EUR/ICP/HFAP 94 01/CN01
10175
ORIGINAL: ENGLISH

EUROPEAN HEALTH POLICY CONFERENCE: OPPORTUNITIES FOR THE FUTURE

Report on a WHO Conference

Copenhagen
5–9 December 1994

1996

EUR/HFA target 33

ABSTRACT

Representatives of each Member State of the WHO European Region attended the European Health Policy Conference: Opportunities for the Future. The Conference was dedicated to enhancing the ability of decision-makers to take action, through the sharing of experience of effective international, national, regional and local approaches. The importance of action networks was emphasized, and the participants were encouraged to support them.

The wide variety of country case studies and experiences presented highlighted the fact that the way health systems are organized, administered and financed in particular countries depends to a great extent on their past history, ideology and culture. Nevertheless, it also indicated that countries in Europe are experiencing common problems owing to the need to invest scarce resources for health gain and to reorient health systems more effectively, efficiently and equitably. The Conference proved to be of major benefit in identifying practices and interventions which could help countries to achieve these goals.

While delegations for all the Member States present were extremely active in the discussions, the impact of participants from countries of central and eastern Europe and the newly independent states, many of whom were participating for the first time in a policy conference of this nature, was particularly notable.

The Conference identified ways in which international organizations could provide stronger support to countries and called for increased collaboration between the intergovernmental organizations. There was strong commitment to HFA as a yardstick of improvements in health in Europe. Participants emphasized the need to continually review and revitalize their policies and to generate greater support for health issues at the local, regional, national and international levels, and to reduce the growing inequities in health. These goals were expressed in the "Copenhagen Declaration", which will be referred to the Standing Committee of the Regional Committee for consideration.

Keywords

HEALTH POLICY
HEALTH FOR ALL
CONGRESSES
CEC
CE
EUROPE

CONTENTS

INTRODUCTION

All 50 Member States in the WHO European Region have committed themselves to developing their policies for health using the health for all (HFA) approach. Representatives of each of these Member States attended the European Health Policy Conference: Opportunities for the Future, organized by the WHO Regional Office for Europe in collaboration with the Commission of the European Communities and the Council of Europe in Copenhagen from 5 to 9 December 1994.

The Conference was dedicated to enhancing the ability of decision-makers to take action, through the sharing of experience of effective international, national, regional and local approaches. In this regard, a wealth of practical "tools" and materials were provided for participants to take back home, and an attempt was made to engage participants in action networks which could both inform and support them. The specific goals of the Conference were:

- to assess health trends and emerging public health issues, particularly measures to reduce inequities in health;
- to enhance competence in dealing with these issues at national, regional and city levels by sharing effective approaches to investing in health and reorienting health care systems;
- to explore the ways in which international organizations and their member states can work together more effectively to meet the future challenges and tackle the health policy agenda facing Europe.

Dr Pall Kovacs, Minister of Welfare, Hungary was elected as President of the Conference. Dr Ara Babloyan, Minister of Health, Armenia, and Dr Danielle Hansen-Koenig, Director-General of Health, Luxembourg, were elected as Vice-Presidents. Dr Helen Zealley, Director of Public Health, Lothian Health Board, United Kingdom, was elected as Rapporteur. Annex 2 contains a list of conference papers and Annex 3 the participants.

The Conference was arranged in eight plenary sessions, four of which were followed by sets of parallel working groups in which participants were asked to identify pragmatic ways of making progress and to draw up proposals for WHO, other intergovernmental organizations, the European Union (EU), Member States and other partners, including nongovernmental organizations. There were over 38 presentations of formal papers.

THE CONTEXT

"Without knowing and understanding the past you cannot plan for the future"

The context for the Conference was set in an opening review of the radical changes taking place in Europe over the past decade: the shifts in geographical, organizational and managerial boundaries and in the responsibility between the central and the local level, the state and the citizen, and the public and private sectors. Participants were reminded that in health policy, changes had culminated in a shift from normative planning techniques and systems analysis to adoption of the HFA policy as a soft planning approach. In looking beyond the health services, to strengthen health in more fundamental ways by also promoting healthy lifestyles and healthy environments, HFA represented a radical break with conventional health policy in Europe.

In view of the wide political changes sweeping the Region, it was hoped that the HFA policy could transcend political boundaries and prove capable of achieving acceptance by politicians across the full ideological spectrum.

Participants were reminded that the aim of HFA is to achieve a broad national consensus on the long-term direction in health development that a country should take. It was emphasized, however, that the formulation of policies involving all relevant actors takes time, as does the essential mobilization of regional and local structures. It was hoped that the Conference would provide some of the bricks for building new alliances.

Participants were informed that health policy development is not a static initiative but an ever deepening process to absorb new initiatives which strengthen and further progress in the desired direction. WHO had already worked with many countries to formulate, implement and update policies for health gain based on the HFA approach. This type of work in some of the new democracies in eastern Europe recognizes that the way ahead for health development is through clear long-term policies built on a scientific analysis of health status and risk factors, an assessment of the effectiveness of different intervention strategies, and their integration in overall development strategies.

DISCUSSION

Health trends and challenges in Europe

A multi-media presentation of a report on Health in Europe demonstrated that Europe is currently facing enormous challenges owing to demographic trends, armed conflicts and a reduction in overall gross domestic product, leading to economic recession. Unemployment, poverty, homelessness, migration and social exclusion are common problems in many countries. The presentation also exposed the deepening inequities within the Region and, in particular, the gap between east and west.

In some countries it was reported that figures for life expectancy have fallen to levels found in the 1950s. An increase in deaths due to increased levels of consumption in tobacco and alcohol, a resurgence of certain communicable diseases and higher rates of mental disorders, suicide, drug dependency and homicide have contributed to the decline in health status and the rise in mortality rates in some countries.

In looking to the future, the principal concern of the Conference was how to meet the challenges. The importance of identifying vulnerable groups and targeting resources through intersectoral policies for health, was suggested as one way of reducing inequities. It was emphasized that the provision of appropriate health care which focused on targets for health gain could significantly improve health in

Europe. Primary health care was identified as an effective health intervention, and it was a matter of concern that the uneven distribution of services and over-reliance on medical models were inhibiting its development in some countries. In most countries, there had been changes in the financing of health care, the most radical changes occurring in eastern Europe where centrally planned and funded services had been replaced with insurance-based care and market forces had come into operation. The possible impact on equity in health was of grave concern.

The policy framework to meet the challenges: intersectoral action for health

The plenary discussion focused on why countries need to develop intersectoral policies for health and how such policy frameworks can meet the challenges of the future. It was pointed out that the main determinants of health stem from factors relating to the wider economic and social environment, and the policy framework for health should reflect this wider perspective. The importance not only of economic growth but of its distribution was highlighted. While at the national level economic wealth and health were recognized as being positively correlated, it was emphasized that improvements in health could be achieved without waiting for economic growth, provided countries developed a comprehensive policy extending to all sectors of economic and social life.

Specific actions in areas such as employment, housing, traffic accidents and education were seen to have an impact on health, and the scope for many sectors to put health on the agenda was obvious. In the health services sector there were fears that some so-called reforms were being driven by the market, and could be contrary to improving health.

WHO, EU and the Council of Europe have all expressed a commitment to improving health through action in sectors other than health. Their representatives were particularly concerned to ensure that intersectoral action translates into practical action. The Health Promoting Schools project, involving WHO, EU and the Council of Europe, provided a concrete example of effective collaboration. In describing their own policy frameworks for public health, these

organizations expressed their willingness to continue such pragmatic and fruitful collaboration. Nevertheless, the participants agreed that the different cultures, perspectives, roles and responsibilities of each organization should be respected and fully utilized. They also acknowledged that there is a time for collective action but also a time when action by one organization may be more effective.

In the discussion groups, participants explored the possibilities for putting health on the agenda in a number of sectors. Examining care for the elderly, they felt that the relationship between the health and welfare sectors could largely determine the nature of being old in many countries. It was a matter of concern that in countries where welfare standards have declined elderly people are facing serious health risks. With regard to health and the environment, the Declaration on Action for Environment and Health in Europe, Helsinki 1994, had demonstrated the importance of building a partnership between two sectors sharing a common interest. It was suggested that the influence of nongovernmental organizations and force of public opinion could help promote intersectoral action in some cases.

The achievement of intersectoral action between sectors where there was an obvious conflict of interests was acknowledged to be more difficult, and participants were particularly concerned with devising mechanisms to curb the promotion of health-damaging products such as tobacco. The importance of housing was recognized, and in this respect improving links between local government and the community, to benefit from the expertise of users or consumers was vital. Legal measures and regulations were seen to be a prerequisite for intersectoral action for health in areas such as agriculture, food and nutrition. It was also felt that health promotion could benefit from broadening its spheres of reference. In the field of education and health a wider perspective encompassing principles of democracy and citizenship could usefully be taken.

Implementing policies for health at country, regional and city levels

In the plenary session a panel of speakers from the national, regional and city levels were asked: why they introduced HFA, how they

achieved alliances between sectors and links between levels, how they achieved consensus and dealt with conflicts. The speakers critically examined their actual experiences of developing comprehensive policies for health.

It was agreed that an HFA policy was a means of targeting resources more effectively at every level, which was particularly important in view of the current economic pressures. However, enlisting the support of other organizations and sectors had not been so easy. The importance of adopting a clear, structured approach was stressed. Networking with other actors was vital to the success of intersectoral action, and enlisting the support of the health professions and local actors was identified as particularly crucial.

The speakers were conscious of the need to interlink activities at all levels and to develop systems for monitoring and evaluating progress. National targets for health offered a focus and direction for health development, but they should be sufficiently flexible to take account of regional differences.

The Conference recognized the benefits to be gained from international collaboration. Exchange of information between countries was seen as a good means of promoting learning, sharing common problems and accessing limited expertise.

In the discussion groups which followed, the ability to sustain the momentum of an HFA policy over the long term was discussed, and participants agreed that the approach should be based on realism rather than idealism. Some of the principal questions concerned the sharing of power and defining the real implementers of HFA. In some countries the role of central government had been more important than in others, and political changes shortened the life span of a policy. In other situations ways had to be found to continuously revitalize long-term policies for health. Fears were expressed by many participants that new reforms are incompatible with the achievement of equity in health, which can be one of the first issues to suffer when governments change. Regarding policy implementation, participants agreed on the need to involve all actors in the initial planning stages. A smooth transition to HFA was preferable to dramatic change.

Regions in Europe were making innovative progress towards HFA, and participants assessed the value of working together

through the Regions for Health Network (RHN) and discussed ways of developing this further. Experience from the Healthy Cities project indicated that the local level can provide a learning environment for the national level, while the national and international level set the essential framework for policy development.

Institutions were also setting targets for health. Focusing on a case study of a Danish school where this had been done, participants debated whether a broader perspective could be adopted in other schools. There were calls to expand the Countrywide Integrated Noncommunicable Disease (CINDI) programme, which combines scientific evaluation with a community action programme. Suggestions were made for better informing and mobilizing parliamentarians to promote health, and proposals were made to set up a network of parliamentarians committed to public health and a centre to carry out policy analysis.

Health care reforms for health gain

Many countries have carried out reforms driven by principles of efficiency and cost containment. Participants were asked to reflect on how far this had contributed to health gain. The Conference highlighted the need to provide appropriate care and confirmed the importance of maintaining public trust in the health care system. In this respect, the task for policy-makers was to provide "macro leadership" for micro-level decision-making, focusing on effective outcomes through a system of partnerships with patients and providers.

In some countries there was a tendency to focus on utilization and demand rather than on need, and on facilities and human resources rather than the provision of care. In this regard there was a significant need to distinguish between interventions that increase health gain and those that could be detrimental, and to seek a balance between focusing on individuals who use and provide services and society's effective use of resources.

The role of governments as regulators in conflicts between those who pay for health care and those who provide it was also discussed. It was agreed that the aim must be to achieve health gain for the entire population, including the most vulnerable groups. This

would require a managed system of needs assessment, surveillance and monitoring.

Participants debated whether health gain, democratization and public involvement could be more successfully achieved through a planned or market approach. In view of the varying opinions, there was broad support for stimulating a pan-European research and development strategy. The meaning of innovations in management for health gain was explored and new examples were presented. It was a matter of concern that many managerial innovations result in efficiency gain but not necessarily health gain. The danger of applying managerial innovations successful in one system to another was acknowledged, and it was emphasized that innovation only flourishes in a learning culture which encourages risk-taking and even failure. It was felt that WHO should play a leading role in establishing a system for exchanging experiences.

Participants also pointed to human resource development as a means to enhance health gain. Health professionals need to learn to listen to society and assess developments in other sectors. Further, service reforms and training of professionals have not always been well coordinated in many countries.

It was recognized that monitoring outcomes was essential for assessing the achievement of quality development through health care reforms. Participants agreed that useful and relevant data could be collected with the involvement of health professionals. They were unresolved as to how to achieve quality development at different levels; how to link costs and quality development; to achieve a balance between professional autonomy and bureaucratic control; and how patients' opinions can be included in an assessment of quality of life.

Increased citizen participation in the health care system was seen to lead to the development of a citizens' society, which was particularly important for the newly independent states (NIS). The notion of choice in health care is sometimes complicated and ambiguous, and participants recognized the need for more information. It was agreed that citizens' views can act as a catalyst for health gain, and there were calls to evaluate the mechanisms for citizen representation.

Health on the political agenda

Although technical experts and administrators compile information and analyse the impacts of policy initiatives, ultimately the health policy agenda is decided by politicians. In a very frank plenary discussion, two former ministers shared their experiences, outlining some of the prerequisites for success. These included early and broad dissemination of information on HFA, participation by relevant actors in different sectors from the outset, and a high level of political commitment and energy, particularly from the minister of health as the principal coordinator. Enlisting the support of the medical profession was identified as a crucial factor but had proved difficult to achieve in some countries.

Difficulties in communicating HFA concepts to those outside public health and in understanding the need for intersectoral action had hampered the implementation of HFA. The importance of being able to demonstrate the use of HFA in other countries was therefore identified as one means of building awareness and support. Participants agreed that the popularity of HFA had the potential to mobilize cross-party support but could also create inter-party competition. Public opinion was felt to be a strong pressure for change. During the very lively debate, it was generally felt that politicians must seize the opportunity when it presents itself, or at least prepare the ground for introducing HFA at a later date. The comparatively weak position of the minister of health in relation to other cabinet colleagues could be an obstacle to change.

There was broad consensus that economic necessity is driving health reform in most countries, and it was hoped that economic challenges could act as a stimulus for the implementation of an intersectoral policy, integrating health and development. The vexed question of how to achieve equity and satisfy public demand simultaneously was also raised.

Finally, the discussion focused on the role of international organizations, and it was felt that they must continue to play a leading role in providing a long-term vision and the stability which may be lacking at the national level.

Health challenges for the countries of central and eastern Europe

While the Conference focused on the health challenges facing the whole of Europe, particular attention was given to the countries of central and eastern Europe (CCEE). A well documented view of the increasing gaps between the eastern and western parts of the Region caused participants to reflect on the reasons for this and to suggest measures whereby they could be addressed. Three pressing challenges were how to reconcile the HFA approach with urgent health care reform and pressing socioeconomic problems; how to reduce dependence on outside aid and foster a climate of self-reliance; and how to promote coordination at all levels, particularly the top.

Economic recession, unemployment, poverty and new social conflicts had adversely affected the health status of people in the NIS, and it was felt that there should be more research to establish the precise mechanisms for this decline. Ethnic conflicts and war were destabilizing potential policy initiatives further. Nevertheless, participants highlighted some of the positive aspects to transition such as greater articulation of social and health needs, the development of a voluntary sector and increased international solidarity. HFA was described as a learning process for democracy. The general feeling was that the capacity for policy-making and planning at the national level needed to be quickly developed. It was through that that the establishment of an international centre for policy analysis – to provide information, advice and training – would be of significant benefit.

It was agreed that centralized and up-to-date management information systems provided an important basis for health reform; nonetheless, it was felt that countries would benefit from decentralized systems of analysis and review. WHO was called upon to develop standards for indicators and essential information for policy development.

Participants felt that health care reform based on economic considerations had encouraged market-oriented reforms and had to some extent pushed HFA from the agenda in some countries. The integration of health care reform concentrating on health gain with the HFA approach was strongly advocated. It was also suggested that WHO

and other intergovernmental organizations should focus on improving the skills of local staff and foster a climate of self reliance.

Participants stressed the concept of total quality management in the workplace. It was agreed that the health services should be one of the prime work environments to encourage health at work. Other key issues debated included the decline in the living and working conditions of migrants, and it was suggested that codes of practice should be developed to protect and promote the health of migrants once they entered a country. Nongovernmental organizations were acknowledged to be a good learning environment for people to work together, and they were already emerging as potentially strong partners. WHO was asked to encourage further networking among nongovernmental organizations in Europe.

Working together in Europe: rapprochement in action

International organizations have a major role to play in supporting countries to achieve health gains. The enormous challenges facing Europe give added momentum to the need for these organizations to further improve their cooperation. This was the main outcome of the plenary discussion during which six organizations for the first time joined each other on the same podium.

Representatives from WHO, the International Labour Organisation (ILO), the United Nations Children's Fund (UNICEF), the Council of Europe, the Commission of the European Communities and the Organisation for Economic Co-operation and Development (OECD) outlined specific measures they are taking to promote the cause of health in Europe and gave examples of collaborative ventures in which they are already engaged. These organizations and institutions varied widely with respect to their purpose and structure and the underlying principles on which they were based. Nevertheless, the general view was that they could successfully collaborate on specific programmes. The Health Promoting Schools project involving WHO, EU and the Council of Europe was cited as a prime example.

It was strongly felt that the time had come for a new synergy to be created based on a search for shared or converging values and collaboration in the field of health. It was proposed that this could be achieved through mutual knowledge and respect and a positive

interest in cooperation. The importance of joint analysis and evaluation was also stressed, and it was agreed that organizations should be more involved in each others' planning processes.

The discussion highlighted concerns about the way international organizations approached countries, particularly the NIS, and it was felt that in some instances there was poor understanding of their historical heritage. The benefit of "parachuting" experts into countries was questioned and the point was raised that organizations sometimes give conflicting advice. A tendency to view eastern Europe in aggregate and overlook the differences between individual countries was noted. In response, some donor countries have developed successful bilateral relations. It was emphasized, however, that there can also be value in regional operations, particularly as many countries are experiencing similar problems. Many of the new countries in the eastern part of the Region were concerned with the problem of obtaining safe drugs, for example, and in this regard a reliance on international standards such as the WHO essential drugs list or the European pharmocopia was seen as a safeguard.

Actions at international and national levels should complement each other, and international standards could stimulate action at the national level and help harmonize actions between countries.

Participants called for better dissemination of information on joint ventures and proposed that intergovernmental organizations could play a leading role in distributing such information. Attention was drawn to possible conflicts between the pursuit of trade and the pursuit of health but the means of addressing these were not clear.

THE COPENHAGEN DECLARATION

In the final session, participants discussed and adopted a revised draft of the Copenhagen Declaration. It was agreed that this should be referred to the Standing Committee of the WHO Regional Committee for Europe for consideration and preparation of a draft resolution to be submitted to the Regional Committee at its forty-fifth session. It was also agreed that the Copenhagen Declaration would be forwarded to the United Nations Social Summit to be held in Copenhagen in March 1995. The text of the Declaration is given in Annex 1.

Annex 1

THE COPENHAGEN DECLARATION[1]

We, the delegations of the Member States in the European Region of the World Health Organization, meeting in Copenhagen from 5 to 9 December 1994, acutely aware that our societies stand at an historic crossroads, pledge ourselves to promote and protect the health of our peoples as a fundamental value of our societies.

1. THE CHALLENGES TO HEALTH IN EUROPE

Actions to improve health must be recognized as a measurement of a country's social consciousness and as a means of investing in its human capital.

We are concerned about the fact that, in spite of some progress observed, the 1993/1994 exercise to monitor progress towards health for all (HFA) shows that considerable inequities in health still persist between countries and between population groups in almost all countries.

We recognize the problems posed by the resurgence of communicable diseases in some countries and by the unhealthy lifestyles in every country of the Region, and we support the actions proposed to create a healthy environment and to address the consequences of the Chernobyl accident, the development of the Aral Sea basin for intensive agriculture and the use of Semipalatinsk for nuclear weapons testing, as outlined in the Helsinki Declaration of June 1994.

The increasing numbers of health problems, with increasing numbers of migrants, refugees and displaced persons now turning also to less affluent parts of the European Region, are not being attended to with a view to making long-term solutions emerge. Since migrants form an integral part of our Region, they must also inevitably be a part of the implementation of HFA policies designed to tackle inequities, promote health and ensure access to high-quality health care. And they need to be included in inter-European cooperation for health.

---

[1] The Conference agreed to refer this Copenhagen Declaration to the Standing Committee of the WHO Regional Committee for Europe for consideration and preparation of a draft resolution to be submitted to the Regional Committee at its forty-fifth session.

Health in some countries is facing a crisis due to a deterioration in the prerequisites for health and the economic constraints that affect health care services.

2. THE VISION

We have a responsibility not merely to react to change but to create necessary change and to shape our own future. To do this:

- we need a strategic approach that strikes a delicate balance between long-term goals and short-term feasibility in today's pluralistic society;
- we need to reinforce the values of solidarity, equity and human rights, while recognizing the rights of individuals to freedom of choice, participation and dignity, as well as their obligations to help strengthen their own health;
- we need to reinforce the role of governments in protecting and promoting health while striving to safeguard access to the highest affordable quality of health care, even in situations of unchanging or even decreasing national resources.

The Member States in the Region should strengthen their commitment, individually and collectively, to making every effort to:

- implement the European HFA policy in countries, by ensuring that health policies and programmes are truly based on its principles and methods of preventing disease;
- promote healthy lifestyles, a healthy environment and quality-conscious, cost-effective and accessible health care systems;
- shape intersectoral policies and strategies for health gain at the country, regional and local levels, clearly defining targets that focus on outcomes in terms of health status, risk factors and determinants of health;
- monitor and evaluate progress towards these targets, thus providing a scientific basis for continuous learning and improvement of policies.

3. SOLIDARITY WITH PEOPLE IN NEED

We are committed to the fundamental value of the HFA movement in directing our efforts towards those people and countries most in need.

3.1 Preferential support for vulnerable and high-risk groups within countries

Today, more than ever, there is a need to give a sharp focus, in our social and health development, to policies and programmes that can improve the health and quality of life of all our fellow citizens, particularly children, the elderly, the poor, migrants, refugees, displaced persons and the socially disadvantaged.

We therefore pledge ourselves to:

- heighten people's awareness of the need for health policies and programmes that tackle inequities in health between different groups in the population;
- provide for equity in access to health care and health promotion opportunities, ensuring that new systems for the financing and provision of care do not endanger this;
- ensure as far as possible that information is available on inequities in health;
- carry out health impact assessment of policy measures where appropriate.

3.2 Priority support for the countries of central and eastern Europe and the newly independent states

We recommend that the following principles be adopted and actions taken, in order to improve the efforts currently being made.

- In countries receiving support, we believe it is necessary to develop national policies based on the HFA principles and, following this, to draw up medium-term programmes for health development. WHO and other international organizations should continue to give support to countries in doing this.
- For European countries and international aid and funding agencies which are willing to assist the above-mentioned countries in their

development, such assistance should support the same principles. WHO and other international organizations, as well as the European Community, can offer useful guidance in this process.

- For States which are members of intergovernmental organizations and the European Community, we recommend that they support those principles within the governing bodies of such organizations.

3.3 Support to victims of armed conflict, natural and man-made disasters

We believe that all European countries should make greater efforts to help countries affected by armed conflict, natural and man-made disasters and to support their agencies – international and nongovernmental – that are currently trying to provide relief with the aims of protecting the health of the suffering populations, including refugees and displaced persons, and improving their health care.

4. BETTER MANAGED HEALTH CARE DEVELOPMENT FOR HEALTH GAIN

Attention should be focused more sharply on the improvements that can be expected from different health care programmes, with particular efforts to:

- strengthen public health infrastructures, management, training, and research for the development of HFA policies and to ensure that health system changes focus on health gain;
- develop effective mechanisms for intersectoral action for health at country, regional and local levels, as appropriate;
- strengthen information systems, in order to identify health problems, support the implementation of strategies for health gain, and monitor and evaluate action;
- assess the effectiveness of policy measures, both for health promotion and for health care, and their impact on equity in health;
- ensure that new approaches to the financing and provision of health care lead to health gain, continuous quality development and effective use of resources, giving due weight to health promotion, disease prevention and the reduction of disability.

5. FACILITATING A DIALOGUE FOR HEALTH

Those who implement and are affected by health policies should be involved at an early stage in a dialogue for health. Countries should encourage their participation in the process of health policy formulation, implementation, monitoring and evaluation. In so doing, countries should pay particular attention to :

- mobilizing parliamentarians, citizens and other partners in policy development for the promotion and protection of health;
- building new alliances with social groups with an interest in health development.

6. A NEW INTERNATIONAL ALLIANCE OF PARTNERS FOR HEALTH

Noting with satisfaction the increased collaboration between international organizations and the European Community, we believe that all European governments could take the following steps to further these developments:

- support closer and more effective cooperation by international organizations and the European Community for the achievement of health gain, in such a way as to build on their respective strengths and complementarities;
- promote and support the HFA approach when collaborating with intergovernmental, nongovernmental and integrational organizations and in bilateral agreements;
- use national HFA policy frameworks in countries of central and eastern Europe and the newly independent states to guide international investors and donors towards addressing priority areas and concerns;
- further develop cooperation between countries in improving methods of health policy formulation, monitoring, evaluation, management, training, research and development;
- explore the possibility of creating a network of health databases, including those of the WHO Regional Office for Europe, the European Commission and the Organisation for Economic Co-operation and Development, as well as country databases;

- promote and facilitate the sharing of expertise and experience, to strengthen problem-solving skills in countries, and support the development of international expertise;
- explore ways of enhancing parliamentarians' knowledge of the European HFA policy and its approaches and, in so doing, see how existing structures in intergovernmental and integrational organizations can contribute to such efforts.

7. ONWARDS TO THE TWENTY-FIRST CENTURY

As we strive to develop our economies, countries in the north, south, east and west of the Region are presented with an historic opportunity of moving towards health for all by putting health high on the political agenda.

In adopting this Copenhagen Declaration, we hereby pledge ourselves to renew our efforts to look closely at the health policy challenges, learn from each other and together lead the peoples of Europe to better health in the twenty-first century.

Annex 2

CONFERENCE PAPERS[2]

Plenary papers

	Health in Europe. The 1993/1994 health for all monitoring report Copenhagen, WHO Regional Office for Europe, 1994 (WHO Regional Publications, European Series, No. 56)
ICP/HSC 419/Pl.A	*Health care in the era of value creating systems* Richard Normann
ICP/HSC 419/Pl.B	*The need for intersectoral action for health* Göran Dahlgren
ICP/HSC 419/Pl.B	*Public health policy* Robin Guthrie
ICP/HSC 419/Pl.C	*Health of the nation* K.C. Calman
ICP/HSC 419/Pl.C	*Implementing policies for health – the regional level* Dr Birgit Weihrauch
	The Copenhagen City Health Plan in a Nutshell
ICP/HSC 419/Pl.D	*Health care reforms for health gain* Hans Maarse
ICP/HSC 419/Pl.F	*Health care reforms in the CCEE/NIS: issues of spending, health insurance and efficiency* Ellie Tragakes
ICP/HSC 419/Pl.F	*East-West health divide and potential explanations* Martin Bobak and Michael Marmot
ICP/HSC 419/Pl.F	*Health for all in CCEE/NIS – the policy environment* Peter Makara

[2] Copies can be obtained from the CHP unit, WHO Regional Office for Europe, Scherfigsvej 8, DK-2100 Copenhagen Ø, Denmark.

ICP/HSC 419/Pl.G *ILO and occupational safety and health*
Georges H. Coppée

ICP/HSC 419/Pl.G *Future collaboration for health in Europe – a conference discussion paper*
WHO Regional Office for Europe

Discussion group papers

ICP/HSC 419/B1.1 *The "welfare mix" of social care for the elderly: a Nordic perspective*
Kari Waerness

ICP/HSC 419/B1.2 *The social care of older people in the European Union – deconstructing dependency in old age*
Alan Walker

ICP/HSC 419/B1.3 *Health and the social sector*
Simo Kokko

ICP/HSC 419/B1.4 *Social security and medico-social care of the elderly in CCEE/CIS countries*
V.V. Bezrukov

ICP/HSC 419/B2.1 *Environmental health policy in Italy in the framework of European cooperation*
Vittorio Silano

ICP/HSC 419/B2.2 *The environment and health in Bulgaria – case study*
Maria Haralanova

ICP/HSC 419/B3.1 *The impact of subsidies on tobacco growing in Europe and the U.S.A.*
Luk Joossens

ICP/HSC 419/B3.2 *Health, the economy and trade*
B. Majnoni d'Intignano

ICP/HSC 419/B4.1 *From the fourth to the third world. A common vision of health*
Cathy McCormack

ICP/HSC 419/B4.2 *Health, housing and human settlements*
Margaret Whitehead

ICP/HSC 419/B6.1 *International cooperation on a democratic health education*
B. Bruun Jensen

ICP/HSC 419/B6.2 *Health promoting school – project implementation in the Czech Republic*
Maria Brizova

ICP/HSC 419/C1.1 *Health for all policy in a pluralistic context. The case of the Netherlands*
Evert Dekker

ICP/HSC 419/C1.2 *Health for all policy in a pilot country. The case of Finland*
Kimmo Leppo

ICP/HSC 419/C2.1 *Health policy development in Turkey: facing the challenges*
Zafer Oztek

ICP/HSC 419/C2.2 *Healthy people 2000 – USA experience of setting objectives for the nation*
J. Michael McGinnis

ICP/HSC 419/C3.1 *Working together for health gain. The experience of Catalonia*
Lluis Salleras, E. Rius, R. Tresserras and R. Vicente

ICP/HSC 419/C3.2 *Formulating, implementing and monitoring a regional HFA policy: the Ostergötland experience*
Lena Rydin Hansson

ICP/HSC 419/C5 *The extended concept of health – a project at the Katrinedals School*
Lars Theilgaard and Inge Lundgaard

ICP/HSC 419/C6.1 *The role of the CINDI programme in development of policy for prevention of noncommunicable diseases in Russia*
R.G. Oganov

ICP/HSC 419/C6.2 *Processes of policy development and implementation: the CINDI approach*
Sylvie Stachenko and Igor Glasunov

ICP/HSC 419/C6.3 *Disease prevention activities in primary health care – the approach of the Catalan CINDI programme*
H. Pardell, R. Tresserras, E. Salto, A. Ramos, J.L. Taberner and L. Salleras

ICP/HSC 419/C6.4 *Developing policy on noncommunicable disease prevention in Northern Ireland*
Jane Wilde

ICP/HSC 419/C7.1 *Parliamentarians for health*
WHO Regional Office for Europe

ICP/HSC 419/D1.1 *Reorienting health care for health gain through innovative financial approaches*
David Hunter and Bernhard Guentert

ICP/HSC 419/D2.1 *Reorienting health care for health gain through innovative managerial approaches*,
Pauline Meurs and Philip Berman

ICP/HSC 419/D3.1 *Reorienting health care for health gain through human resource development*
Albert Oriol-Bosch

ICP/HSC 419/D3.2 *Policy issues on human resource development*
Jane Robinson

ICP/HSC 419/D4.1 *Quality of care development in clinical settings*
Francis H. Roger France, Jørgen Steen Andersen and Kirsten Stæhr Johansen

ICP/HSC 419/D5.1 *Reorienting health care for health gain through citizens' voice and choice*
M. Calnan, M. Vienonen, J. Sabbat, J. Halik, G. Cimatti and F. Dekkers

ICP/HSC 419/F1.1 *Information capacity-building for health policy: Russian experience*
Yuri Komarov

ICP/HSC 419/F1.2 *Building the information system – the case of Slovenia*
Mateja Kozuh Novak

ICP/HSC 419/F2.1 *Development of state programme for healthy nation (1994–2000) in the Kyrgyz Republic*
B. Kalieva

ICP/HSC 419/F2.2 *Four variations on one topic: changes in Hungarian health policy (1980–1994) – case study*
Peter Makara

ICP/HSC 419/F2.3 *Health policy development in Lithuania: experience and lessons*
V. Grabauskas

ICP/HSC 419/F3.1 *Towards a safe and healthy working environment: Common goals, multidisciplinary approach and intersectoral cooperation*
Georges H. Coppée

ICP/HSC 419/F4.1 *The Swedish experience in caring for immigrants, including those from CCEE/NIS. Psychosocial aspects of refugee adjustment and adaptation*
Solvig Ekblad

ICP/HSC 419/F4.2 *Migratory movements in central and eastern Europe: new tendencies and their social effects*
Marek Okolski

ICP/HSC 419/F4.3 *Immigration and health problems and medical care*
M. Shani

ICP/HSC 419/F5.1 *Health economics and finance – Poland – a profile on health service reforms*
J.L. Roberts

ICP/HSC 419/F5.2 *Health service reforms in Bulgaria: cnstraints and opportunities*
A.E. Philalithis

ICP/HSC 419/F6.1 *Public health alcohol policy in the CIS countries: opportunities for a small nongovernmental organization*
Constantin S. Krasovsky

ICP/HSC 419/F6.2 *Romanian information clearing house (RICH)*
Monica Paslaru

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 the WHO Regional Office for Europe – presented by Professor Jussi Huttunen, Finland

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 3

PARTICIPANTS

Representatives of Member States

Albania

Dr Maksim Cikuli
Minister of Health

Dr Mirra Kauri
Member, Parliamentary Commission on Health

Armenia

Mr Ara Babloyan
Minister of Health *(Vice-President)*

Mr Avet Grigorian
Member of Parliament

Austria

Mr Walther Guggenberger
Member of Parliament

Dr B. Kofler
Secretary to the Minister of Health, Federal Ministry of Health, Sport and Consumer Protection

Dr Christa Krammer
Minister of Health, Sport and Consumer Protection

Dr Gunter Liebeswar
Director-General, Department of Public Health, Federal Ministry of Health, Sport and Consumer Protection

Azerbaijan

Dr Farman Abdullayev
Adviser, Ministry of Health

Dr Shafiga Abdullayeva
Republic Hospital Centre

Belarus

Mr E.N. Glazkov
Chief, External Relations, Ministry of Health

Dr Sergei M. Kotov
Chairman, Commission on Health, Physical Culture and Social Security, Supreme Soviet of the Republic of Belarus

Dr V.V. Lazarevich
Member, Commission on Health, Physical Culture and Social Security

M K.A. Movchan
Deputy Chief, Department of Planning and Finance, Ministry of Health

Dr Mikalai Vozhnik
Deputy Head, Department of Organization and Control of Medical Care, Ministry of Health

Belgium

Mr Jan Dams
Ministry of Health

Mr Philip Lievens
Flemish Institute for Health Promotion

Bosnia and Herzegovina

Dr Borisa Hrabac
Adviser to the Minister, Ministry of Health

Professor Bozidar Ljubic
Minister of Health

Croatia

Dr B. Skupnjak
Adviser, Ministry of Health, Institute for Health Organizations and Economics

Czech Republic

Dr Vladimir Albrecht
Adviser, Ministry of Health

Ms Katerina Ciharova
Director, Department of International Relations, Ministry of Health

Dr Jiri Millich
Head, Office of the Minister, Ministry of Health

Dr Petr Struk
Director, Department of Health Policy, Ministry of Health

Mr Ondrej Typolt
First Deputy Minister of Health

Denmark

Dr Anders Carlsen
National Board of Environment

Ms Marianne Lauridsen
Head of Division, Ministry of Health

Dr Elle Laursen
National Board of Health

Mr Martin Lund
Head of Section, Ministry of Health

Dr Kirsten Nielsen
National Board of Health

Dr Jørgen Varder
Permanent Secretary, Ministry of Health

Estonia

Mr Jaanus Pikani
Chancellor of the Ministry, Ministry of Social Affairs

Mr Andres Rannamäe
Director, Public Health Department, Ministry of Social Affairs

Finland

Dr Kimmo Leppo
Director-General, Department for Social and Health Services, Ministry of Social Affairs and Health

Ms Marja-Liisa Partanen
Deputy-Director, Department for Social and Health Services, Ministry of Social Affairs and Health

Dr Tapani Piha
Principal Medical Officer, Department for Promotion and Prevention, Ministry of Social Affairs and Health

France

Mr Marc Duriez
Directorate-General of Health, Ministry of Social and Urban Affairs and Health

Dr Jean-George Moreau
Head, WHO Unit, Division of International Relations, Ministry of Social and Urban Affairs and Health

Ms Simone Sandier
Director for Research, Centre for Research, Studies and Documentation on Health Economics (CREDES)

Georgia

Mr Vladimir Giorgadze
First Deputy Minister of Health

Dr T. Kereselidze
Adviser, Ministry of Health

Germany

Mr M. Debrus
Chief, Unit of International Health Relations, Federal Ministry of Health

Greece

Dr Christos Dervenis
Adviser, Ministry of Health, Welfare and Social Security

Mr Nicholos Polyzos
Health Planning and Policy Group, Ministry of Health, Welfare and Social Security

Professor Aris Sissouras
Special Adviser, Health Planning and Policy Group, Ministry of Health, Welfare and Social Security

Hungary

Dr Pal Kovacs
Minister of Welfare *(President)*

Dr Klara Mihai
Public Health Officer, City of Kecskemét

Ms Katalin Novak
Head of Division, Department for International Relations, Ministry of Welfare

Ireland

Dr Niall Tierney
Chief Medical Officer, Department of Health

Israel

Dr Mordecai Shani
Director General, Ministry of Health

Italy

Dr Francesco Cicogna
International Relations Office, Ministry of Health

Mrs Antonia Modolo
Member of Parliament

Kazakhstan

Dr Talapkaly Izmukhambetov
Deputy Head, Department of Social and Health Affairs

Mr Zmgali Kobenov
Member, Parliamentary Health Committee

Mr Aidzhan Sadykov
Member, Parliamentary Health Committee

Kyrgyzstan

Dr Boris Dimitrov
Chief, International Relations, Ministry of Health

Mrs Beishekan Kalieva
First Deputy Minister of Health

Professor Tilek Meimanaliyev
Head, MANAS National Team on Health Care, Ministry of Health

Latvia

Ms Ilze Bumbiere
Assistant to the State Minister of Health, Ministry of Welfare, Labour and Health

Mr Ivars Eglitis
Director, Health Department, Ministry of Welfare, Labour and Health

Lithuania

Dr Robertas Petkevicius
Adviser, Ministry of Health

Dr A. Vinkus
Minister of Health

Luxembourg

Dr Danielle Hansen-Koenig
Director of Health, Ministry of Health *(Vice-President)*

Mr Marcel Reimen
Principal Government Adviser, Ministry of Health

Mr Armand Wagner
Head of Directorate, Ministry of Health

Malta

Dr P. Abela-Hyzler
Consultant Adviser, International Health, Health Policy and Planning Division, Department of Health

Dr A. Vassallo
Chief Government Medical Officer, Department of Health

Dr R. Xerri
Director, Health Policy and Planning Division, Department of Health

Netherlands

Ms Karin Bemelmans
Directorate for Nutrition and Product Safety, Ministry of Health, Welfare and Sport

Ms M.I. Dijkman
International Health Policy Department, Ministry of Health, Welfare and Sport

Dr Geert van Etten
Director, General and International Health Policy Department, Ministry of Health, Welfare and Sports

Norway

Dr Per-Dagfinn Balsvik
County Medical Officer, Tromsø

Ms Anne Bjørg Hagerup
Project Leader and Adviser, Department of Health and Social Affairs

Ms Eldrid Nordbø
Director-General, Department of Health and Social Affairs

Professor Kaare R. Norum
Institute of Nutrition Research, University of Oslo

Dr Per Wium
Chief Medical Adviser, Norwegian Board of Health

Poland

Dr Krzysztof Kuszewski
Deputy Minister of Health and Social Welfare

Dr Andrzej Wojtczak
Dean, Faculty of Social Medicine, Medical Centre for Postgraduate Education

Portugal

Dr Jaime Correia de Sousa
Director, General Clinical Institute, Northern Zone

Dr Rui Crull Tabosa
Assistant to the Secretary of State for Health, Ministry of Health

Ms Isabel Pinto Monteiro
Deputy Director-General for Health, Ministry of Health

Republic of Moldova

Dr Timofei Mosneaga
Minister of Health

Romania

Mrs Eugenia Erhan
Director, Department of Health Insurance, Ministry of Health

Russian Federation

Dr A.V. Pavlov
Deputy Chief, International Relations Department, Ministry of Health and Medical Industry

Professor A.D. Tsaregorodtsev
Deputy Minister of Health and Medical Industry

Slovak Republic

Dr Lubomir Javorsky
Member of the National Council, Ministry of Health

Dr S. Kesjarova
Ministry of Health

Dr Jan Lacock
Director, Foreign Relations Section, Ministry of Health

Mr Ivan Rovny
Deputy Minister of Health

Slovenia

Dr Marjan Cesen
Adviser, Ministry of Health

Spain

Dr Veronica Casado
Deputy Director-General of Health Planning, Ministry of Health and Consumer Affairs

Mr Jose A. Onorbe
Deputy Director-General of Inspection, Ministry of Health and Consumer Affairs

Mr Arturo Perez
Deputy Director-General of International Relations, Ministry of Health and Consumer Affairs

Sweden

Professor Charli Eriksson
Professor of Community Health, National Institute of Public Health

Ms Christina Kärvinge
Assistant Under-Secretary, Swedish Parliamentary Committee on Funding and Organization

Mr Claes Örtendahl
Director-General, National Board of Health and Welfare

Ms Ingrid Petersson
Assistant Under-Secretary, Ministry of Health and Social Affairs

Switzerland

Mr Pietro Martinelli
Government Adviser, Department of Social Work

Dr Volker B. Schulte
Office for Cooperation with Eastern Europe, Federal Department of External Affairs

Professor Thomas Zeltner
Director, Federal Office of Public Health

Dr Stephanie Zobrist
Head, International Relations, Federal Office of Public Health

Tajikistan

Mr Rakhiin Rakhminov
Ministry of Health

The Former Yugoslav Republic of Macedonia

Dr Elizabeta Krsteva
Ministry of Health

Dr Slavka Slavenska
Under-Secretary of Education, Ministry of Education

Dr Elisaveta Stikova
Ministry of Health

Dr Jovan Tofoski
Minister of Health

Turkey

Mr Idem Akay
Embassy of Turkey in Copenhagen

Dr Niyazi Çakmak
Project Coordinator, Ministry of Health

Dr Ahmet Küçükel
Chairman, Health Commission, National Assembly

Dr Serap Sener
Deputy Coordinator, Health Project, Ministry of Health

Dr Mehtap Tatar
Directorate of External Relations, Ministry of Health

Mr Muharrem Varlik
Expert, Health Sector, General Directorate of Social Planning, Ministry of Health

Ukraine

Dr Vladimir A. Bobrov
Minister of Health

Dr Valeri J. Serhovsky
Head, Foreign Relations Board, Ministry of Health

United Kingdom

Mr Derek Baker
Health Policy Division, Department of Health and Social Services (Northern Ireland)

Dr Kenneth Calman
Chief Medical Officer, Department of Health

Dr Tim Meredith
Senior Medical Officer, International Relations Unit, Department of Health

Dr Martin J. Wiseman
Head, Nutrition Unit, Department of Health

Uzbekistan

Dr Bakhteyar Neyazmetov
Head, Health Department, Andijon Province, Ministry of Health

Dr Malika Ziyaeva
Deputy Minister of Health

Representatives of the United Nations and Related Organizations

International Labour Organisation

Dr G.H. Coppée
Head, Medical Section, Occupational Safety and Health Branch

Dr Igor A. Fedotov
Occupational Safety and Health Branch

United Nations Children's Fund

Mr Richard Reid
Regional Director, Eastern Europe and Central Asia

United Nations Development Programme

Ms Eva Arnvig
Head, UNDP Nordic Information Office in Copenhagen

Mr Jørgen Lissner
UNDP Resident Coordinator, Vilnius

Representatives of Other Intergovernmental Organizations

Council of Europe

Dr Robin Guthrie
Director, Social and Economic Affairs

European Commission

Mr Walter Baer
Assistant, Directorate of Public Health and Safety at Work

Dr A. Berlin
Adviser, Directorate of Public Health and Safety at Work

Dr William Hunter
Director, Directorate-General V

Mr Bernard Merkel
Expert, Directorate-General V

European Parliament

Mr Graham Chambers
Directorate-General for Research, European Parliament Secretariat

Organisation for Economic Co-Operation and Development

Mr Jean-Pierre Poullier
Administrator, Social Affairs and Industrial Relations Division, Education, Employment, Labour and Social Affairs Directorate

Representatives of Nongovernmental Organizations in Official Relations with WHO

Commonwealth Medical Association

Professor David Morrell
President, British Medical Association

Dr Vivienne Nathanson
Head, Central Services and International Affairs, British Medical Association

Observers

Mr Paul John Belcher
Research and Information Manager, European Public Health Alliance, Belgium

Ms Judith M. Dowler
Chief, Health Human Resources, Health Canada, Canada

Mr Leif Christian Hansen
Head of Division, Nordic Council of Ministers, Denmark

Ms Lucy Harris
Programme Officer, International Organisation of Consumers Unions, United Kingdom

Mr Michael Joffe
Chairman, European Public Health Alliance, United Kingdom

Ms Marianne Kristensen
Head of Section, Nordic Council of Ministers, Denmark

Professor Ian Macdonald
ILSI Nutrition Coordinator, International Life Sciences Institute, United Kingdom

Mr Ronald F. Schreuder
International Health Futures Network, Netherlands

Temporary Advisers

Dr Franklin Apfel
Consultant, King's Fund College, United Kingdom

Dr Elizabet Baretic-Kolar
Adviser to the Minister of Health, Republic of Slovenia

Ms Ruth Barnes
Department of Health, United Kingdom

Mr Philip Berman
Director, European Healthcare Management Association, Ireland

Professor Vladislav Bezrukov
Director, Institute of Gerontology, Ukraine

Mr Antonio de Blasio
WHO Healthy Cities Project Coordinator, Hungary

Dr Alberto Oriol Bosch
Institute of Health Studies, Spain

Ms Marie Brizova
National Centre for Health Promotion, Czech Republic

Dr Bjarne Bruun Jensen
Research Centre for Environmental and Health Education, Denmark

Professor Michael Calnan
Centre for Health Services Studies, United Kingdom

Dr Guido Cimatti
Policy Secretary, Movimiento Federativo Democratico, Italy

Mr Mihaly Csako
Deputy Director, Department of Social Policy, Hungary

Dr Judit Csehak
President, Parliamentary Committee for Health and Social Affairs, Hungary

Mr Göran Dahlgren
Senior Adviser, Public Health Policies, Swedish International Development Agency, Sweden

Dr Evert Dekker
Coordinator, Health Policy Development, Ministry of Health, Welfare and Sport, Netherlands

Mr Fons Dekkers
Chairman of the Board, Dutch Council of Patient Consumer Associations, Netherlands

Dr Solvig Ekblad
State Institute for Psychosocial Environmental Medicine, Sweden

Mr Lars Engberg
Mayor for Health of Copenhagen, Denmark

Dr José-Manuel Freire
Director-General, National School of Public Health, Spain

Dr Jens Kristian Götrik
Director, Rigshospitalet Orthopaedic Centre, Denmark

Dr Vilius Grabauskas
Rector, Kaunas Medical Academy, Lithuania

Ms Bente Groth
Egmont Foundation, Denmark

Dr Spencer Hagard
Chief Executive, Health Education Authority, United Kingdom

Dr Marie Haralanova
Director, Health Promotion and State Sanitary Control Department, Bulgaria

Professor David J. Hunter
Director, Nuffield Institute for Health, United Kingdom

Professor Jussi Huttunen
Director-General, National Public Health Institute, Finland

Mr Luk Joossens
Director, European Bureau for Action on Smoking Prevention, Belgium

Mr Wichard Jungclaus
Consultant, Health Promotion, Germany

Professor Leo A. Kaprio
WHO Regional Director emeritus, Finland

Dr Katarzyna Kissimova-Skarbek
Head, Department of Health Economics, Finance and Accounting, School of Public Health, Poland

Dr Simo Kokko
Head, Development and Research in Primary Care, National Research and Development Centre, Finland

Professor Yuri M. Komarov
Director-General, Ministry of Health, Russian Federation

Dr Mateja Kozuh-Novak
Vice-chair, National Assembly, Slovenia

Dr Constantin S. Krasovsky
President, Independent Sobriety Association, Ukraine

Ms Eeva Kuuskoski
Member of Parliament, Finland

Professor Béatrice Majnoni
Universités Paris XII, France

Dr Peter Makara
Scientific Director, National Institute for Health Promotion, Hungary

Ms Cathy McCormack
Consultant, Health, housing and human settlements, United Kingdom

Dr J. Micheal McGinnis
Deputy Assistant Secretary of Health, Department of Health and Human Services, USA

Mr Laurie McMahon
Office for Public Management, United Kingdom

Dr Pauline Meurs
Management Consultant, Netherlands

Dr Pjotr Mierzewski
Consultant, Health Policies, France

Mr Richard Normann
SMG SA, France

Professor R.G. Oganov
Director, National Centre for Preventive Medicine, Russian Federation

Professor Zafer Oztek
Department of Public Health, Turkey

Dr Leif Panduro Jensen
Rigshospitalet Surgical Department, Denmark

Dr H. Pardell
Executive Director, CINDI Catalonia Programme, Spain

Ms Monica Paslaru
RICH Project, Romania

Professor Poul Erik Petersen
Chair, Community Dentistry, Health Sciences Faculty, University of Copenhagen, Denmark

Professor Anastas E. Philalithis
Associate Professor of Social Medicine, University of Crete, Greece

Ms Anna Ponti
Movimiento Federativo Democratico, Italy

Professor Povl Riis
Department of Gastroenterology, Herlev Hospital, Denmark

Mr Eduard Rius Pey
Director, Health Planning, Catalan Health Service, Spain

Professor Jane Robinson
Head, Department of Nursing and Midwifery Studies, United Kingdom

Professor Francis H. Roger France
Clinique universitaire St. Luc, Belgium

Ms Lena Rydin Hansson
Executive Officer, County Health Policy, Ostergötland County Council, Sweden

Dr Jolanta Sabbat
Adviser, Ministry of Health and Social Welfare, Poland

Dr Lluis Salleras Sanmarti
Director-General of Public Health, Catalan Health Service, Spain

Professor Richard Saltman
Department of Health Policy and Management, Emory School of Public Health, USA

Professor K. Schutyser
Secretary-General, Hospitals Committee of the European Community, Belgium

Dr Vladimir Semenov
Chief of Department, Federal Mandatory Health Insurance Fund, Russian Federation

Mr Lluis Serra Majem
Department of Health and Social Security, Catalan Health Service, Spain

Professor Vittorio Silano
Director-General, Directorate-General for Food Safety and Nutrition, Italy

Dr Sylvie Stachenko
Director, Preventive Health Services Division, Health Services Directorate, Canada

Ms Julia Taylor
City Solicitor's Department, Liverpool, United Kingdom

Dr Elli Tragakes
Consultant, Health Services Management, Denmark

Mr Richard Tresserras Gaju
Chief, Health Education Unit, Catalan Health Service, Spain

Mr Roser Vincente I Ruiz
Head, Health Planning and Evaluation Unit, Catalan Health Service, Spain

Professor Kari Waerness
Professor, Department of Sociology, University of Bergen, Norway

Professor Alan Walker
Department of Sociological Studies, University of Sheffield, United Kingdom

Dr Morton Warner
Executive Director, Welsh Health Planning Forum, United Kingdom

Dr Birgit Weihrauch
Head of Directorate, North Rhine-Westphalia Ministry of Labour, Health and Social Affairs, Germany

Ms Margaret Whitehead
Health Policy Analyst, The Old School, Ash Magna, Whitchurch, United Kingdom

Dr J. Wilde
Executive Director, Health Promotion Agency for Northern Ireland, United Kingdom

Dr Helen Zealley
Director of Public Health, Lothian Health Board, United Kingdom
(Rapporteur)

World Health Organization

Regional Office for Europe

Dr J.E. Asvall
Regional Director

Mr Chris Clark
Short-term Professional, Country Health Policies and Equity in Health

Dr Marc Danzon
Director, Country Health Development

Mr Cees Goos
Acting Director, Lifestyles and Health

Dr David Macfadyen
Director, Programme Management

Ms Carolyn Murphy
Director, Administrative Support

Dr Anna Ritsatakis
Regional Adviser, Country Health Policies and Equity in Health
(Coordinator)

Dr Constantino Sakellarides
Director, Health Services

Ms Gabriella Scandelli-Buescher
Regional Adviser, Communication and Public Affairs

Dr Stanislaw Tarkowski
Director, Environment and Health

Dr Mark S. Tsechkovski
Director, Disease Prevention and Quality of Care

Dr Mikko Vienonen
Regional Adviser for Health Services Management

WHO Secretariat

Ms Annette Andkjaer
Programme Assistant, Communication and Public Affairs

Ms Frances Ingels
Secretary, Country Health Policies and Equity in Health

Ms Galina Kaern
Secretary, Country Health Development

Ms Judith Kruse
Administrative Assistant, European Health Policy Conference: Opportunities for the Future

Ms Janet Leifelt
Programme Assistant, Country Health Policies and Equity in Health

Ms Daphne Olsen
Administrative Assistant, Country Health Development

Ms Odette Popkin
Secretary, Country Health Policies and Equity in Health

Ms Birthe Rasmussen
Programme Assistant, Country Health Policies and Equity in Health

Regional Office for the Eastern Mediterranean

Dr A.A. Saleh
Acting Regional Adviser, Health for All and Programme Development

Headquarters

Dr Aleya El Bindari Hammad
Special Representative of the Director-General for Health Policy