3.7 Parliamentarians for Health - Working with the Law-Makers (Group C7)

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24 participants

The intended purpose

For the first time in a meeting of this nature, parliamentarians and their partners in the policy development process were called on to analyse the specific opportunities for members of parliament to support health policies based on HFA principles. In the event, the interest in this group was so great that they continued well beyond their allotted time.

Parliaments or their equivalent in all countries are de facto intersectoral bodies. They operate to a limited extent at the international level (European Parliament), as well as at the national, regional and local levels. Their members deal with legislation, related both directly and indirectly to health at various levels of decision making and they must be aware of the links between those levels. As the representative of their constituents, they must be concerned with the health of all.

However, in the majority of the parliaments of the European Region, health policy so far has not received as much importance as the proponents of public health would like. The

need for a holistic approach to the health of the population is only slowly gaining ground. There is still a strong tendency for politicians to lay the burden of health issues solely with the Ministry for Health. Moreover, many ministries of health are run by physicians who do not yet recognize the need for intersectoral collaboration.

As decision-makers, parliamentarians have a special role to play in developing policies for health which balance the needs of the people and ensure justice and a fair chance for all. It was the intention that this group would discuss how parliamentarians can best be supported in this role and how they could support each other in promoting public health.

An introductory paper had been prepared by Dr Anna Ritsatakis, Regional Adviser, Country Health Policies and Equity in Health, the main points of which were presented by ***Dr Jaques Bury, WHO Regional Office for Europe, Dr G. Chambers, Consultant, Division for Consumer Protection European Parliament, Luxembourg and Dr Mateja Kozah-Novak Vice-chair, National Assembly, Slovenia and Dr Judit Csehak, President, Parliamentary Committee for Health and Social Affairs, Hungary made statements and proposals for future collaboration***. The text of the papers is given at the end of this section of the report.

Main focus of the discussions

(i) The group first considered the potential role of parliamentarians and felt that it was clearly to support policies for health in all sectors and should not be restricted to the health care system. Not all parliamentarians were felt to understand this however.

(ii) Parliamentary procedures differed between countries. In some countries health policies are formally passed as law, in others they are discussed in parliament without formal ratification, while in others endorsement by the cabinet may be sufficient. Whatever the procedure, political support is essential if policies are to be implemented successfully. However, rather than the onus being on the health sector to mobilize parliamentarians, the group proposed that parliamentarians might be keen to take up health issues and particularly the HFA approach. People are interested in health and in their health care system and as elected representatives of the people, parliamentarians are concerned with the health of all the inhabitants of their country or region. This is very much in keeping with the principle of equity which is one of the foundations of the HFA policy.

(iii) HFA is a long term policy which requires strong and enduring leadership and advocacy. In fact the development of a HFA policy can span the life of more than one parliament; a change of government can mean that HFA is no longer pursued. Nevertheless, despite the volatility of some national governments, participants felt that parliamentarians should be encouraged to take HFA on board. Parliamentarians may lose their seat, but they remain close to the decision-making process and can command considerable attention from the public and the media. This capacity can be

used to promote health issues, ensuring that parliamentarians become real leaders for health gain.

(iv) Some of the policy contradictions were discussed such as the balance between cutting down smoking and seeing the tax on tobacco as valuable revenue; the apparent efficiency of the market system but its danger for equity in health; or the contradiction in EU countries between some EU and national policies. Parliamentarians work both at the national and the international level and the group felt that their role in European Union countries had been greatly enhanced since the Maastricht Treaty (1992), particularly article 129 on public health. Decisions taken at the supranational level often give health issues the legitimacy they need, to be taken on board by national governments.

(v) Although parliamentarians may be willing in theory to take up health issues, the group felt that they need to be supported in this task. It was suggested that they would need rapid access to information on health issues as they emerged; access to the informational resources open to them, including expertise and parliamentarians dealing with similar issues in other countries. Helping parliamentarians to develop a minimal "health policy vocabulary" was seen as important. One of the ways of achieving this was by providing relevant information on what was happening in other countries. Publications, on-line information through media such as Internet can all contribute, however, the group felt that the greatest impact was through face to face contact. There was a strong need to promote excellence by sharing knowledge. This, the group believed, was achieved partly through meetings such as conferences but also to a large extent by international networks. Participants were very impressed with WHO networks such as RHN, Healthy Cities, CINDI, Health Promoting Schools, Health Promoting Hospitals and Baby Friendly Hospitals. Equally strong were the networks of "focal points or counterparts" such as for example, the network of chief nurses, members of the European Committee for Health Promotion, counterparts for food and nutrition etc. Clearly, the contribution of the various networks was invaluable and participants proposed that establishing a network of European Parliamentarians for Public Health might be a good idea. The network would link to existing structures such as parliamentary health commissions and working groups.

(vi) Although many of the challenges crossed all countries, some of the specificity's of the former USSR states were highlighted, such as the present fragility of the relations between the public and the health care system which made the making of mistakes particularly dangerous; the very high level of "black" financing and the supreme importance given to legislation related to economic issues.

(vii) The next question therefore was how parliamentarians could be helped to understand that health is vital to economic success and the health budget should not be allowed to become an easy target. In this regard, the group felt that politicians rely too much on the opinion of the medical people or the health educators and need to connect to people in many sectors and disciplines; instead of having a long term vision, they spend their time "fire-fighting" and simply trying to defend health funding; in some

cases, the legislature relating to other sectors creates health problems which then have to be addressed. Some health problems also become politically partisan issues and the example of mental health in Poland was given in this respect.

(viii) The group acknowledged that throughout Europe, at the national, regional and local levels countries were in need of improved policy making skills and opportunities to exchange experiences. WHO already provided Member States with an excellent service, but the group felt that in view of the increased demand from countries, capacity should be increased. They proposed that a Centre for Policy Analysis would be able to provide the technical support which parliamentarians needed. The centre would enhance the capacity of countries in Europe to formulate, implement monitor and evaluate policies for health gain and would fulfil three main functions:

a) Health policy analysis
b) Consultation, capacity building and policy review
c) Training.

Dr Judit Csehak, President, Parliamentary Committee for Health and Social Affairs, Hungary joined in supporting the above proposal, suggesting that such a centre should not simply compile information from WHO Member States, but should make a critical analysis of European experiences, indicating what works and does not work. Such an objective assessment would greatly facilitate Member States in dealing with the complex challenges which face them.

ix) The group felt that there were many areas where parliamentarians could make a difference by their own efforts. These included putting health on party political agendas; putting pressure on the government; becoming strong advocates for patients' rights; discussing health matters with their constituents and trying to achieve a degree of continuity even when governments changed.

Conclusions

- Parliamentarians have a particularly important role to play in promoting health issues.
- HFA is a long term policy which requires strong and enduring leadership and advocacy.
- Parliamentarians can instigate change at the national and the international level.
- A network of European parliamentarians who are committed to public health should be established.
- The network should be linked to existing structures (parliamentary health commissions, working groups etc.).

- A Centre for Policy Analysis should be established.

Recommendations for WHO/EURO, other IGOs, member states, NGOs and International cooperation

WHO/EURO should
- create a network of European Parliamentarians committed to public health
- create a Centre for Health Policy Analysis and Training
- support politicians by providing information on health issues

IGOs should
- work together with parliamentarians to promote healthy public policy

Member States should
- support the establishment of a parliamentarians network
- establish other intersectoral structures to promote health

NGOs should
- strengthen their efforts to provide parliamentarians with the information they need to make decisions

International cooperation
- can help overcome multinational health problems by exchanging experience and expertise and embarking on joint activities designed to promote health

Mass media
- can act as the people's voice on health issues and put pressure on politicians to take appropriate action

Parliamentarians should
- show solidarity in promoting public health in their own parliaments
- collaborate with their colleagues in other countries on health issues, through WHO links and the Council of Europe and for those in EU countries through the European parliament

3.7, Appendix 1

PARLIAMENTARIANS FOR HEALTH

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The European experience in Health for All policy development

For the last ten years, countries in the European Region have been working to achieve health gain[1] in the framework of what has been called the Health for All (HFA) approach *(1)*. In a radical departure from the traditional approach to policy development, focusing mainly on the provision of health care, the 50 Member States of the WHO Regional Office for Europe have agreed to a comprehensive policy aimed at improving health status and reducing inequities in health. This policy emphasizes the need for health promotion and disease prevention and for people to take control of their lives and the environment in which they live, work and play. It states clearly that, while being anchored by accessible, high quality health care, health gains are achieved through widespread intersectoral action dealing with issues of lifestyles and the environment, where health is seen as an integral part of socioeconomic development.

In the HFA approach, the population of European countries are not to be seen as passive recipients of health care over which they have no say. Nor are they to be moulded to fit into a sometimes harsh environment. Rather they are to become active participants in decision-making, shaping their own lives and health to ensure that each reaches his or her own full health potential.

1 See the European Health Policy Conference glossary for a definition of health gain

The HFA policy requires a radical change in approach, thinking and action. It requires **a shift of emphasis from curing illness to promoting health.** It demands a health sector which is no longer inward looking, but outward reaching.

Initial attempts to make this forward-looking shift were hampered by considerable obstacles *(2)*:

- Health was often not a major ministerial portfolio - given the choice, how many party politicians choose the Ministry of Health as opposed to say the Ministry of Finance?

- Inertia of the health and other sectors - the health sector is no different than other big bureaucracies in being resistant to change.

- Political and managerial resistance - implementing an HFA approach calls for shifts in resources and power which some politicians and managers find difficult to endorse with the necessary enthusiasm.

- Lack of training and mechanisms for HFA planning - the broad and forward-looking HFA approach needs a new type of strategic planner and mechanisms for implementing, monitoring and evaluating action for health gain in many sectors and across many government departments.

- Lack of backing by some nongovernmental organizations (NGOs) - these independent and sometimes powerful organizations can be among HFAs strongest allies, or they can put a brake on the process if they are not fully committed.

And, finally:

- Health, is not the only objective for people in Europe or their governments - the health sector must compete with other serious issues for attention and resources. Fortunately, many of these other objectives such as a high level of education; adequate food, housing and income; safe and satisfying employment; safe and supportive environments, are also among the prerequisites for health *(3)*.

The development of HFA policies in countries has experienced a mixture of successes and setbacks as might be expected from such a radical change in approach. Presently, however, it is receiving an increasing surge of interest. Almost all the countries in the European Union have formulated their own HFA policies at national level, some at regional levels and more recently at city level also.

The experience in England in implementing the "Health of the Nation", of North Rhine Westphalen in Germany and in the City of Copenhagen will be discussed in a plenary session of the European Health Policy Conference. Case studies of similar experiences in such differing countries as Finland, Hungary, Kyrgyzstan, Lithuania, The Netherlands and Turkey will offer a wider sample from the national level across Europe and Catalonia (Spain) and Östergötland (Sweden) from the regional level. These examples have been chosen to show in the conference the rich variety of ways evident in Europe, of moving towards the same goals.

The movement continues unabated. This summer (1994) Luxembourg finalized its HFA policy document "Santé pour tous, Grand-Duché de Luxembourg" and Portugal has recently reached agreement with WHO to initiate the process of HFA policy development in the Spring of 1995. The newly independent Member States are quickly following suit.

The role of the legislature in this process so far

Depending on the usual political practice in countries, parliamentarians have played and are continuing to play varying roles in this process throughout Europe. In some countries, the health policy documents were formally passed as law, in others they were discussed in parliament without taking the form of a law and in still others, endorsement of the policy was more a matter for the cabinet.

In CCEE/NIS, parliamentary health committees have shown a remarkably united front towards the HFA approach. This bodes well for the future, if the health of the population can really be kept above party political differences.

Why parliamentarians as advocates for health?

It is obvious from the above that parliamentarians have a special role to play as advocates for health, but we can be even more specific. In the table below, we show the characteristics of the HFA policy and link this to those of parliamentarians.

Nature of HFA	Parliamentarians
HFA is based on principles of **equity and participation** in decision-making.	As **elected representatives** of the people, parliamentarians are concerned with the health of **all** the inhabitants of their country or region. In the case of the EU and the European parliament, this also goes cross-country.

HFA is **intersectoral** in nature.	Parliament is welfare oriented and, naturally **intersectoral.** Overall **budget decisions** will have an important impact on health, as will the **legislation** related to many sectors. Well informed parliamentarians might be expected to put the health issue on the agenda when development in sectors other than health are being discussed, thus contributing to **healthy public policies.**
HFA policies must be developed at **all levels.**	**European level** parliamentarians are influential not only at the EU level but also link back to their **home countries.** **National level** parliamentarians are active both at the national (or federal) level and in their **local constituencies.** National level parliamentarians are also concerned with **international policies.**
HFA policies are **long-term.** Their implementation can span the life of more than one parliament.	Parliamentary health committees have the potential of being an excellent forum for **cross-party understanding**. This would be **conducive to continuity and sustainability** for health policy.
HFA needs strong and enduring **leadership and advocacy.** It takes time and perseverance.	**Parliamentarians are *de facto* leaders.** Even in the event that they might lose their parliamentary seat, they usually remain active in the political arena. They can become **leaders for health gain.**

How can the role of parliamentarians as advocates for health be strengthened?

Some parliamentarians are fortunate in having well-staffed offices including researchers, to support them. Others are less fortunate.

A HFA policy is usually so complex and things are moving so fast in Europe, that probably most parliamentarians do not have as good information as they would like. In their busy schedule and as they turn their attention to a multitude of issues which may have a health impact, they and their staff could benefit from easily accessible and well-presented information.

Valuable information comes from a comparison of what is happening or what is being planned for similar issues in other countries. Not only this, parliamentarians as any group, can benefit from talking to their peers, learning from each others' experiences.

The value of such networking is already being seen in a number of arenas. In this section we make reference to three such experiences.

First International Conference of Medical Parliamentarians

In February this year, the first international Conference of Medical Parliamentarians was organized by the Asian Forum of Parliamentarians on Population development, in close collaboration with WHO and the International Medical Parliamentarians Organization (IMPO). More than 80 medical parliamentarians from 33 countries attended, to discuss; environmental health, population and development; narcotics and other substance abuse; organ transplantation; public health and development; maternal and child health and AIDS.

This forum brought together individuals who were able to discuss the areas of their concern, both as medical practitioners and as legislators *(4)*.

"Democracy and health" a project for PAHO/WHO cooperation with the American Parliaments *(5)*

This project is not restricted to medical parliamentarians. The reasons given for setting it up are worthwhile noting:

"It is within the Parliaments' purview to discuss, in addition to their political function, the technical aspects involved in policies related to health. Their expanded technical capacity contributes to the reduction of conflicts as long as the parliamentary debate is "depoliticized" and free of ideological overtones. The health areas have a lot to gain from increased emphasis on the technical component in the discussion of draft legislation. This aspect is central to the relationship between the "Executive and the Legislative Branches". "Success in the actions proposed will depend on harmonious relations between the powers of the state."

The objectives and expected outcomes of this project are given more fully as an annex to this paper. Briefly they are to:

- contribute to the consolidation of democracy through greater equity in the area of health
- strengthen the role of the Legislative Branch in dealing with health issues
- promote greater knowledge and information on the health situation among legislators as members of the Hemisphere's political leadership

- identify the challenges and priorities for health with a view to orienting future actions in the legislative area, including technical cooperation.

In the first two years of the project, Parliaments became aware of the possibilities offered by PAHO/WHOs technical cooperation, by learning "about the Organization, its objectives, its technical capacity and the ways in which it cooperates with countries". There was already a wider spin-off from the project in that it is said to be improving the impact of PAHO/WHOs cooperation with countries in general.

Some of the ways in which it is being implemented are to:

- examine parliamentary agendas in health to assess the areas of concern
- study national legislation relating to the areas of concern, to diagnose possible gaps and inconsistencies and develop model legislation to guide the amendment of national legislation
- develop technical cooperation with parliaments including "advisory services", training, dissemination of information, promotion of research, mobilization of resources and exchanges between the parliaments designed to be of interest to the lawmakers and their advisers.

Information in being disseminated through special bulletins, reports and databases and parliamentary staff are being trained to use the databases.

From the point of view of intersectoral action for health, one interesting proposal was to organize a workshop to analyse national budgets and their impact on the health sector.

Already in the framework of this project, in some countries activities have been promoted which "involve both lawmakers and authorities in the Executive Branch, with fruitful benefits for the management of health issues in the corresponding countries. As a result, it is possible to look to a revitalized discussion of health issues and to shorter periods for the discussion and approval of legislative proposals that are of concern to the health sector". That is, apart from the immediate impact for health policy, the project is contributing more generally to improved performance of parliaments and seems to be an obvious win-win situation.

The political situation in the WHO/PAHO Region is relevant to what is happening in some countries in the WHO European Region. Recent developments in Latin America, where there has been a return of the rule of law and democratic regimes have "created a propitious climate for legislation aimed at achieving equity internally and, externally, at fostering integration and cooperation between the countries of the Region". Parliaments are now "making policy and allocating funds for the health sector or regulating the production of goods and services". Even more importantly, Parliament is now the setting "in which different interest groups come together and affirm their position on issues that affect health, they have been able to negotiate and forge new health policies that address the crisis".

There is an obvious parallel in CCEE/NIS, where there has also been a return to democracy. Parliamentarians from those countries could be expected to have a number of common interests related to the new situation with which they are all faced.

However, the value of parliamentarians working together for health across Europe, is by no means restricted to CCEE/NIS. The value of networking in a wider sphere was demonstrated by the fact that those running this project for Latin America, have already contacted the European Parliament. The European Parliament has a Commission for Latin America. Members of this Commission were contacted when they visited the Ardean Parliament. PAHO/WHO hopes to explore further the link to the European Parliament.

UNICEF "Working with parliamentarians - Mobilizing for political and social action" *(6)*

The UNICEF experience has been somewhat different, but apparently equally successful. According to the relevant UNICEF document, cooperation with legislators produced positive results at an early stage in many countries, including Australia, Italy, Thailand, the United States and Zimbabwe. It means "increased resources and better legal guarantees for children and has also led to a greater awareness of the plight of millions of children around the world. Increasingly, parliamentarians are in the vanguard of those leaders who recognize that helping children is not an act of charity, but an obligation and a matter of social justice, representing a new international solidarity".

The Africa regional project which started in 1987, was so successful that it was followed by a similar initiative in Central America in 1988 and in 1989 by a plan to cooperate with legislators worldwide.

"The objectives of the project are:

(a) place and maintain child survival and development high on the international political agenda;

(b) mobilize legislative and political support at the national level in favour of policies, legislation and budgetary appropriations that put children's needs and rights first; and

(c) channel parliamentary support to the community level to facilitate the provision and use of resources and to make available practical information on how families can improve the survival and development of their children."

National legislative panels or "lobbies" for children existed in nearly 20 countries when the project was planned and the aim was to sponsor the formation of such panels in 60 countries by 1993.

The UNICEF office saw as its own part, the need to:

(a) Undertake a continuing campaign to keep children's issues at the top of the agendas of legislators through personal contact, briefings and the provision of information;

(b) Manage an information service for parliamentarians visiting the United Nations and New York;

(c) Place children's concerns on the agendas of prestigious international forums;

(d) Maintain a list of parliamentarians who are actively promoting children's welfare and children's rights; and

(e) Produce information materials for parliamentarians, including a quarterly "newsletter".

What could we learn in Europe from these experiences?

PAHO/WHO and UNICEF have obviously found working with parliamentarians to be extremely fruitful and they are developing these efforts further. The latter example seems to be more one of disseminating information, ensuring a presence at strategic meetings and forums and so strengthening advocacy. Whereas the PAHO/WHO effort seems to be, perhaps, more interactive, emphasizing the networking of parliamentarians.

The experience of both projects and of other similar projects can obviously offer lessons or examples of good practice for those interested in putting health higher on the political agenda and strengthening the role of the lawmakers as advocates for health gain.

Through WHO/HQ, links have already been made to medical parliamentarians. Obviously, very valuable links can be made to that group.

The WHO European Region, however, has taken a rather unique way forward in developing its own 38 Targets for Health for All and in supporting its Member States to develop their own national level policies based on those targets. While being part of the whole global approach, this gives a slightly different focus to what is happening in Europe in relation to healthy policy development and, therefore, a rather special potential for parliamentarians to work together across the Region.

The intersectoral nature of HFA means that not only parliamentarians who are health professionals, but all parliamentarians need to be on board. The members of the Parliamentary Health Committees or their equivalent could also be expected to play a decisive role.

The recent political developments in the EU and CCEE/NIS in particular make this time propitious for exploring the potential for a strong networking of parliamentarians for health.

So, the question is on the table - In today's Europe, can parliamentarians work more effectively together to promote and protect the health of Europe's 860 million inhabitants and, if so, how?

References

1. *Terminology for the European Health Policy Conference: A glossary with equivalents in French, German and Russian.* Copenhagen, WHO Regional Office for Europe, 1994.

2. *Health for all (HFA) policy developments in Member States.* Copenhagen, WHO Regional Office for Europe, 1993 (document EUR/RC43/13)3.

3. Whitehead, M. *The concepts and principles of equity and health.* Copenhagen, WHO Regional Office for Europe, 1990 (discussion paper EUR/ICP/RPD 414).

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4. WHO Bulletin OMS Vol. 72 1994 *WHO news and activities.*

5. *Democracy and Health: Project for PAHO/WHO Cooperation with the American Parliaments.* Washington, D.C. PAHO/WHO, 1992 (document CE110/2).

   Note: All quotes in this section are taken from this document.

6. *Working with parliamentarians: Mobilizing for political and social action.* New York, UN Economic and Social Council/UNICEF. 1989 (document E/ICEF/1989/P/L.27).

Annex

OBJECTIVES AND EXPECTED OUTCOMES OF PAHO/WHO PROJECT

Extract from: *Democracy and Health: Project for PAHO/WHO Cooperation with the American Parliaments.* Washington, D.C. PAHO/WHO, 1992 (document CE110/2).

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Objectives

The project "Democracy and Health" is aimed at implementing several of the "Strategic Orientation and Programme Priorities for the Quadrennium 1991/1994" established by the XXIII Pan American Sanitary Conference. These include the strategic orientation "Health in Development", which calls for the American countries to adopt economic and social development models that will generate better living and health conditions for their peoples. This orientation translates into the juxtaposition of health-democracy, which in turn calls upon democratic regimes to maximize participation by their citizens and to incorporate social issues – the bases for the attainment of equity – into national political agendas. Although the mere fact that democratic institutions are in operation[2] is not sufficient to ensure attainment of a society's objectives in the area of health, the definition and realization of these objectives appears much more feasible in the full context of democratic life.

It is generally accepted that the Parliaments constitute the forum in which policies relating to health and social security are validated by consensus. It is also frequently said in the Region that these bodies do not have the technical or advisory capacity or the necessary information to fulfil the high responsibility that the States have vested in them.[3]

Overall objective

In this context, the overall objective of the project is to strengthen participation of the Parliaments in the formulation of health policies and in the definition of the instruments needed for their implementation. In addition to the development of health legislation, the project will seek to support the Parliaments in the fulfilment of other functions impacting on the health sector which are entrusted to them in their respective national Constitutions.

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[2] It should be pointed out that a democratic regime can follow one of two basic institutional models, the presidentalist, or the parliamentary. The characteristics of each of these are defined in the study cited previously, which provides a brief conceptual and empirical review of these systems in the Region.

[3] One of the functions of the parliament is to provide a setting in which to identify and generate agreement within a society, but at the same time, they bring together the various political and ideological expressions that flow from this role. In terms of structure they are the conduit through which the interests of the most diverse sectors are represented, and in terms of function, they allow for the ongoing consultation with the organizations that are at the heart of every society.

Specific objectives

- To help ensure that the health component occupies a position of growing importance on the agendas of the Parliaments in the Region;

- To engage in technical cooperation with the Parliaments for the development of health legislation, parliamentary consideration of health issues and the allocation of resources for health programmes;

- To contribute technical elements that will facilitate and improve relations between the Executive and the Legislative Branches in areas that impact on health; and

- To promote exchanges and cooperation between the Parliaments at the subregional and Regional level with regard to parliamentary action in the area of health.

Evaluation of the project

Evaluation of the project "Democracy and Health" adds yet another challenge to a process that is always complex, given the very nature of the objectives that this project envisages. Undoubtedly, more effective participation by the Parliaments in addressing health-related issues will depend on a number of factors. This multiple causality makes it difficult to directly evaluate the degree of fulfilment of the project's overall objective. Thus is it proposed to evaluate it by measuring the degree of attainment of its specific objectives vis-à-vis the following expected outcomes at the country and Regional levels.

Expected outcomes at the country level:

- Greater dispatch in the conduct of parliamentary transactions in the area of health.
- Availability of up-to-date information on central issues with regard to the health situation of the various segments of the population and the health sector of the country.
- Increase in parliamentary initiatives responding to the country's principal health problems.
- Adequate and diligent monitoring of health-related initiatives undertaken by the Executive Branch.
- Satisfaction with the progress and results of the project expressed by national authorities and lawmakers.

Expected outcomes at the Regional level:

- Operational use of a database on parliamentary activity in health-related areas.
- Availability of a systematic set of technical instruments and models to facilitate the work of the Parliaments in the area of health.

- Clear commitment on the part of the lawmakers to seeing that priority is given to basic laws for improving the health conditions of the population, as expressed in the Regional parliamentary, subregional and national agendas.
- Preparation of proposed model legislation in all areas of international importance on the Regional, subregional and national agendas of the lawmakers.
- Existence of a body of knowledge concerning the modalities of intervention by the legislative organs for improvement of the health situation in the countries of the Region.

It will be recognized, for the different aspects of project evaluation, that development of the series of short-term achievements may be regarded as a reliable indicator of degree of fulfilment of the proposed objectives. Moreover, with objectives so closely linked to the political situation, it is always essential to assess the opportunity for carrying out the activities and the priority they have been given vis-à-vis the particular circumstances in the countries concerned.

In order to achieve a more complete and objective evaluation of the project, consideration should be given to the formation of evaluation teams comprised of lawmakers, members of the Executive Branch and other experts at the Regional/subregional and national level. Evaluation of the project at this last level should be articulated with the joint PAHO/WHO country review of technical cooperation. Based on the results of this evaluation, the necessary adjustments will be proposed in the strategies, for continuity of the project, as well as in the programming of future activities for "Democracy and Health".

3.7, Appendix 2

PARLIAMENTARIANS FOR HEALTH
(statement and proposal)

Dr Mateja Kozuh-Novak
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The level of health of the population is the most important condition for the quality of life, for the creativity of the population and for the rational use of human resources. In the majority of European parliaments, so far health has not received the attention it deserves.

The need for the government to take a holistic approach to health policy development is only slowly gaining ground and politicians still tend to lay the burden of health issues solely with the Minister of Health. In addition, many ministries of health are run by physicians who do not yet recognize the need for intersectoral collaboration on health issues.

Few parliamentarians are aware of the complexity of health issues. Those who are aware are often overruled when trying to implement a holistic approach, particularly in the legislative process.

In countries undergoing transition, key politicians are overburdened by the enormous problems their countries face. Purposely, they push health issues aside, as problems to be solved in the "future", unaware that neglecting the health of the population means postponement of economic progress in the long run.

There is an urgent need to establish a network of "Parliamentarians for Health" for the following reasons.

- Few parliamentarians are aware of the need for a holistic approach to improving the health of the population. The support of an international network is urgently needed to create awareness.

- Participation in an international network will improve knowledge and increase the number of parliamentarians who are competent and willing to support health issues at the national level.

- The exchange of international experiences will serve to rationalize, strengthen, support and accelerate the efforts of those parliamentarians in favour of improving the health of the population.

- Parliamentarians fighting for improvements in health in the CCEE/NIS are particularly in need of international support, in their battle against those in favour of more short-term and sometimes short-sighted policies.

- Ministers with a holistic vision for putting health at the centre of economic and social development may need support from like-minded parliamentarians from all parties, to put their message across effectively.

Annex 1

FULL LIST OF CONFERENCE PAPERS

ICP/HSC 419/1 Rev.1	Provisional list of conference papers
ICP/HSC 419/2	Scope and purpose
ICP/HSC 419/3.Rev.2	Provisional programme
ICP/HSC 419/4.Rev.1	Annotated programme ("The Menu")
ICP/HSC 419/5	Provisional list of participants
Plenary papers	Health in Europe (The 1993/1994 health for all monitoring report) WHO Regional Publications, European Series, No. 56
ICP/HSC 419/Pl.A	Health care in the era of value creating systems, by Professor Richard Normann, France
ICP/HSC 419/Pl.B	The need for intersectoral action for health, by Mr Göran Dahlgren, Sweden
ICP/HSC 419/Pl.B	Public health policy, by Mr Robin Guthrie, Council of Europe
ICP/HSC 419/Pl.C	Health of the nation, by Dr K.C. Calman, United Kingdom
ICP/HSC 419/Pl.C	Implementing policies for health - The regional level, presented by Dr Birgit Weihrauch, Germany
	The Copenhagen City Health Plan in a Nutshell
ICP/HSC 419/Pl.D	Health care reforms for health gain, by Dr Hans Maarse, Netherlands
ICP/HSC 419/Pl.F	Health care reforms in the CCEE/NIS: Issues of spending, health insurance and efficiency, by Dr Ellie Tragakes, Consultant in Health Services Management, WHO Regional Office for Europe, Denmark

(cont'd.)

Plenary papers (cont'd.)

ICP/HSC 419/Pl.F	East-West health divide and potential explanations, by Dr Martin Bobak and Dr Michael Marmot, United Kingdom
ICP/HSC 419/Pl.F	Health for all in CCEE/NIS - the policy environment, by Dr Peter Makara, Hungary
ICP/HSC 419/Pl.G	ILO and occupational safety and health, by Dr Georges H. Coppée, ILO, Switzerland
ICP/HSC 419/Pl.G	Future collaboration for health in Europe - a conference discussion paper, by WHO Regional Office for Europe, Denmark

Discussion group papers

ICP/HSC 419/B1.1*	The "welfare mix" of social care for the elderly: A Nordic perspective, by Professor Kari Waerness, Norway
ICP/HSC 419/B1.2*	The social care of older people in the European Union - Deconstructing dependency in old age, by Dr Alan Walker, Professor of Social Policy, United Kingdom
ICP/HSC 419/B1.3*	Health and the social sector, by Dr Simo Kokko, Finland
ICP/HSC 419/B1.4*	Social security and medico-social care of the elderly in CCEE/CIS countries, by Professor V.V. Bezrukov, Russian Federation
ICP/HSC 419/B2.1*	Environmental health policy in Italy in the framework of European cooperation, by Professor Vittorio Silano, Italy
ICP/HSC 419/B2.2*	The environment and health in Bulgaria - Case study, by Dr Maria Haralanova, Bulgaria
ICP/HSC 419/B3.1*	The impact of subsidies on tobacco growing in Europe and the U.S.A., by Mr Luk Joossens, Belgium
ICP/HSC 419/B3.2*	Health, the economy and trade, by Professor B. Majnoni d'Intignano, France
ICP/HSC 419/B4.1*	From the fourth to the third world. A common vision of health, by Ms Cathy McCormack, United Kingdom
ICP/HSC 419/B4.2*	Health, housing and human settlements, by Ms Margaret Whitehead, United Kingdom

(cont'd.)

* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Discussion group papers (cont'd.)

ICP/HSC 419/B6.1*	International cooperation on a democratic health education, by Dr B. Bruun Jensen, Denmark
ICP/HSC 419/B6.2	Health promoting school - Project implementation in the Czech Republic, by Ms Maria Brizova, Czech Republic
ICP/HSC 419/C1.1*	Health for all policy in a pluralistic context. The case of the Netherlands, by Dr Evert Dekker, Netherlands
ICP/HSC 419/C1.2*	Health for all policy in a pilot country. The case of Finland, by Dr Kimmo Leppo, Finland
ICP/HSC 419/C2.1*	Health policy development in Turkey: Facing the challenges, by Dr Zafer Oztek, Turkey
ICP/HSC 419/C2.2	Healthy people 2000 - USA experience of setting objectives for the nation, by Dr J. Michael McGinnis, USA
ICP/HSC 419/C3.1*	Working together for health gain. The experience of Catalonia, by Dr Lluis Salleras, Dr E. Rius, Dr R. Tresserras and Dr R. Vicente, Catalonia, Spain
ICP/HSC 419/C3.2*	Formulating, implementing and monitoring a regional HFA policy: The Ostergötland experience, by Ms Lena Rydin Hansson, Sweden
ICP/HSC 419/C5	The extended concept of health - A project at the Katrinedals School, by Mr Lars Theilgaard and Ms Inge Lundgaard, Denmark
ICP/HSC 419/C6.1*	The role of the CINDI programme in development of policy for prevention of noncommunicable diseases in Russia, by Professor R.G. Oganov, Russian Federation
ICP/HSC 419/C6.2*	Processes of policy development and implementation: The CINDI approach, by Dr Sylvie Stachenko, Canada, and Dr Igor Glasunov, WHO Regional Office for Europe, Denmark
ICP/HSC 419/C6.3*	Disease prevention activities in primary health care - The approach of the Catalan CINDI programme, by Dr H. Pardell, Dr R. Tresserras, Dr E. Salto, Dr A. Ramos, Dr J.L. Taberner and Dr L. Salleras, Catalonia, Spain
ICP/HSC 419/C6.4*	Developing policy on noncommunicable disease prevention in Northern Ireland, by Dr Jane Wilde, United Kingdom

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* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Discussion group papers (cont'd.)

ICP/HSC 419/C7.1*	Parliamentarians for health, by the Country Health Policies unit, WHO Regional Office for Europe, Denmark
ICP/HSC 419/D1.1*	Reorienting health care for health gain through innovative financial approaches, by Professor David Hunter, United Kingdom, and Dr Bernhard Guentert, Switzerland
ICP/HSC 419/D2.1*	Reorienting health care for health gain through innovative managerial approaches, by Dr Pauline Meurs, Netherlands, and Mr Philip Berman, Ireland
ICP/HSC 419/D3.1	Reorienting health care for health gain through human resource development, by Dr Albert Oriol-Bosch, Spain
ICP/HSC 419/D3.2*	Policy issues on human resource development, by Professor Jane Robinson, United Kingdom
ICP/HSC 419/D4.1*	Quality of care development in clinical settings, by Professor Francis H. Roger France, Belgium, and Dr Jorgen Steen Andersen and Dr Kirsten Staehr Johansen, WHO Regional Office for Europe, Denmark
ICP/HSC 419/F1.1*	Information capacity-building for health policy: Russian experience, by Professor Yuri Komarov, Russia
ICP/HSC 419/F1.2	Building the information system - The case of Slovenia, by Ms Mateja Kozuh Novak, Slovenia
ICP/HSC 419/F2.1	Development of state programme for healthy nation (1994-2000) in the Kyrgyz Republic, presented by Ms B. Kalieva, First Deputy Minister of Health, Kyrgyzstan
ICP/HSC 419/F2.2	Four variations on one topic: Changes in Hungarian health policy (1980-1994) - Case study, by Dr Peter Makara, Hungary
ICP/HSC 419/F2.3*	Health policy development in Lithuania: Experience and lessons, by Professor V. Grabauskas, Lithuania

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Discussion group papers (cont'd.)

ICP/HSC 419/F3.1*	Towards a safe and healthy working environment: Common goals, multidisciplinary approach and intersectoral cooperation, by Dr Georges H. Coppée, Switzerland
ICP/HSC 419/F4.1*	The Swedish experience in caring for immigrants, including those from CCEE/NIS. Psychosocial aspects of refugee adjustment and adaptation, by Dr Solvig Ekblad, Associate Professor of Transcultural Psychology, Sweden
ICP/HSC 419/F4.2	Migratory movements in central and eastern Europe: New tendencies and their social effects, by Professor Marek Okolski, Poland
ICP/HSC 419/F4.3*	Immigration and health problems and medical care, by Professor M. Shani, Israel
ICP/HSC 419/F5.1*	Health economics and finance - Poland - A profile on health service reforms, by Mr J.L. Roberts, Consultant Adviser for Health Economics, WHO Regional Office for Europe, Denmark
ICP/HSC 419/F5.2	Health service reforms in Bulgaria: Constraints and opportunities, by Dr A.E. Philalithis, Associate Professor of Social Medicine, Greece, and Public Health Adviser, WHO Regional Office for Europe, Denmark
ICP/HSC 419/F6.1*	Public health alcohol policy in the CIS countries: Opportunities for a small non-governmental organization, by Mr Constantin S. Krasovsky, Ukraine
ICP/HSC 419/F6.2*	Romanian information clearing house (RICH), by Dr Monica Paslaru, Romania

Abstracts (presentation only)

ICP/HSC 419/B1(A)	Health and the social sector, by Professor Leo A. Kaprio, Finland
ICP/HSC 419/B2 (A)	The Second European Conference on Environmental Health, by WHO Regional Office for Europe - presented by Professor Jussi Huttunen, Finland

(cont'd.)

* Indicates that an abstract is available for the paper, under the corresponding document number with the addition of (A)

Abstracts (presentation only) (cont'd.)

ICP/HSC 419/B5(A)	Health, agriculture and the food industry, by Ms Karin Bemelmans, Netherlands
ICP/HSC 419/B5(A)	Nutrition policy in Norway, by Professor Kaare R. Norum, Norway
ICP/HSC 419/B5(A)	Nutrition in the health policy context of Catalonia, by Mr Lluis Serra Majem, Catalonia, Spain
ICP/HSC 419/B5(A)	Nutrition policy - England, by Dr M.J. Wiseman, United Kingdom
ICP/HSC 419/C6 (A)	The CINDI programme in Lithuania - Its contribution to national health policy development, by Professor V. Grabauskas, Lithuania
ICP/HSC 419/F5 (A)	Health care reforms in the CCEE/NIS - Executive summary of background documents prepared for the Health Services Management unit, WHO Regional Office for Europe, by Dr Mikko Vienonen, Regional Adviser for Health Services Management, WHO Regional Office for Europe, Dr Ellie Tragakes, Consultant in Health Services Management, WHO Regional Office for Europe and Dr Katarzyna Kissimova-Skarbek, Poland
ICP/HSC 419/F6.3(A)	Public health policy and other health care priorities in Russia, by Dr Sushma Palmer, Germany

Glossary

ICP/HSC 419	Terminology for the European Health Policy Conference. A glossary with equivalents in French, German and Russian

Annex 2

ADDITIONAL READING

Plenary C - Implementing policies for health - country, regional and city levels

The Health of the Nation	The Chief Medical Officer's Challenge (HOTN20)
NHS Publicity Service	Target Issue 1, December 1993
Department of Health	Central Health Monitoring Unit
Department of Health	Central Health Outcomes Unit - Summary of national initiatives likely to contribute to the development of methods and systems (05/94)
Department of Health	Working together for better health, July 1993
Department of Health	One year on ... A report on the progress of the health of the nation, November 1993
Department of Health	A summary of the strategy for health in England (10/92)
Copenhagen Health Services	Short version of Copenhagen City Plan (E/R). Full version can be obtain on request to HCP unit

NB: This is a list of the documents which were available in each discussion room, as additional reading for participants to collect, as appropriate. It was later displayed in the plenary room for other interested parties to take copies, as desired. Should you wish to obtain copies of any documents now, please note that:

- country material should be requested from the Ministry of Health/Welfare, etc. in the country concerned; and
- WHO documentation should be requested from Ms Dora Abplanalp, Assistant Address/Register/Distribution, WHO, Scherfigsvej 8, DK-2100 Copenhagen Ø.

C1 - National level - Sustaining the momentum in pilot countries

World Health Organization, Copenhagen	Health for all policy in Finland - WHO Health policy review (EUR/FIN/HSC 410) (E)
World Health Organization, Copenhagen	WHO Country health policy reviews: the case of Finland. Report on a WHO meeting, Espoo, Finland, 1992 (EUR/ICP/HSC 422) (E)
Ministry of Social Affairs and Health, Finland	Health for all by the year 2000 - Revised strategy for co-operation (E)
World Health Organization, Copenhagen and Ministry of Welfare, Health and Cultural Affairs, The Netherlands	Making partners: Intersectoral action for health (E)
Ministry of Welfare, Health and Cultural Affairs, The Netherlands	A strategy for health, 1992
Ministry of Welfare, Health and Cultural Affairs, The Netherlands	Public health status and forecasts, 1994

C3 - Regional level (Regions for Health Network) - Working together for health gain

World Health Organization, Copenhagen	Regions for Health Network pamphlet
World Health Organization, Copenhagen	Regions for Health Network Newsletter
World Health Organization, Copenhagen	Regions for Health Network in Europe, Constitution
World Health Organization, Copenhagen	Regions for Health Network in Europe, Annual report 1993 (ICP/HSC 424) (E)
World Health Organization, Copenhagen	Regions for Health Network in Europe, Second Annual report 1994 (E)
World Health Organization, Copenhagen	Regions for Health Network in Europe, Address List (E)
Östergötland County Council	Health Policy Programme, 1988 (E)

(cont'd.)

C3 - Regional level (Regions for Health Network) - Working together for health gain (cont'd.)

Östergötland County Council	Better health for all in Östergotland: Measurable outcome target programme for County Council work 1990-2000. 1990 (E)
Department of Health and Social Security of the Autonomous Government of Catalonia	Working together for health gain. The experience of Catalonia
Generalitat de Catalunya Department de Sanitat i Seguretat Social	The Health plan for Catalonia 1993-1995
Regions for Health Network & Generalitat de Catalunya Department de Sanitat i Seguretat Social	Prospects for health promotion in the European Regions. Proceedings of the First annual conference of the WHO Regions for Health
Department of Health and Social Security of the Autonomous Government of Catalonia	The White Paper: Basis for the integration of prevention into health care practice
Welsh Health Planning Forum, Cardiff	Publication List

C4 - City level - The Healthy Cities experience

Copenhagen Health Services	Short version of Copenhagen City Plan, 1993 (E/R). Full version can be obtain on request to HCP unit
Liverpool City Council	Liverpool Healthy City Project
Liverpool City Council	Liverpool City Health Plan (Draft for Consultation)
World Health Organization, Copenhagen	The WHO Healthy Cities project: State of the art and future plans by Agis D. Tsouros, November 1994
World Health Organization, Copenhagen	City Health Plans and City Health Planning, August 1994

(cont'd.)

C5 - Institutional level - The example of schools

Council of Europe, European Commission, WHO	The European network of health promoting schools - Joint CE/EC/WHO project (E)
The European Network of Health Promoting Schools	Europäishches Netzwerk Gesundheitsfördernde Schulen. Ein gemeinsames projekt von WHO, Europarat und Kommission der Europäischen Gemenischaften (E/G)
Marino Institute of Education	Irish network of health promoting schools: Newsletter No. 1, March 1994 and No. 2, June 1994
The School Sports' Union and the National Institute of Cardiology	Leader: Health promotion, health and physical education. Special edition: The Health promoting schools project in the Czech Republic, Hungary, Slovak Republic and Poland (E)
Royal Danish School of Educational Studies	The Danish network of health promoting schools: Newsletter No. 1, May 1993 and No. 2, January 1994 (E)
Helse og Trivsel i Skolen	Newletter from the Norwegian Network (in Norwegian). Herfres Magasin 1994
Danish National Board of Health	Vital - Periodical on prevention, Nr. 2 1994 (in Danish)

C6 - Setting targets for health: the CINDI approach

World Health Organization, Copenhagen	Positioning CINDI to Meet the Challenges. A WHO/CINDI Policy Framework for Noncommunicable Disease Prevention. Copenhagen, 1992 (E/F/R)
World Health Organization, Copenhagen	List of CINDI documentation

(cont'd.)

C7 - Parliamentarians for health - Working with the law-makers

World Health Organization, Copenhagen	The concepts and principles of equity and health by Margaret Whitehead (EUR/ICP/RPD 414) (E/F/G/R)
World Health Organization, Copenhagen	Policies and strategies to promote equity in health, Göran Dahlgren and Margaret Whitehead (EUR/ICP/RPD 414(2)) (E/F/G/R)
World Health Organization, Copenhagen	Measúring socioeconomic inequalities in health by Anton E. Kunst and Johan P. Mackenbach (ICP/RPD 416) (E/R)
World Health Organization, Copenhagen	List of addresses to obtain national language versions of above two documents (E)
World Health Organization, Copenhagen	Targets for health for all: The health policy for Europe. Summary of the updated edition, September 1991 (EUR/ICP/HSC 013)(E)
World Health Organization, Copenhagen	New book announcement: HFA targets - the health policy for Europe
World Health Organization, Copenhagen	Organigram of the WHO Regional office for Europe (E/F)

NB: The full list of participants is given in Volume I, Annex 4.

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