions Policies in the Context of Demographic Evolution and Economic Constraint held in Tokyo. The second publication, entitled Financing and delivering health care in the OECD: an international comparison, (preliminary title) is an extensive analysis of health expenditures and utilization trends, measurement and data problems and policy options and actions in the OECD countries.

In 1987, the OECD programme of work on health envisages updating and possibly extending the data in Measuring health care 1960-1983, analysing cost containment policies in OECD countries, and an analysis of long-term care problems, issues and policies in OECD countries. Consideration is also being given to a major OECD Conference to discuss health and pension problems and policies in the OECD countries.

Annex IV-B

OFFICE OF THE UNITED NATIONS DISASTER RELIEF COORDINATOR (UNDRO)

Statement made by Dr F. Gentiloni, Relief Coordination Officer

The United Nations Disaster Relief Coordinator is responsible for the mobilization and coordination of international assistance to areas stricken by disasters. His task is also to promote disaster preparedness and prevention. WHO serves as the focal point for all health problems in case of disasters.

UNDRO's working relationship with WHO is regulated by the memorandum of understanding signed in March 1979. Both organizations consult each other on the action to be taken when health assistance is required. UNDRO cooperation with the WHO Regional Office for Europe is reflected by our active participation in this meeting and former meetings of this kind. More concretely, and as recently as a few days ago, the WHO Regional Office for Europe and UNDRO have coordinated their action in response to the earthquake in Greece, offering their services to the Greek Government in order to identify medical needs both for the relief and the recovery phase. UNDRO supports the Regional Office's efforts in disaster preparedness through WHO headquarters' office for emergency operations. The Regional Office is kept informed of our disaster preparedness work in the European Region and, in case of international relief operations in the Region, receives promptly our situation reports. We are very pleased with this collaboration, which is in accordance with that established with other regional offices, for example, PAHO, with which we co-sponsored a meeting on International Health Relief Assistance in Latin America as recently as March 1986.

I do not want, however, to appear self-congratulating. As a matter of fact, much has still to be done to strengthen our cooperation.

Europe is, unfortunately, far from immune from natural disasters. How many times has my own country, Italy, just as our Mediterranean neighbours, been ravaged by earthquakes and floods. A few days before coming here, Romania, the USSR and then Greece were struck by powerful earthquakes. What is worse, Europe is very much exposed to a relatively new type of disaster such as industrial, chemical and nuclear accidents. These accidents may be localized, but their effects know no international boundaries. I should like to stress the international dimensions of these disasters, which make the traditional concepts of "donors" and "aid" appear as outdated and impose upon us the realization - to put it crudely - that "we are all in the same boat". This international character calls for closer cooperation with and between international organizations such as WHO, IAEA and UNDRO.

Europe is not immune, either, from the same drawbacks affecting international health relief operations as on other continents. Thus it happens that unwanted medicines and medical supplies are sent to the disaster area. It happens that unsolicited foreign medical teams and volunteers arrive to the disaster area unprepared or too late to be of any real help. It happens that aid is not properly coordinated and excess of aid becomes a burden on relief operations, risking their paralysis.

The WHO Regional Office and UNDRO can do a lot to improve this state of affairs. In the preparedness phase, more training of health personnel is required, particularly for dealing with nuclear accidents. In fact, no matter how quickly international medical assistance is provided, the first treatment to victims in the hours and minutes following a disaster is generally provided by local, and at times, unprepared personnel. The public, too, needs to be educated on the real health hazards of nuclear accidents and how to face them. The two organizations together with IAEA can jointly issue handbooks containing guidelines for action and organize international seminars and meetings where information and experience on nuclear accidents are exchanged.

In the relief phase, the WHO Regional Office for Europe and UNDRO can provide their services in two ways: first, in the assessment of needs for external health assistance. While this is obviously a task for the national health authorities, WHO can offer its technical expertise and know-how to identify specialized needs. UNDRO is then called upon to play the crucial role of incorporating these requirements into overall consolidated budgets for all sectors of activity and for mobilizing, directing and coordinating relief assistance to meet these needs. As operations evolve, UNDRO must continue to act as a clearing-house in order to inform the international community of outstanding requirements and avoid duplication of efforts. This includes monitoring so that the assistance given by WHO is coordinated with that of other United Nations specialized agencies and other institutions. The role of the two agencies is therefore complementary: on the one hand, WHO provides the technical advice on health aspects, and on the other, UNDRO mobilizes

international assistance and disseminates information on the emergency as a whole immediately through its computerized telexed situation reports which are sent to some 200 addresses (embassies, UN agencies, voluntary agencies, intergovernmental organizations, etc.). In this context, WHO and UNDRO should advise health authorities to refrain from sending medical teams or collecting medical supplies unless a definite need for them has been confirmed by the appropriate authorities of the affected countries. Of course we cannot oblige any country not to send unwanted personnel or supplies. Yet we must spare no efforts towards this goal. After all, what decision-makers miss and look for is the voice of an authoritative source helping them to resist domestic pressures from powerful groups. UN organizations can and must provide this voice.

I should like to conclude by saying that the task ahead of us is not an easy one and failures are bound to occur, as they have occurred before. This, however, should not undermine our motivation to progress, for what is at stake is not just the fate of a specific number of unhappy victims - the future of mankind depends on our ability to cope with disasters such as that of Chernobyl. Thank you.

Annex IV-C

UNITED NATIONS FUND FOR POPULATION ACTIVITIES (UNFPA)

Statement made by Mr B.S. Muntasser, Senior Liaison Officer

The Geneva Liaison Office, in addition to its various duties and responsibilities, serves as field office to European countries in which there are no UNDP Resident Representatives and to which UNFPA is providing assistance.

The Office continued to work closely with the United Nations agencies and with the Regional Organizations and Offices located in Europe and, in particular, with WHO/EURO and its Family Planning unit, headed by W. Haddad. Mr Chairman, according to its priorities, which are decided by its Governing Council, UNFPA has given special attention to family planning and its supporting activities. UNFPA has given great importance to its collaboration with WHO since its inception and has supported WHO programmes in maternal and child health and family planning, including training of health workers and support to the special programme of research, development and training in human reproduction. In addition, WHO and its regional offices are executing agencies for UNFPA-funded country projects and they are providing technical assistance to projects implemented by governments and NGOs supported by regional and interregional teams. WHO/EURO is the implementing agency for nearly all UNFPA-funded regional and country projects in the health sector and provides technical assistance for UNFPA-supported projects implemented directly by the government and NGOs.

In 1985, UNFPA assistance in the area of family planning totalled US \$72.5 million or 51.3% of the total programme allocation. During the period 1969-1985, UNFPA assistance in this area totalled US \$563.7 million or 40% of the total assistance, in addition to the supportive activities to family planning, under communication and education. In 1985, UNFPA assistance to this activity totalled US \$22.3 million or 14.4% of the total programme allocation. During the period 1969-1985, UNFPA assistance in this area totalled US \$149.7 million or 12.2% of the total assistance.

In Europe, UNFPA supported projects in response to requests from governments. The proportion of UNFPA support in the European Region has been very small. This is well understood as UNFPA is concentrating its assistance in developing countries and, in particular, in the priority countries. The majority of the projects in Europe have been executed by United Nations organizations and agencies. In some countries, projects have been directly executed by government agencies with the technical support of WHO/EURO, when required. In 1985, UNFPA allocation to the European Region exceeded US \$2.3 million, including country and regional projects. More requests were received than could be funded but despite financial setbacks, the level of funding remained the same. UNFPA supported regional projects implemented by WHO and ECE in the area of family planning, training, aging, women and migration, including several meetings and seminars sponsored and jointly financed by governments.

Mr Chairman, as you are aware, the UNFPA resources situation for 1986 has been affected by the decision of one major donor not to contribute to UNFPA in 1986. The same donor had already decreased its pledged contribution in 1985 by US \$10 million. The withdrawal of the proposed contribution has been to a great extent offset this year by increased contributions by other donors and appreciation of the value of several of these contributions in dollar terms.

Due to the uncertain financial situation for 1987 and future years, the UNFPA work plan for 1987-1990 approved by the Governing Council, contains two funding levels. At the higher one, the new programmable resources for 1987-1990 are estimated at US \$558 million, and at the lower one at US \$455 million. Until such date that such resources at the higher level are actually available, UNFPA has to work in accordance with the lower level. Given this situation, UNFPA support to non-priority countries would be limited and would not generally include local costs. A lower funding level should be determined in close collaboration with the government concerned. In this respect, UNFPA will explore various other means to reduce costs. This includes multi-bilateral funding, cost sharing, TCDC, the use of UNV, etc. Keeping in mind the particular needs of each country and the current financial situation, UNFPA will continue its support to the European programme at a proportionate level.

UNFPA believes that coordination, consultation and cooperation with UN agencies and organizations are vitally necessary. UNFPA has continued to participate in the Joint Consultative Group on Policy with UNDP, UNICEF and WFP, which proved particularly successful. UNFPA meets on a regular and informal basis with agencies and organizations and NGOs implementing UNFPA funds.

In line with the UNFPA mandate to "promote awareness, both in developed and developing countries on the social, economic and environmental implications of national and international population problems", UNFPA developed and constantly maintained good relations and collaboration with UN agencies and organizations and other international organizations, institutions and NGOs. These include the Council of Europe, EEC, European Parliamentarians, IPU, etc.

In the context of the fortieth anniversary of the United Nations and on the initiative of Dutch MPs, the European Parliamentarian Forum on Child Survival, Women and Population: Integrated Strategies was held in February 1986 at The Hague (Netherlands), under the auspices of the Government of the Netherlands. The forum was co-sponsored by WHO, UNICEF and UNFPA. In his statement, Mr Salas, Executive Director of UNFPA, said:

"... the three UN organizations represented here, with their specific mandates, recognize the necessary contribution each has to make to an integrated strategy on population and development. We are aware of the continuity and complementarity of our work relating to the birth, health and longevity of children. Any population programme must involve the health of mothers and children, improve the status of women and secure the right of couples to freely decide on family size."

The Hague forum is not only significant in that it attests to the close working relationships and programme complementarity among UNFPA, UNICEF and WHO, but also because it clearly called for a further increase in coordination of our programmes. Since The Hague forum underlined the need for integrated strategies to deal with population, women and child survival issues, UNFPA is strengthening collaboration with UNICEF and WHO on such vitally important areas of mutual concern as maternal care, including child-spacing and family planning, adolescent health, training and essential drugs services. To this end, UNFPA has urged its field offices to further intensify collaboration. Regular consultations have also been pursued with the World Bank, UNICEF and WHO, as well as with bilateral and nongovernmental programmes.

Annex IV-D

UNITED NATIONS INDUSTRIAL DEVELOPMENT ORGANIZATION (UNIDO)

Statement made by Dr R. Wijesekera, Special Technical Adviser

The United Nations Industrial Development Organization - now a specialised agency - has as its mandate the industrial development of the countries of the third world. Accordingly, the health-related activities of UNIDO are centred around the development of the pharmaceutical industry within countries of the third world.

The pharmaceutical industry's output in the developing world represented less than 20% of the global output - this in regions of the world that contained almost 80% of the world's population. Furthermore, the developing countries spend more than half their health budgets on the purchase of drugs.

UNIDO's programmes therefore in the pharmaceutical sector are designed to help the countries of the third world in building their own capability for the production of the most essential pharmaceuticals. This capability, generally confined in most developing countries to the public sectors, is directed towards the production of essential drugs which are characterised by relatively small profit margins. The main advantage of the UNIDO programmes is that they help to develop a permanent availability of essential drugs for national health care programmes. This ready availability, and the build-up of a self-reliance, is often more valuable in their context, than a mere cost-effectiveness; this was evidenced recently during the aftermath of an earthquake in a developing country, when a UNIDO-assisted pilot plant was the sole source of supply for some essential drugs until relief measures could reach the affected areas. But for this small pilot unit, the death toll and suffering would have been immeasurably greater.

UNIDO programmes within the pharmaceutical sector are not only confined to technology transfer in relation to the production of essential drugs, but its ongoing technical assistance programmes also include considerable efforts in research and development of technology for the processing of pharmaceuticals based on traditional pharmacopoeias. These largely employ plants as therapeutic agents. Plants have had proven therapeutic effects, either as traditional preparations or when used in the modern manner, after isolation of their active constituents. It is therefore UNIDO's goal, in collaboration with WHO, help identify locally available plants and then plant-derived preparations, that national decision-makers in developing countries could rationally include in their national pharmacopoeias. These could even generate relatively sophisticated pharmaceutical preparations to replace imported medicaments.

UNIDO has recently developed a programme to assist the production of biologicals in developing countries in order to assist developing countries with the continuing supply of vaccines for immunization services. UNIDO has launched a technical assistance programme on the Industrial Production of Biologicals (IPB), aimed at the domestic production of vaccines in developing countries.

The strategy of the IPB programme is to effect the transfer of technology through long-term support to enable the recipient to assimilate the technology and assist them in the promotion of new products.

UNIDO has most recently launched into the exercise of developing integrated industrial plans for the national pharmaceutical industries of selected countries. Such plans would include all the elements available in developing the most economic and productive mechanisms for the national pharmaceutical industry.

In those ways UNIDO, while contributing to its own mandate of industrialisation of the third world, is also the happy partner with WHO in the journey towards that most laudable of goals - HFA by the Year 2000.

One of UNIDO's unique programmes has been its "System of Consultations" in which both developed, as well as developing countries, meet to carry out a systematic dialogue on specific issues pertaining to a particular industrial sector which concerns all parties. The pharmaceutical industry sector has had the benefit of two such Consultations - the first held in Lisbon in 1981, the second in Budapest in 1984; the third is being programmed to be in Madrid in 1987.

The Consultations have addressed attention to issues within the pharmaceutical sector that are of concern to both developed and developing nations such as the pricing of pharmaceuticals, contractual arrangements, and new issues concerning biologicals, and medicinal plants have also been introduced.

Research and development in the pharmaceutical sector involve a variety of disciplines and is costly and time consuming. It is a crucial area in which the developed and the developing can profitably collaborate. So included in such collaboration must surely be the collation, exchange and dissemination of research results and knowledge of concern to all. UNIDO's efforts have been directed towards such endeavours.

Annex IV-E

WORLD TOURISM ORGANIZATION (WTO)

Statement made by Mr P. Shackelford, Chief of Research

As the universal, intergovernmental organization with a central and decisive role in the field of tourism (UN Resolution 2529, 1969), the World Tourism Organization (WTO), with headquarters in Madrid since 1975, has undertaken a number of activities in the area of tourism and health. In fact, the underlying motivation for much of tourism is physical and psychological rest, an essential element of health and wellbeing. This was specifically emphasized at the United Nations Conference on International Travel and Tourism (Rome, 1963) in its recommendations, which identified health as one of the purposes of tourist travel in the definition of "visitor", for statistical purposes.

Within the field of tourism, three major areas of health concern may be distinguished:

- the salubrity of tourism establishments, facilities and means of transport, the purity and hygiene of food and drink for consumption by tourists and the safety from a health standpoint of areas visited by tourists
- the provision of medical and health care facilities for temporary residents or tourists, and
- the threat of the involuntary spread of communicable diseases through tourist travel and the propagation of narcotic drugs by tourists.

The salubrity of tourism establishments, facilities, means of transport and the safety of areas visited by tourists, and food and drink for consumption by tourists is of fundamental importance in attracting tourism to an area and in ensuring that tourists obtain the desired benefits of this activity. For this purpose, it is essential that an acceptable standard of hygiene be established, maintained and enforced through the joint efforts of national public administrations, nongovernmental institutions and intergovernmental bodies.

The seasonal influx of tourists in many areas, above all in Europe, often puts a strain on the existing health care facilities. Special consideration must be given to the type of tourist (age, physical condition, nationality, duration of stay, etc.) in order to determine appropriate levels of need. The reliability of water supply and sewerage systems is often also affected by the temporary increase in residents. This is especially true in camping areas and recreational waters and coasts. As a result, there is considerable interest in tourism circles in the subject of carrying capacity.

There is no question but that domestic or international travel by large numbers of people can give rise to the spread of communicable diseases. As one of the main generating regions, Europe must pay special attention to proper vaccination of its residents before they travel to less developed regions of the world where certain communicable diseases may be endemic. Health checks for arrivals from infected regions are also desirable though these should not unduly prejudice traveller facilitation, which has long been an objective of WTO. The health of both travellers and the host country population should also be protected by adequate preventive health measures. Another considerable health hazard is the propagation of narcotic drugs, which is constantly increasing and requires urgent international cooperation, a problem recently addressed by the Secretary-General of WTO, Dr W.P. Fahr, in a number of public pronouncements. Like WHO, WTO intends to play an active role in preparing for the International Conference on Drug Abuse and Illicit Trafficking, June 1987, Vienna.

Both WTO and its predecessor, IUOTO, have been active in the field of tourism and health. Ongoing cooperation and exchange of information has been maintained with WHO through a joint cooperation agreement signed by the two organizations on 16 July and 8 November 1982. Information from WHO is included routinely in WTO's publication Travel abroad - frontier formalities, a library exchange is carried out regularly between the two organizations and WHO is invited to attend meetings of WTO's Facilitation Committee.

WTO and WHO also have exchanged information about guidelines appropriate to basic sanitation in tourist areas in Europe. Many WHO publications, such as a Guide to sanitation in tourist establishments and health protection in air travel, have been most useful to WTO's Members, which include 109 governments (Full Members) and 153 private and operational sector members (Affiliates).

Two WTO Affiliate Member Working Parties have been established in this specific area: the Working Party on Tourism and Health (established in 1980) and the Working Party on Tourism and Travel for the Handicapped (established in 1986). The Working Party on Tourism and Health has stressed the potentially beneficial health effects of tourism, especially to the older generation, while also noting their special needs. It has also discussed the development of health tourism products, such as spas and hot-sand treatment (psammatherapy), which traditionally have been used in Europe for therapeutic purposes. After focusing most of its deliberations on health-motivated tourism, the Working Party has recently stressed health protection measures for tourists and the necessity for greater information on health risks in the countries they visit.

In its latest report, the Working Party on Tourism and Health recommended that WTO, in conjunction with professionals and especially WHO, take measures to:

"provide health protection for foreign tourists in remote destinations; and

"preserve the tourism heritage of host countries through sanitary environmental protection measures".

The newly established Working Party on Tourism and Travel for the Handicapped plans to undertake a survey on the services and facilities available internationally to handicapped travellers in cooperation with recognized organizations. WTO will wish to work closely with WHO and the ILO on this matter.

WTO's Environment Committee, a subsidiary organ of the Executive Council, takes an interest in health questions within the context of its concern over carrying capacity and environmental standards for tourism development. WHO submitted a report, Environmental health aspects of international traffic and tourism and the role of WHO, to the joint UNEP/WTO Workshop on Environmental Aspects of Tourism, Madrid, July 1983. This report stressed the importance of the provision of basic sanitary measures, especially in developing countries, and the need to prevent and control the spread of communicable diseases.

The Workshop adopted two recommendations concerning tourism and health: one on the need to bear in mind human health in ensuring optimal development of tourism and the other recognizing the vital role played by water as a tourist resource and attraction, as well as its essential function in safeguarding the environment and health through correct management of this resource.

Through the Mediterranean Action Plan and other UNEP Ocean and Coastal area activities, WTO maintains a continuing collaboration with UNEP concerning the safeguarding of water as a tourism resource.

As part of its cooperation and development activities, WTO has carried out a number of operational and sectoral support missions on the development of spa tourism in Latin America, Asia, North Africa and Europe. In Tunisia, a research project was carried out to create a pilot programme for tourism and health at Korbous Spa. A high-level scientific commission of international medical experts was set up under this programme and has met twice in Korbous. This commission recommended that health tourism programmes combine preventive measures with recreation and be both medically and non-medically oriented to benefit all categories of tourists. In Venezuela, a mission took place on the development, clean-up and maintenance of beaches and sanitation of the coast.

Under its research programme, WTO recently prepared a study on the security and legal protection of tourists (1985), which recommended inter alia the cooperation of states through the machinery established by WHO to curb the spread of infectious diseases, the provision of assistance to receiving countries in catering to the health needs of temporary visitors during peak tourist seasons, the conclusion of bilateral or multilateral agreements between states with social security schemes and the provision of health care free of charge to tourists in the event of accident or emergency. This study was welcomed enthusiastically by our General Assembly.

WTO recognizes that the problem of the propagation of narcotic drugs through tourism is one that needs to be urgently attacked. In his address to the Second International Conference on the Legal Aspects of Travel and Tourism (Jerusalem, March 1986), the Secretary-General, Dr W.P. Pahr, stated that WTO looked for possibilities of greater cooperation through the appropriate organs of the United Nations system and stressed the urgent need for action in this area. The WTO Tourism Bill of Rights, adopted at the WTO Sixth General Assembly (September, 1985) specifically states that: "States should also reinforce for the protection of tourists and the population of the host country measures to prevent the illegal use of narcotics" (Article IV). WTO has submitted programme proposals to the Secretary-General of the 1987 International Conference on Drug Abuse and Illicit Trafficking and considers that it has a practical and supportive role to play in this area.

The safety from the health standpoint of areas visited by tourists was recently referred to by the Secretary-General of WTO in the context of nuclear accidents. Addressing the opening ceremony of the sixteenth meeting of the WTO Commission for Europe (Helsinki, 12 May 1986), Dr Pahr stated that WTO would be justified in calling for greater safety measures at potentially dangerous installations. At the same time, he said that he felt the tendency for any entity to use regrettable accidents, such as Chernobyl, to discourage potential tourist travel should resolutely be opposed.

In conclusion, it is evident that besides being a purpose of travel in its own right, health, in the broadest sense, is an essential prerequisite for the development of domestic and international travel and tourism. Therefore, WTO expects to continue its activities in the field of tourism and health. At present, it is not possible to comment on specific projects since the draft work programme for 1988-1989 is only now being developed. However, certain probable areas of interest can be discerned:

- (a) health tourism: spa resorts, a tradition in Europe, are being more widely developed in other regions of the world and are becoming once again an important tourist product;
- (b) the environment, tourism and health: this is a crucial area in which close cooperation between competent agencies and institutions is essential;
- (c) communicable diseases and drug trafficking: these problems associated with tourist travel are still far from being eradicated; and
- (d) the provision of reasonable medical assistance and health care to tourists is increasingly seen as being an essential component of a satisfactory tourist policy.

The Secretary-General has stressed that he wishes to see WTO cooperating more closely with appropriate international organizations, especially those within the UN system. He therefore looks forward to studying with interest the proposals which might come forward from this Consultation for cooperative programmes in the field of tourism and health.

Annex IV-F

WORLD HEALTH ORGANIZATION (WHO/EURO)

Presentation by Dr A. Figa,
Chief, Coordination with other Organizations

Yesterday you were informed about our long-term EURO strategy and targets for HFA, our programme budget with its detailed outputs and activities until 1989, our promotional campaign, our projects in health promotion and our HFA Research Action Plan.

Today, in a parallel way you will explain to us the health and health-related activities you are developing, or plan to develop; we will then discuss our mutual past, present and future cooperations.

Nowadays, coordination and cooperation at international level have become extremely important in order to face, with the maximum efficiency, the progressive complexity of the problems of the world, together with the accelerated growth in the number of IGOs, not to speak of the even more impressive increase of NGOs.

Communication, coordination and cooperation are necessary to avoid a fragmentation of perspectives and efforts, necessary to achieve greater efficiency in the programme performance, in the rationalization of the use of resources. They are also fundamental mechanisms of international mutual understanding, and strengthening of relationships e.g., through the harmonization of standards, indicators, guidelines, methods and legislations.

By its own Constitution WHO has the specific responsibility of coordinating the work in the field of health implemented by the various agencies of the UN system and, more broadly, even that of other IGOs and NGOs involved in health programmes. This is so because of a number of reasons; namely:

- the global and regional structure of WHO;
- the very broad nature of the field of health itself, its intersectoral character and interactions;
- the recognition of health as a fundamental human right;
- the fact that health is an integral part of development and last, but not least;
- because the cooperation in the field of health is likely to bring peace and solidarity among the people involved with independence of its cultural, social and political differences.

If we refer more specifically to the European Region of WHO and to the WHO Regional Office for Europe, we see that the relevant international organizations in Europe, as well as countries, have a very important role to play in the immediate future - not only for the benefit of this Region, but also for the benefit of the less favoured countries and regions of the world. Europe has perhaps many problems, but also a tradition in finding innovative ideas and solutions, educated manpower and a high degree of development.

Through our past experience of successful collaboration with your respective organizations and through the statements you have sent us we see that our HFA strategy is in accordance with the health and health-related activities you are carrying out, and that with our work we can support your programmes in the same way you can support ours. Your cooperation is indeed essential for us, as through our diversity we have the opportunity to multiply together our capability of implementation of our own objectives and our social efficiency.

Coordination is of unquestionable value when activities are carried out in cases of disaster; with some of the organizations represented here we have effectively worked on preparedness, as well in relief operations.

Nevertheless, I am convinced that coordination of normal ongoing activities among our organizations is only less evident but not less important or rewarding.

Annex IV-G

COUNCIL OF EUROPE (CE)

Statement made by Mr H. Scicluna, Head of the Health Division

Inter-governmental activities

Health activities in the CE are primarily carried out by the European Health Committee which has unlimited terms of reference with regard to health matters.

Certain health and health-related activities are also dealt with by the:

- Pompidou Group, which includes 16 CE Member States, and which has as its objective to combat drug trafficking;
- Partial Agreement in the social and public health field, which groups 11-12 CE Member States according to the activity. Health activities are limited to public health issues (food hygiene, contaminants and to the rehabilitation of disabled people (a multidisciplinary approach, including all aspects of rehabilitation); and
- ad hoc Committee of Experts on progress in the biomedical sciences (CAHBI) which studies problems forced for law, ethics and human rights by new technologies in this field.

Parliamentary activities

The Parliamentary Assembly of the CE has a Commission on social and health matters, made up of parliamentarians which discusses, inter alia, health and health-related problems.

Activities

The activities of the European Health Committee may be grouped under the following themes:

- prevention and health education
- meeting the challenges of new technologies, new hazards, new situations
- blood transfusion and immunohaematology, and
- training of personnel.

1. Prevention and health education

1.1 Pilot projects on education for health aimed at preventing dependence and addiction: the CE, the European Community and WHO Regional Office for Europe are jointly running 10 pilot projects in various European cities to test a strategy proposed in CE Recommendations R(82)4 and 5 and in a report containing a guide for health education programmes designed for schools and the community. The projects should last until 1988.

1.2 Epidemiological data in primary health care: the study is intended to identify epidemiological data which can be used as a base for the planning of health care related to actual needs in primary health care.

2. Meeting new challenges

2.1 Impact of new technologies on health services: there will be a review of the impact of new technologies, assessing the advantage and disadvantages experienced so far, the benefits and wishes for the future (particularly the risk of dehumanizing medicine).

2.2 AIDS: public health issues, policies and administrative aspects; study the administrative and ethical aspects of public health issues raised by AIDS with the aim of harmonizing the approach of Member States.

2.3 Multidisciplinary care of cancer patients: study the organizational and coordination problems in multidisciplinary treatment.

2.4 Situation of elderly people: in view of the dramatic increase in the elderly population, try to start an exchange of information between Member States and develop ways of sharing experiences in this field.

3. Blood transfusion and immuno-haematology

This is an ongoing activity, aimed at promoting optimum operation of blood transfusion services, in the context of the European agreements:

- on the exchange of substances
- human organs
- on the exchange of blood grouping, and
- on the exchange of tissue-typing reagents.

4. Training of personnel

4.1 Annual courses in Europe's peripheral countries for the special training of hospital staff in the field of hospital hygiene

4.2 bi-annual courses in blood transfusion techniques

4.3 bi-annual courses in histocompatibility, connected with the application of new techniques of tissue typing

4.4 coordinated medical research programmes (held biannually); a subject is chosen for each programme

4.5 coordinated blood transfusion and histocompatibility research (held biannually); a subject is chosen for each programme

4.6 about 100 individual fellowships are awarded yearly to enable members of medical and para-medical professions and officials of national health services to become conversant with new techniques.

5. Pompidou Group

The following subjects are under study as planned for the near future:

- data collection and evaluation necessary to assist in the formulation of policy
- the role of the criminal justice system in responding to the problems of drug misusers
- methods of reaching young persons who are particularly at risk
- women and drugs
- cooperation of European airports in fighting drug trafficking
- drug trafficking on the high seas.

6. Partial Agreement in the social and public health field

The activities of the Partial Agreement relate to public health matters and include namely the following:

- food hygiene: toxicological evaluation of flavourings, toxicological evaluation of materials coming into contact with food (colourings, silicones, exchange resins)
- pharmaceuticals: quality control in manufacture, use and abuse, and misuse in distribution, advertising and consumption
- pesticides: the correct use of pesticides in both the agricultural and nonagricultural field, and
- rehabilitation of disabled people: this is a multidisciplinary approach to the problems of disabled people and includes both the medical and social aspects of the question.

The above are all ongoing, permanent activities.

7. Ad hoc Committee of Experts on Progress in the Biomedical Sciences (CAHBI)

The following subjects are under study: ethical and legal problems arising from artificial human reproduction techniques, and experimentation on human beings.

Annex IV-H

EUROPEAN YOUTH CENTRE OF THE COUNCIL OF EUROPE (EYC)

Statement made by Mr F. Marziale, Director

I would first of all like to thank the Regional Director of WHO for having invited the European Youth Centre to participate in this coordination meeting for two reasons. Firstly, on a personal level, because he has given me the opportunity to come back to the Regional Office after an absence of three years. Secondly, because I am able to present the activities of the European Youth Centre. I am convinced that we can establish useful and positive means of cooperation giving WHO, on the one hand, the opportunity to receive advice from youth organizations and governmental bodies responsible for youth in Europe and, on the other hand, youth organizations the possibility to influence the activities of the WHO relating to youth questions in the definition of the targets and strategies of Health for All by the Year 2000.

For more than 10 years, I have contributed to the activities of the European Health Committee of the Council of Europe and its subordinate bodies in the definition of a European model for health promotion supporting WHO/EURO's policy. In so doing, I tried to promote an educational approach associating as much as possible the persons concerned (patients) and especially young people. This was the case for the activities concerning drug abuse or alcohol consumption by young people for which the Council of Europe has joint programmes with WHO and the EEC. Now, in my new functions, I have the possibility to verify if the targets and strategies selected really fit into the youth situation and meet their expectations and are, therefore, acceptable. In several cases, I am able to see confirmation that we have been working in the right direction. In others, on the contrary, experience has shown that the selected strategies and target groups are valid, but the way in which the message is put across is not.

For instance, education in nutrition is always perceived as a boring subject, especially when the teacher or lecturer insists on establishing a relationship between food, body and diseases. For this reason, certain new programmes put an accent on the positive aspects of the question, i.e., attractive presentations of meals, avoiding the use of products hazardous to health. However, this works mainly for adults; at the youth level, we need another approach.

One evening at the European Youth Centre, the team of tutors prepared a simulation game in the framework of North-South relations. The game consisted of serving a dinner according to the per capita income and natural resources of selected countries of the different continents. The participants had not been informed beforehand and were very surprised, and even shocked, to see the enormous differences in quality and quantity. A discussion then took place in terms of justice, equity and the consequences on the physical development of children in developing countries and, finally, on the harmful consequences of food which is too rich. Everyone was then ready and happy to accept a dialogue concerning education in nutrition, because the main goal is social justice, better distribution of resources and not merely a question of health.

This example implies that, with young people, when we want to pass a health message related to behaviour, we cannot go straight to the target but need to identify an appropriate element of interest within a group in order to be able to pass "a hidden message". One can mention other examples in this field, especially those concerning sexual behaviour and hygiene, or birth control and family planning, for which young people are very interested to receive information or guidelines, not in the framework of health policy but in the discussions concerning the quality of life.

Lastly, along the same lines, I would like to stress the fact that there is a great difference between a specialized agency of the UN, like WHO or ILO, inviting a young persons for a short period in order to give him advice on elaborate strategies, and young people inviting experts to come to what they consider to be their platform, the EYC, to discuss problems and solutions and especially to give experts the guidelines for an accepted strategy. In the first case, they have the impression of being invited to serve as an alibi, whereas in the second case they feel they play an active role.

Before we define precise areas of collaboration - ways and means - let me give you some information about the European Youth Centre.

What it does

The EYC runs an annual programme of 30-40 study sessions or seminars in close cooperation with international nongovernmental youth organizations (INGYOs) which propose the themes and programme content for these activities and select the participants. The organizations receive educational and technical assistance with the preparation, organization and running of these courses from the Centre's international team of tutors.

In addition, the Centre organizes training courses for future leaders of youth organizations, designed to introduce them to European educational work, with young people and the problems related to international cooperation in this field. It also holds conferences on selected topics of importance such as youth unemployment, racial and religious intolerance, youth mobility, etc. In all, EYC activities involve around 1 400 young Europeans per year, sent by INGYOs or national youth committees who are partners of the Centre.

Its partners - the INGYOs

The EYC works in cooperation with a wide range of INGYOs covering a great diversity of interests: party political, socio-educational and religious youth groups, rural youth movements, trade union and young workers' organizations, etc. Such organizations exist at the local and national level in all European States, involving many million of young people. They provide an opportunity for young people to associate, organize activities and learn and create outside the confines of the formal educational system. They play an essential role in providing for the expression of the interests of young people within the structures of our democratic societies.

These youth organizations have a growing awareness that the most crucial problems of today's society are international in nature and must be met as such. Few resources are available at international level for the type of multilateral, multicultural youth activities that their work involves. The setting up of the EYC and European Youth Foundation (EYF)^a was therefore a conscious attempt to help provide youth organizations with the means to work effectively on the European scene and, through them, to involve young people in the process of European cooperation and integration.

How decisions are taken

One notable feature of the EYC is the openness and democratic nature of its decision-making procedure based on "co-management" - a system which is unique among intergovernmental institutions. All decisions concerned the activities at the EYC and its general policy are made by its Governing Board. This is composed of an equal number of representatives of governments and youth organizations, thus allowing the youth organizations to be effective partners and ensuring that the interests and concerns of young people are properly reflected in the policies.

This "co-management" by governments and youth organizations has proved to be a very successful formula and has guaranteed the continuing vitality of the EYC.

In addition to the Governing Board, the EYC has an Advisory Committee composed of 15 representatives of youth organizations. This Committee is designed to provide a forum for youth organizations to advise the Governing Board on general policy and programme development.

Themes

Within the basic rules described above, the projects taking place at the EYC are very varied. So long as the proposed activity falls within the broad aims of the institution it can be accepted for consideration. The EYC does not attempt to impose priority themes. The topics which have been studied in the past cover a broad subject area and reflect the varied interests of the organizations; some relate to the training of their members in European affairs, others to the current concerns of young people in Europe today: youth unemployment, peace and disarmament, environmental problems, drug abuse, Europe and the Third World, participation of young people, etc.

^a The European Youth Foundation is a fund with an annual budget of approximately US \$1.5 which is contributed by the Foundation's 21 member governments. The projects that the EYF supports vary greatly. Although most of these are basically meetings, many other projects such as publications, posters, records and study tours have also been given grants. In addition to specific projects, the Foundation is also able to meet a proportion of the administrative expenses of international youth organizations which themselves receive grants for activities from the EYF; these grants are intended to be a contribution to overall running costs.

The following health-oriented seminars have been organized at the EYC:

- education for life
- social services in the 1980s
- famine and food surplus, and a
- conference against cannabis.

Other services

As well as possessing full residential and recreational facilities, the EYC has a video studio, a photographic laboratory and a specialized library and documentation centre. This library, built up around the interests and concerns of the youth organizations and young people using the Centre, contains a wide range of reference documents on youth problems and a large selection of publications produced by national and international youth organizations and youth services in Europe.

Publications

The EYC and EYF publish a joint twice-yearly bulletin entitled "Youth of the 21" which reports on major developments in youth policy nationally and internationally.

Finance

The budget of the Council of Europe's youth sector, including intergovernmental activities, the European Youth Centre and the European Youth Foundation, is about US \$3.7.

When a theme is chosen by the Governing Board for a seminar, symposium, consultative meeting, etc., all the financial implications involved are supported by the budget of the Centre. This concerns the travel expenses of participants and board and lodging at the EYC, lecturers, interpretation, compensation for loss of earnings of participants and the support of the educational team of the Centre and documentation facilities.

Intergovernmental activities

The Centre is also responsible for the secretariat of intergovernmental activities of the Council of Europe in the youth field. This implies the activities of the ad hoc Committee of Experts on Youth Questions (CAHJE) and its subordinate bodies:

- Working party on Council of Europe structures concerning youth
- Select committee of experts on youth information in Europe
- Select committee of experts on youth policy in the member countries, and the
- Conference of European Ministers responsible for Youth which met for the first time in December 1985 with the theme "The participation of young people in society".

This Conference is one of the most recent Conferences of Specialized Ministers in the Council of Europe and has a specific characteristic to associate youth representatives with ministerial work. On the occasion of the first Conference, the representatives of international nongovernmental youth organizations and national youth committees had the possibility for an informal dialogue with the 24 Ministers representing the States Parties to the European Cultural Convention and a group of them was admitted to follow the proceedings of the Ministerial Conference. For the second Conference, which is planned for Spring 1988 in Norway with the theme "Strategies for European youth policies in the perspective of the year 2000", the Norwegian authorities suggest associating youth partners also with the preparatory work. WHO was invited to the first Conference and will be requested to send a representative to the second. This implies that, through collaboration with the EYC (intergovernmental sector), WHO can initiate and develop a dialogue with the Youth Ministers for questions related to, for instance, lifestyles as they affect health behaviour. In this field, I think the Ministries responsible for Youth can quite often play an important role in coordinating the activities of different governmental policies concerning youth questions, for instance avoiding contradictions between responsible authorities in the fields of health, environment, agriculture, consumer protection, finance and so on.

Concrete proposals for cooperation

1. At the level of youth organizations, one can consider the possibility of holding at the EYC specific events concerning health topics, with the participation of experts provided by WHO and representatives of youth sector financed by the EYC (for study sessions) or by EYF in the case of specific projects presented by one or more organizations. This can also take the form of one WHO expert being invited by an organization holding a study session at the Centre and willing to discuss a particular subject related to health, e.g., a study session concerning sexuality, eating habits, drug dependence, peace and health, etc.

2. In the intergovernmental field, through participation of WHO observers both at the ad hoc committee level and in the framework of the Conference of Ministers Responsible for Youth.

I hope that these new ideas will increase the cooperation between WHO and the Council of Europe which, I can say, has always worked very well especially in view of the sincere and positive spirit I have found in my colleagues in this Organization.

Annex IV-J

COMMISSION OF EUROPEAN COMMUNITIES (CEC)

in lieu of statement made by Dr L. Karhausen, Principal Administrator

RESOLUTION

of the Council and the representatives of the Governments of the Member States
meeting with the Council

of 7 July 1986

on a programme of action of the European Communities against cancer

(86/C 184/05)

THE COUNCIL OF THE EUROPEAN COMMUNITIES AND THE REPRESENTATIVES OF THE GOVERNMENTS OF THE MEMBER STATES, MEETING WITHIN THE COUNCIL

Having regard to the Treaties establishing the European Communities,

Having regard to the draft resolution submitted by the Commission,

Having regard to the opinion of the European Parliament^a,

Having regard to the opinion of the Economic and Social Committee^b,

Whereas, pursuant to the Treaty establishing the European Economic Community, the Community has inter alia as its task, by establishing a common market and progressively approximating the economic policies of Member States, to promote throughout the community a harmonious development of economic activities, a continuous and balanced expansion and an accelerated raising of the standard of living;

Whereas the European Council in Milan on 28 and 29 June 1985 emphasized the importance of launching a European programme of action against cancer;

Whereas that European Council also approved the proposals of the ad hoc Committee on a People's Europe calling for an appropriate follow-up to the Commission communication on cooperation at Community level on health problems;

Whereas various Community actions to prevent cancers arising from exposure to ionizing radiation or exposure to chemical carcinogens are already being carried out under the Treaties establishing the European Economic Community and the European Atomic Energy Community;

Whereas actions to reduce the risk of cancer from exposure to carcinogenic substances are included in a number of existing Community programmes on the environment, worker protection, consumer protection, nutrition, agriculture and the internal market;

Whereas the present programme would increase knowledge about the causes of the cancer and the possible means of preventing and treating it;

Whereas by ensuring a wider dissemination of knowledge of the causes, prevention and treatment of cancer, and an improvement in the comparability of information about those matters, in particular concerning the nature and degree of risk of cancer arising from exposure to given substances or processes, the programme will contribute to the achievement of Community objectives, in particular the removal of non-tariff barriers to trade, while contributing to the overall reduction of risks of cancer;

^a Opinion delivered on 12 May 1986 (not yet published in the Official Journal).

^b OJ No C 101, 28.4. 1986, p.22.

Whereas research into cancer and carcinogenic effects of physical and chemical agents is being undertaken in a number of Community research programmes;

Whereas the coordination of national research activities relating to the early detection and treatment of cancer is not the specific purpose of this resolution; whereas research should take place in the context of the promotion of research organized by the Commission and of the relevant medical and public health research programmes; whereas it is desirable to provide the necessary coordination and liaison between those activities and the activities undertaken pursuant to this resolution;

Whereas cooperation with international and national organizations carrying out work in this field will ensure a wider dissemination of knowledge of cancer and help to avoid duplication of effort,

1. take note of the conclusions of the ad hoc Committee of cancer experts (which met in Paris on 19 and 20 February 1986), forwarded to the Council by the Commission in its report of 10 March 1986;
2. express the political will to implement a five-year action programme of the European Communities against cancer;
3. set for this programme the objective of contributing to an improvement of the health and quality of life of citizens within the Community by:
 - reducing the number of illnesses due to cancer and the related mortality and
 - decreasing the potential years of life lost because of cancer;
4. call on the Commission to examine systematically whether and to what extent, Community legislation, measures and other activities are likely to constitute a hindrance to cancer prevention;
5. take note of the action programme proposed by the Commission and consider the following priority actions to be necessary:

(a) Tobacco

As a first priority, development of measures to limit and reduce the use of tobacco.

These measures should be based on the practical experience gained in the various Member States and should contribute to increasing the effectiveness of national programmes and actions.

Systematic examination of the various ways and means of limiting and reducing the use of tobacco, such as rules on advertising, rules on labelling, tax legislation, sponsorship, enforcement of no-smoking rules, extension of no-smoking areas and, if appropriate, the drafting of proposals for actions at Community level.

(b) Chemical substances

Development of harmonized criteria and procedures for evaluating the carcinogenic nature of chemical substances.

Identification and quantification of the carcinogens to which workers and/or the population are exposed and, if appropriate, drafting of new legislation and amendment of existing legislation in order to reduce exposure of workers and/or the population to carcinogens.

(c) Nutrition and alcohol

Assessment of the results of research and, where appropriate, preparation of measures, taking account of differing circumstances and habits in the Member States.

Attention should also be paid to abuses in the consumption of alcohol.

(d) Prevention/early diagnosis

Exchange of information and experience, particularly on Member States' preventive and early diagnosis programmes (type of examination, numbers participating, effectiveness, cost/benefit analysis excluding resources directly allocated to research) and, on this basis, the preparation of any appropriate measures.

(e) Epidemiological data

Exchange of information on Member States' structures and procedures for cancer epidemiology (inter alia through exchanges of experts) and evaluation of those structures and procedures with a view to improving them.

Improvement in the collection, availability and comparability of epidemiological data on cancer and factors causing cancer and, if appropriate, preparation of measures in this field taking particular account of the problems of data protection to assist in and help increase the effectiveness of epidemiological research.

(f) Health education

Exchange of information and experience, particularly on Member States' health education and information programmes and, on this basis, the preparation of any appropriate measures.

(g) International collaboration

Collaboration with international and national organizations active in the field covered by these actions to achieve maximum possible effectiveness;

6. consider that a high degree of cohesion between current and future actions at national and Community level would help achieve the objective referred to in point 3 and therefore advocate the strengthening of cancer prevention measures already initiated at Community level and the coordination of such actions with those referred to in point 5.
7. call on the Commission to submit within 12 months of the adoption of this resolution, and thereafter annually, in close collaboration with the Member States, a work programme detailing the work it intends to carry out in order to implement this resolution and, if necessary to submit proposals to the Council to this effect.

The annual work programmes, together with a report on results achieved and activities carried out, will be forwarded to the European Parliament, the Council and the Economic and Social Committee;

8. take note of the Commission's intention to:
 - submit proposals on research and on a European Cancer Information Campaign and
 - intensify work relating to cancer in all other Community programmes with a view to submitting appropriate proposals.

Annex IV-K

UN/ECONOMIC COMMISSION FOR EUROPE (ECE)

Statement made by Dr C. Lopez-Polo, Director

WHO/EURO - ECE Cooperation

- An excellent and useful cooperation has been established over the years between both Organizations.
- Economics and health are closely connected. (Investments, externalities, etc.)
- The membership of both organizations is very much the same. By strictly sticking to terms of reference received from member governments, it could not be overlapping but complimentary.

Some concrete areas for cooperation:

1. Human settlements

Need for consideration of health issues in:

- urban planning, including urban renewal; and
- building regulations
- health aspects in energy conservation policies for buildings (changes in indoor climate).

2. Environmental planning and policies

ECE is elaborating a regional strategy in protection of the environment and rational use of natural resources for the year 2000 and beyond.

ECE has a standing intergovernmental body on "environmental impact assessment". WHO/EURO is carrying out activities in "health impact assessment". Both issues are complimentary and represent useful tools for economic planning and policies.

3. Statistics

Within the framework for the integration of social and demographic statistics, ECE is paying attention to matters of common interest to health specialists and to economists and/or sociologists, such as links between health statistics and other social statistics. A joint WHO/EURO-ECE meeting on health statistics will be convened in October 1986.

Both organizations are also cooperating in the collection of environmental statistics (air quality and, to a lesser extent, water use and quality).

4. Water pollution control

a) Transboundary waters: an important but difficult endeavour. Need to point efforts. A favourable political climate should be developed before any technical activities are undertaken. ECE is establishing principles for regional cooperation on transboundary waters; they will be adopted by the Commission in April 1987.

b) Groundwater: crucial issue in the region. Both organizations should cooperate in promoting public concern and governmental awareness. It is important to dispose of regional legal tools and institutional mechanisms in all countries of the region.

c) Rational use of water (demand side): It would save investments not only for water supply but also for water treatment.

5. Air pollution

An excellent example of cooperation between two international bodies.

- The documentation in long-range transboundary air pollution entered into force in 1983 and has been ratified by 31 parties. A protocol to the Convention for the reduction in sulphur compounds by 30% between 1980 and 1992 has been signed by 21 parties in 1985, and is in its final process of ratification.

- Activities in monitoring of transport and deposition of pollutants (EMEP), control technologies and effects in health and the environment are being carried out under the Convention.
- The contracting parties have invited WHO/EURO to cover the programme related to the health effects. Until now WHO/EURO has been very responsive and we expect it will continue to be in the future.
- Three international cooperation programmes have been launched for assessment and monitoring of effects of air pollution in: forests, aquatic ecosystems and materials including historical monuments.

The programme on effects of health should not lag behind and should become more action oriented. The participation of WHO/EURO at the forthcoming fourth session of the Executive Body for the Convention is therefore highly important.

Annex IV-L

LEAGUE OF RED CROSS AND RED CRESCENT SOCIETIES (LICROSS)

Statement made by Mrs Lis Ehmer Olesen,
Head, National Department, Danish Red Cross

I wish to thank the Regional Office for having arranged this Consultation giving the organisations present a possibility to exchange information and views to discuss, in an informal way, future collaboration and actions, and to stimulate each other in the planning and development of activities.

The financial resources allocated to health work within our organizations are limited and decreasing. Therefore, it is important to increase our coordination of activities and our human resources.

The League of Red Cross and Red Crescent Societies has become increasingly aware of the health element in all major Red Cross activities - from relief operations to community services - a Health Division of the Secretariat has therefore been established to coordinate the health services and to increase the professional capacity.

In Europe the League and the national societies are involved in many health and health-related activities of major concern to most European countries - drug abuse, accident prevention, blood transfusion, blood donation campaigns, AIDS, health education, services for elderly, for handicapped persons, and prisoners, first-aid training and voluntary first-aid services.

An expert group on drug abuse among young people has been established under the Chairmanship of Dr Massimo Barra from the Italian Red Cross Anti-drug Centre. The group meets every year in order to evaluate the situation and give proposals for future actions. The last meeting was held in Klingenberg in April 1986. In September 1985, a Conference was convened in Oslo by the Norwegian Red Cross Society in cooperation with the expert group on drug abuse. A report from this meeting is going to be issued in the near future, giving recommendations to national societies of activities which might be carried out by Red Cross Societies, alone or in collaboration with other institutions.

A European Workshop on Home Accident Prevention was arranged in Budapest by the Hungarian Red Cross Society in September 1985. A report from this Workshop has been issued to all national Red Cross Societies, recommending the Societies to include this topic in their health education programmes and courses, to influence people through mass media campaigns and to make politicians aware of this very important area of prevention. The subject has also been dealt with in the Second Global Liaison Meeting between WHO and NGOs in May 1986.

As regards blood donation and recruitment campaigns of donors, a close international cooperation is taking place. Conferences have been held concerning donor recruitment and technical discussions are constantly going on concerning blood transfusion matters.

Many national societies are participating in their country's blood transfusion services. Therefore, the continuing spread of AIDS presented serious problems for these societies.

The League's blood programme acted as a distribution centre for technical information on the disease, and issued recommendations for prevention of the spreading of AIDS through transfusion.

At the end of 1985, it was decided to set up a task force in order to define the role of the League in facing this rapidly increasing epidemic. The task force, consisting of representatives from national societies and secretarial staff, agreed at their meeting in January 1986, that the League should encourage national societies to initiate and participate in activities aiming at the prevention of the spread of AIDS and in the care of the affected, not only the people who have already been affected by the disease, but also the people who are infected with the virus. Psychological and social care will be needed also outside these two groups. Families, friends, people belonging to risk groups will need support as well. Valuable help can be given by all kinds of volunteers. Health education is a traditional task of the Red Cross and Red Crescent Societies and with the vast experience and network of the movement a large number of people could be reached.

Annex IV-M

NORDIC COUNCIL

Statement made by Mr E. Hulten,
Secretary to the Social and Environment Committee

The Nordic Council, which is a body of deliberation between parliaments and governments of the Nordic countries and self-governing territories, on a yearly basis issues statements on the general health and social policy to the Nordic Council of Ministers and the Nordic governments. In the last few years, the Council has inter alia stressed the importance of cooperation for individuals and that increased attention should be paid nationally to following up the conventions and agreements that have been concluded between the Nordic countries. Common themes of the Council's statements have been the need for extended cooperation against the abuse of narcotic drugs.

The greater part of the Council's decisions have, however, the form of recommendations to the Council of Ministers or the governments. The strength of the recommendations, which sets them apart from most other internationally adopted recommendations, is that the governments are, according to article 65 of the 1962 Nordic Treaty of Cooperation, required to report to the Nordic Council on the measures taken in response to each of the Council's recommendations until the Council decides to remove the matter from its agenda.

A substantial number of the recommendations issued by the Nordic Council to the Nordic Council of Ministers or to the governments of the Nordic countries, respectively, deal with matters relating to health. The most important recommendation this year endorses a proposal from the Nordic Council of Ministers that the Nordic College of Public Health should undergo further development between 1987 and 1991. The College provides courses in public health at a level higher than that available nationally. The number of applicants is far in excess of the number of students admitted. Since 1953, the College, which is situated in Gothenburg, Sweden, has gradually expanded. Its courses lead to the degree of Master of Public Health (MPH). The College also offers a variety of shorter special courses.

The proposal entails, inter alia a doubling of number of places in the main courses on health service administration and epidemiology and biostatistics. Four new chairs are proposed, as well as an increase in the range of courses and research. The plans require an increase in the College of Public Health budget from SKr 9.7 million in 1986 to SKr 14.7 million in 1987 and SKr 18 million in 1988.

From the outset, the Nordic Council has supported the idea of a central college of public health in the Nordic region and of its further development. The Social and Environment Committee stressed the value of multidisciplinary approaches and the possibility of a wider selection of additional courses. It also noted that the planned development would be financed from "fresh" funds and not by redistributing existing allocations in the area of responsibility of the Social and Environment Committee.

On the Council's agenda for the session 1987, and now being prepared by the Social and Environment Committee, are a number of proposals on health matters. Most importantly, there is a members' proposal on information and research regarding AIDS, and also on a programme of action against cancer.

There is also a members' proposal on highly specialized care, in which field the Council of Ministers is already preparing a project on the coordination of the Nordic resources for transplants, certain types of accident (burns) and tropical medicine.

Two years ago, the Council had a proposal on a similar issue about a Nordic centre for heart transplants, but no recommendation was issued on that basis. But a recommendation was adopted on integrated social medicine training in the primary social welfare and public health services and to strengthen the position of the subject of social medicine as part of community medicine both in basic training, as well as in the advanced and further training of medical and nursing personnel.

Another important recommendation in 1984 dealt with a Nordic action programme for the registration of pharmaceuticals.

In 1984 and 1985, the Council recommended the Nordic Council of Ministers to draw up a joint action programme to combat narcotic drugs and to study the basis of a joint Nordic data processing and information system which would provide a better foundation for decisions in the fight against

the problem of narcotic drugs. A programme of action was set up in 1985. In 1984, a recommendation was also adopted against the background of a proposal about an inquiry into the situation of those with brain damage and measures to improve their situation.

Annex IV-N

INTERNATIONAL AGENCY FOR RESEARCH ON CANCER (IARC)

Statement made by Dr G. Martin-Bouyer

The Agency's contribution to health lies in the provision of information on cancer causation with a view to eventual prevention. To this end, the Agency thus undertakes an integrated programme of laboratory and epidemiological research.

Programme activities include:

1. Cancer patterns

- assessment of the burden of cancer in Europe and elsewhere (Bull WHO, 1984)
- publication of data on cancer in developing countries and in children
- examination of time trends
- advice to cancer registries and formulation of standard methods for these organizations including a code of confidentiality, and
- preparation of cancer atlases in collaboration with national organizations and EEC

2. Analytical epidemiological studies

Conduct of case control and cohort studies for a variety of cancer sites and industrial and other exposures. The sites include oesophagus, larynx, cervix uteri, stomach, brain and pancreas; the industrial cohorts man-made mineral fibre manufacturers, silica workers, those exposed to dioxins, research laboratory workers, etc.

Special attention is now being given to cancer risks related to tobacco, notably to quantification of exposure to passive smoking and to lung cancer in non-smokers, and the effects of so-called smokeless tobacco.

3. Effects of intervention

Following earlier studies in Kenya and Swaziland on the relation between aflatoxin and primary liver cancer, a large intervention study against the hepatitis B virus, involving vaccination of 40 000 newborns and achieving national coverage over four years, has now commenced in the Gambia. In addition to diminishing the frequency of hepatitis B carriers, it is anticipated that vaccination will eventually reduce the incidence in primary liver cancer substantially.

Other intervention studies include that for oesophageal cancer in China using retinol, riboflavin and zinc, a regime that was found to have no significant effect on the frequency or severity of oesophagitis, a lesion considered precancerous. A parallel intervention study on precancerous lesions of the oral mucosa and chronic oesophagitis is under way in Uzbekistan, USSR.

As a most important contribution to the prevention of cancer mortality is undoubtedly made by efficient early detection programmes, the Agency continues to evaluate these, notably for cervix uteri and breast cancer. Current emphasis is on the estimation of optimum screening intervals.

The long-term effects of treatments for cancer, notably second primaries, have been studied for radiation (cervix uteri) and chemotherapy (Hodgkin's disease, testis and ovary).

4. Diet and cancer

As diet is believed to be an important determinant of cancer risk, pilot studies and methods for collecting dietary information are under way.

5. Complementary epidemiological and laboratory research

The above and other epidemiological studies are supported and extended by in-house laboratory work, e.g., the detection of N-nitroso compounds which may be formed during the preparation of food, search for objective methods of quantitating human exposure to carcinogens through detection of specific DNA adducts, the demonstration of a new class of carcinogen in pyrolyzed opium used in areas of high oesophageal cancer incidence in Iran, etc.

The pioneering work on endogenous nitrosation continues. It has been shown that those chewing the betel quid containing tobacco are not only exposed to preformed N-nitroso compounds but also to higher levels of the same compounds endogenously formed.

6. Chemicals in the environment

Continuous evaluation by international expert groups of the carcinogenic risk posed by chemicals to man, via the monograph series, which has now examined 752 chemicals (Vols. 1-42), industrial exposures and cultural habits. For some 41 of these, there was sufficient evidence for carcinogenicity in humans and for 218 sufficient evidence for carcinogenicity in experimental animals.

7. Genetic susceptibility to cancer

A new programme is being mounted to determine whether the methods of molecular biology can provide a way to assess the relative importance of genetic variability in cancer development. This includes linkage of specific DNA markers to cancer risk in cancer families and study of proto-oncogens in populations. Emphasis is being given to breast and nasopharynx cancer; human cell lines of individuals from large families with members with these cancers are being established.

The role of chromosomal rearrangement in the malignant process, notably in Burkitt's lymphoma, continues to be studied.

The feasibility of identifying indicators of individual susceptibility to chemically-induced cancer is being investigated in the lung tissues in individuals with and without lung cancer.

8. Other programmes

In addition to the above, the Agency publishes a directory of ongoing research in cancer epidemiology and of chemicals under test for carcinogenicity. The education and training programme provides fellowships and gives courses in cancer epidemiology and other topics.

In summary, the Agency, collaborating with scientists and laboratories in many countries, pursues an integrated programme of laboratory and epidemiological research into the causes of human cancer making that knowledge freely available to governments for the implementation of rational prevention.

Annex IV-0

TURKISH AND INTERNATIONAL CHILDREN'S CENTRE (TICC)

Statement submitted by Dr M. Bertan, Deputy Director

The Turkish and International Children's Centre (TICC) is a nongovernmental organization established in 1980 by several Turkish foundations to contribute to efforts to promote the physical, mental and social wellbeing of children of all ages in the context of the family and community. In Turkey, TICC cooperates with concerned government agencies as well as with universities and nongovernmental organizations. Its main activities include the following, the nature of its services being both national and international.

Dissemination of information through its documentation centre

TICC publishes two quarterly periodicals, the Turkish journal of paediatrics (in English) and Cocuk Sagligi ve Hastaliklari Dergisi (in Turkish). Both of them mainly address paediatricians and general practitioners. In addition to the above periodicals, TICC publishes brochures, leaflets and other printed materials for the use of health professionals as well as the public at large. One long-term project of its documentation centre is to supply the International Children's Centre (ICC) in Paris with bibliographical references and abstracts of Turkish language publications in fields related to child health. These references enter the ICC data base known as BIRD. The project of translation of certain WHO materials to Turkish has not yet begun and needs further agreement between WHO and TICC regarding manpower and financial support.

Promotion of research: basic, applied and community-oriented

A project on breastfeeding, the 1983 Turkish Fertility Survey and two surveys to assess the immunization status of Turkish children have been carried out through the cooperation of TICC with several national and international bodies, including WHO, UNICEF and the Hacettepe Institutes of Population Studies and of Child Health.

Organization of symposia, workshops and seminars

Meetings have been held at both national and international levels, addressing health personnel and paediatricians, as well as people from other sectors. Participating international organizations include in particular IPA, WHO and UNICEF. An average of two such meetings have been held annually on subjects including accidents, diarrhoeal diseases, paediatric urology, breastfeeding, disaster preparedness, immunization, and zinc deficiency. In March of this year, the President of the Republic inaugurated a three-day national Child Health Assembly to publicize the Government's determination to improve maternal and child health in Turkey. This Child Health Assembly was organized jointly by the Ministry of Health and Social Assistance, TICC, the Turkish National Paediatric Society and UNICEF. In keeping with this effort, TICC, in collaboration with WHO and the Hacettepe Institute of Population Studies, will organize a seminar on breastfeeding early next year.

TICC has a very small permanent secretariat, but in accordance with an agreement between Hacettepe University and TICC, time spent working for this Centre by staff members of the Institutes of Child Health and of Population Studies and the Department of Community Medicine counts as time spent in the University. Other staff may also be appointed for specific projects.

Annex IV-P

UNDP UNIT FOR EUROPE, NEW YORK

Statement submitted by Mr J.P. Prins, Director

UNDP health-related activities in Europe

Health-related activities are given prominence in UNDP programmes in Europe despite the relatively small amounts of IPF resources available. In fact, in two of six fourth cycle (1987-1991) country programmes already prepared, i.e. those for Albania and Hungary, health-related activities have been singled out as top-priority national development objectives. The European IPF countries as a group are keen to ensure adequate living conditions, prevent disease and research methods to upgrade the quality of their health care services in conformity with the health for all policies. Consequently, as WHO is the executing agency for most health projects in IPF-financed programmes, it is expected that the significant level of collaboration between UNDP and WHO that was characteristic of the past will be maintained in the fourth cycle.

UNDP/WHO collaboration in Europe is translated into projects employing sophisticated expertise, research techniques and technology in a variety of health disciplines. Such projects are tailored to the particular health needs of the European IPF countries. As these countries are experiencing rapid industrial growth, there has been a concomitant increase in dangers of pollution and work-related hazards. As a result, a health strategy has emerged which aims to (a) protect the environment and (b) ensure adequate nutrition and food safety standards. It has also led to the necessity by the countries to (c) provide adequate health services, as well as research ways and means for their improvement. To implement this strategy, the governments are conscious of the need to give attention to training requirements in order to ensure the availability of competent personnel. This accounts for the emphasis in UNDP/WHO programmes on projects for training nationals in health-related issues.

Environment protection

Of all the countries in the region, the environment protection programme is most noteworthy in Yugoslavia. Six projects were approved in the Third Cycle country programme with a total IPF contribution of US \$953 670 or 23.12% of the national IPF. All these projects seek the improvement of living conditions as a result of the dangers posed by rapid industrial transformation. The environment sector in the new country programme comprises three pipeline projects which will be implemented in the lesser developed regions with the objective of improving environmental health conditions in highly polluted urban areas. Another example of environment protection is found in Portugal which has implemented programmes to protect the quality of surface water resources and to control air quality. Further activities on the water decade and environment-related issues are expected to be included in Portugal's new country programme. Such activities in the national programme will complement regional programmes in this important area. In Greece, UNDP/WHO efforts have concentrated on resolving environmental problems under an industrial pollution project.

Nutrition and food safety

Closely related to concern for the environment are concerns for food safety in rapidly industrializing countries. Mention is made in this regard to a project in Yugoslavia which is assisting the Government's efforts towards the creation of a permanent system for testing food and water quality and safety in the province of Vojodina. As 21% of all arable land in Yugoslavia is located in this province, which is often referred to as the "granary of Yugoslavia", the project is expected to have an impact on the health of the population in the whole country. The relationship of this project with the regional toxic chemicals project is expected to enhance regional cooperation in this field.

Provision of adequate health services

Efforts to provide up-to-date, sophisticated and reliable health services are noteworthy in Greece. While this country will not avail itself of IPF resources after 1986, ongoing programmes designed to provide adequate health services are expected to have a lasting impact. Apart from the extensive activities carried out in primary health care under WHO's regular programme, considerable activity in recent years was undertaken by UNFPA for the establishment of family planning centres with trained staff all over Greece and efforts are currently under way for the establishment of a population studies centre. IPF-financed activities under small government-executed projects are

being implemented in 1986 in the area of cerebral palsy together with projects to assist blind and deaf mutes. Under a transfer of knowledge through expatriate nationals (TOKTEN) project, assistance is being provided for dyslectic children. On various occasions, experts have visited Greece on other health-related issues.

In several of the other countries, notable efforts towards the provision of adequate health services are either under way or contemplated. A mother and child health project in Albania will be sponsored by UNFPA, and we are pleased to note that WHO intends to make a financial contribution to this activity. Fighting cancer remains an important element of Poland's health protection programme as do the objectives of limiting the main employment-related hazards and decreasing expenditures related to disability pensions. Such activities will receive continued emphasis in the new cycle. Also in the new cycle, UNDP will cooperate in a project designed to intensify preventive health care particularly in the field of early detection of the congenital dislocation of the hip joint with the possible consequence of secondary osteoarthritis in Yugoslavia's socialist republic of Macedonia where such cases are common. The project in its second phase will further strengthen the Institute of Orthopaedic Surgery in Skopje to improve techniques for surgical treatment of this disability. UNDP/WHO cooperation in an earlier phase has enabled the Institute to undertake over 500 operations a year.

As an important element to the provision of adequate health services, UNDP/WHO collaborates under research projects to discover ways and means of improving the delivery of these services. Notable examples are as follows. In Hungary, UNDP/WHO cooperation in the National Institute of Haematology and Blood Transfusion project has developed new diagnostic tests for the early recognition of iron deficiency, as well as assays for ferritin and lactoferrin concentration in plasma. Together with the production of test serums, this activity constitutes a valuable improvement in the diagnostic capacity of Hungary's health care. To increase the efficiency of this research further and to introduce into practice the results of the most important new methodologies on a nation-wide basis, the Government plans under a new phase of the project to strengthen the National Institute for Haematology and Blood Transfusion. Also ongoing is highly sophisticated research in membrane physiology, producing new knowledge which in a long-term perspective will benefit disease control. Another project wound up its activities successfully in 1985 after training 674 technicians in the repair and maintenance of biomedical equipment. Under a new phase of this project, additional training will be provided on micro-processor-based medical equipment so as to improve the efficiency of medical engineering applied to the public health service in the country. Yet another new project will strengthen research and development work on bioceramic materials for implants, prosthetic and orthopaedic appliances with a view to rehabilitating the mobility of disabled persons. Recent activity in Poland will centre on the health problems of maritime workers. UNDP/WHO collaboration in the area of ophthalmology and cornea grafts has also been useful to Romanian ophthalmology, raising the quality of instrumentation at the clinic of Ophthalmology and Cornea Transplant in Bucharest as well as the knowledge of Romanian specialists in this area.