

# Summaries

4/1997



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## **Meeting to Review the Guidance Document on Legal Instruments for Environmental Health Management**

Marseilles, France, 14–16 April 1997

At a WHO consultation in 1996, senior government officials agreed that there was an urgent need to improve the range of policy tools for preventing and controlling environmental health hazards, and requested that WHO provide a guidance document on legal instruments for environmental health management. This document would be the sixth in a series aimed at strengthening various aspects of the environmental health services in Member States of the WHO European Region. At a meeting in Marseilles in 1997, the WHO Regional Office for Europe gathered together several experts to determine the steps necessary to produce the guidance document. The participants agreed on the target audience, scope and purpose, chapter headings and subheadings, and timetable for completing the document. They also agreed that this project was important in aiding Member States to develop their environmental health services and national environmental health action plans.

### **Additional products**

In addition to this summary, a report on the Meeting is available in English.

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### **European health for all target 18: policy on environment and health**

*By the year 2000, all Member States should have developed, and be implementing, policies on the environment and health that ensure ecologically sustainable development, effective prevention and control of environmental health risks and equitable access to healthy environments.*

### **Keywords**

- ENVIRONMENTAL HEALTH – legislation and jurisprudence
- HEALTH SERVICES – trends
- CCEE



## **WHO/EURO Water Collaborating Centres Meeting**

Kiev, Ukraine, 19, 20 and 23 March 1997

WHO receives substantial support in its activities concerning water in Europe from a small group of collaborating centres. A meeting of such centres working with the Regional Office was held to review strategic issues and to initiate discussions on preparations for the Third European Conference on Environment and Health, to be held in London in 1999. The meeting made a series of recommendations on optimizing the relationship between WHO and the collaborating centres, and on water-related preparations for the London Conference.

### **Additional products**

In addition to this summary, a report on the Consultation will be issued in English in July 1997.

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### **European health for all target 20: water quality**

*By the year 2000, all people should have access to adequate supplies of safe drinking-water, and the pollution of groundwater sources, rivers, lakes and seas should no longer pose a threat to health.*

### **Keywords**

- ENVIRONMENTAL HEALTH
- WATER
- INTERNATIONAL COOPERATION
- CONGRESSES – organization and administration
- EUROPE



## **Thirteenth Meeting of the European Advisory Group on the Expanded Programme on Immunization (EAG/EPI)**

Paris, France, 10–12 March 1997

The EAG expressed the belief that whole-cell pertussis vaccine should remain the mainstay of national immunization programmes. Those countries that had already changed to acellular vaccines would need to monitor carefully changes in coverage, efficacy and duration of protection. The possible interference between acellular vaccines and Hib vaccines needed further elucidation.

Experience with Hib vaccines in European countries had been most encouraging, with high coverage achieved and rapid disappearance of invasive Hib manifestations. The EAG recommended that epidemiological surveillance be instituted to demonstrate the burden of disease and supported vaccine use by countries able to afford it.

The EAG recommended that, where there was evidence of wild poliovirus circulation, countries should undertake at least three national immunization days (NIDs). NIDs should only be halted after evidence was available to show that they were no longer needed. Because of the difficulties in providing immunization services for gypsy families and their mobility between European countries, the EAG recommended that WHO, with partner agencies, work with gypsy community leaders to improve poliomyelitis and other immunization services. The EAG was firmly of the view that oral vaccine (OPV) was the vaccine of choice for eradication purposes. The EAG urged countries to postpone any change in vaccination policy until such time as the global poliomyelitis initiative had made more progress and no indigenous cases were reported in Europe.

The EAG was convinced of the benefits of efforts to eliminate measles from Europe. It was agreed that the target date for elimination should be 2007, but this could be accelerated. A plan of action would be necessary for regional activities, with operational milestones and cost estimates. All opportunities should be sought to recruit the support of national and international agencies as soon as possible.

### **Additional products**

In addition to this summary, a report on the meeting is available in English.

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### **European health for all target 5: reducing communicable disease**

*By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.*

### **Keywords**

- COMMUNICABLE DISEASE CONTROL – methods
- IMMUNIZATION
- WHOOPING COUGH – prevention and control
- POLIOMYELITIS – prevention and control
- MEASLES – prevention and control
- HAEMOPHILUS INFLUENZAE
- EUROPE



## **Fourth Consultation to Develop Common Methods and Instruments for Health Interview Surveys**

Copenhagen, Denmark, 26–28 February 1997

Health interview surveys (HIS) comprise a unique method of collecting specific types of data that are indispensable for health monitoring. To improve the availability and comparability of HIS data internationally, the WHO Regional Office for Europe initiated the HIS project. The specific objectives of the project are:

- to develop common methods and instruments for HIS;
- to use these as a reference for collecting and adjusting data already existing in countries to improve their comparability; and
- to promote the use of common instruments in the surveys conducted by countries.

The meeting was the fourth in a series of consultations organized under the aegis of the project. The meeting reviewed progress to date, discussed the possibilities of developing common instruments for additional indicators, and agreed on a plan of work for the future.

### **Additional products**

In addition to this summary, a report on the meeting is available in English.

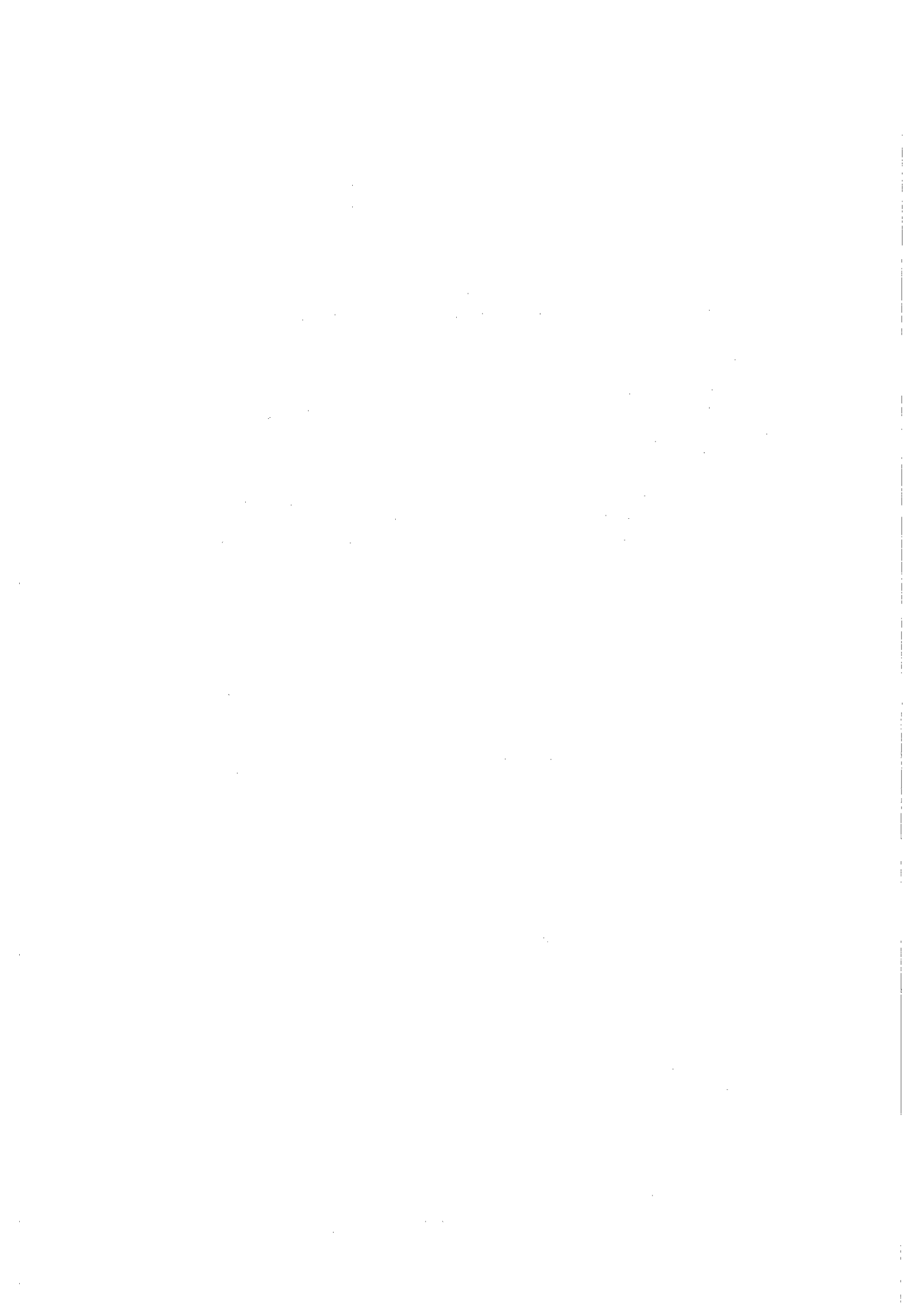
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### **European health for all target 35: health information support**

*By the year 2000, health information systems in all Member States should actively support the formulation, implementation, monitoring and evaluation of health for all policies.*

### **Keywords**

- Health interviews
- Health status indicators
- Health surveys
- Interviews – methods
- Europe



## **Donor Meeting on Chernobyl: its Lessons: Actions for the next Decade**

Helsinki, Finland, 11 February 1997

Within the WHO International Programme on the Health Effects of the Chernobyl Accident (IPHECA) and Radiation Emergency Medical Preparedness and Assistance Network (REMPAN), the WHO Regional Office for Europe is responsible for following up the increased thyroid disease after Chernobyl and mitigating the public health effects of any future accidents. At a meeting in Helsinki, the Regional Office proposed activities to Member States and sought support for their implementation. The participants – representatives of health ministries and experts from European research institutions – evaluated and approved the WHO proposals. Funds were sought for the opening of a project office in Helsinki from which WHO would provide an effective response to nuclear accidents and for assisting in the mitigation of thyroid diseases attributable to the Chernobyl accident in four priority areas: screening, treatment, mitigation of iodine deficiency and construction of an integrated thyroid disease registry. It was agreed that the report of the Meeting would be used in future fund-raising activities.

### **Additional products**

In addition to this summary, a report on the Meeting is available in English.

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### **European health for all target 19: environmental health management**

*By the year 2000, there should be effective management systems and resources in all Member States for putting policies on environment and health into practice.*

### **Keywords**

- NUCLEAR REACTORS
- ACCIDENTS
- DISASTER PLANNING
- THYROID DISEASES
- EUROPE



## Meeting of the European Forum of Medical Associations and WHO

Copenhagen, 6–8 February 1997

At the meeting, 80 representatives from 42 associations and 12 observer organizations considered three vital public health issues: the Ljubljana Charter on Health Care Reforms; the use, misuse and abuse of drugs; and the basic principles of quality of care development (QCD) and the role of national medical associations (NMAs) in promoting it.

In adopting a revised QCD handbook, NMAs agreed to attempt to develop their own policies and actions on QCD, which would be reported to the next meeting of the Forum. Major statements were adopted on tobacco control, landmines and defensive medicine. A Danish initiative in setting up a network of doctors with expertise in identifying evidence of torture was endorsed. Responding to a report from the Liaison Committee, a study group on "physicians' autonomy" was established. The Forum urged NMAs to carry out the first epidemiological study of physicians' smoking with the assistance of the Tobacco Resource Centre, which is jointly run by the Regional Office and the British Medical Association. An increase in the annual contributions of member associations to ECU 900 was agreed, and the Liaison Committee was authorized to investigate further sources of financial support.

A new, enlarged handbook was welcomed, and full membership of the Croatian Medical Chamber and of the Association of Physicians of Russia was approved.

### Additional products

In addition to this summary, a report on the meeting is available in English. A report in Russian will be available in September 1997.

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### European health for all target 37: partners for health

*By the year 2000, in all Member States, a wide range of organizations and groups throughout the public, private and voluntary sectors should be actively contributing to the achievement of health for all.*

### Keywords

- SOCIETIES, MEDICAL
- HEALTH CARE REFORM
- SUBSTANCE ABUSE
- QUALITY ASSURANCE, HEALTH CARE
- BLAST INJURIES
- CONGRESSES
- EUROPE



## **WHO Healthy Cities Technical Symposium on Evaluation**

Dublin, Ireland, 25–26 October 1996

The Technical Symposium was attended by 164 representatives from 32 cities and 8 national networks. Through a combination of keynote speeches, presentations, panel discussions and workshops, the results of selected evaluation studies undertaken by the Healthy Cities Project Evaluation Consortium or commissioned by project cities were presented and discussed. Agreement was reached on plans and activities for the second stage of the evaluation of the Healthy Cities project.

### **Additional products**

In addition to this summary, a report on the meeting is available in English.

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### **European health for all target 14: settings for health promotion**

*By the year 2000, all settings of social life and activity, such as the city, school, workplace, neighbourhood and home, should provide greater opportunities for promoting health.*

### **Keywords**

- URBAN HEALTH
- HEALTH PROMOTION
- CONSUMER PARTICIPATION
- PROGRAM EVALUATION
- EUROPE



## **Workshop on Immunization Policies for the Countries of Central and Eastern Europe**

Rome, Italy, 24–26 October 1996

This Workshop provided a forum for reviewing the current WHO recommendations and policies on vaccination against diseases covered by the WHO Expanded Programme on Immunization (EPI) and vaccine procurement procedures in the countries of central and eastern Europe. EPI and immunization programme managers in these countries could consider changes in vaccine delivery and surveillance to strengthen their programmes. Sharing recent experiences with the control of poliomyelitis (following the introduction of wild poliovirus in the Balkan peninsula), measles, pertussis and hepatitis B, the participants discussed where programme improvements could be made, focusing particularly on the current status of the global and European efforts towards poliomyelitis eradication. Participants thoroughly reviewed vaccine management, including the need for functional national control authorities, and vaccine procurement and handling. The discussion on vaccine delivery indicated the approaches of WHO, the United Nations Children's Fund and the donor community to assisting the countries of central and eastern Europe to reach true self-sufficiency.

### **Additional products**

In addition to this summary, a report on the workshop is available in English.

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### **European health for all target 5: reducing communicable disease**

*By the year 2000, there should be no indigenous cases of poliomyelitis, diphtheria, neonatal tetanus, measles, mumps and congenital rubella in the Region and there should be a sustained and continuing reduction in the incidence and adverse consequences of other communicable diseases, notably HIV infection.*

### **Keywords**

- IMMUNIZATION – organization and administration
- VACCINES – supply and distribution
- POLIOMYELITIS – prevention and control
- MEASLES – prevention and control
- WHOOPING COUGH – prevention and control
- HEPATITIS B – prevention and control
- EVALUATION STUDIES
- CCEE



## **Second Meeting of the European Network of WHO Collaborating Centres for Nursing and Midwifery**

Ljubljana, Slovenia, 20–22 June 1996

The activities of the Nursing and Midwifery Programme of the Regional Office focus on leadership, nursing policy and practice development. WHO collaborating centres for nursing and midwifery play a crucial role in their accomplishment, as well as adding strength to the Programme through their respective activities and potential for networking.

There is scope for increased and more effective working between the members of this network of collaborating centres. The second meeting of the European Network had as its objectives: exchange of information on the activities of the respective centres; the sharing of information on WHO activities of relevance or directly related to nursing and midwifery; and the possibilities for collective action in the immediate future.

Network members reported on the activities of their individual centres and on other meetings and programmes relevant to them, and the participants agreed on principles and activities for immediate action by WHO and the centres.

### **Additional products**

In addition to this summary, a report on the meeting is available in English.

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### **European health for all target 30: community services to meet special needs**

*By the year 2000, people in all Member States needing long-term care and support should have access to appropriate services of a high quality.*

### **Keywords**

- NURSING – trends
- MIDWIFERY – trends
- INTERNATIONAL COOPERATION
- EUROPE



## **Second Workshop of National/Regional Health Promoting Hospitals Network Coordinators**

Londonderry, United Kingdom, 18 April 1996

The participants in the Workshop comprised the focal points of the European Health Promoting Hospitals (HPH) Pilot Project, and coordinators from those EU countries where there was no pilot hospital.

The relationships, coordinating institutions and information systems for national/regional networks were discussed in terms of:

- the need for only one national coordinator;
- ways of incorporating non-EU member states into the project; and
- the undesirability of making member countries choose between a WHO network and an EU network; there should be one network that all could join, with equal funding for all members.

Further discussions needed to be held with EU representatives in order to clarify the above points.

It was clear that if EU support became available for the HPH movement, it should be coordinated with the existing national/regional networks.

### **Additional products**

In addition to this summary, a report on the Workshop is available in English.

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### **European health for all target 29: hospital care**

*By the year 2000, hospitals in all Member States should be providing cost-effective secondary and tertiary care and contribute actively to improving health status and patient satisfaction.*

### **Keywords**

- HOSPITALS – trends
- HEALTH PROMOTION
- EUROPE



## **First Workshop of National/Regional Health Promoting Hospitals Network Coordinators: the National Networks Strategy**

Hildesheim, Germany, 2 November 1995

Representatives from all the EU countries and national coordinators from the Health Promoting Hospitals (HPH) networks in Bulgaria, Hungary, Poland and Catalonia (Spain) were present. The discussions concentrated on developing the national/regional networks. It was concluded that there should be only one international HPH network, with possibilities for different types of membership. Application for international membership in countries where a national or regional network existed should be made through the local network. In countries where local networks did not exist, international membership would continue as at present.

Variations should be accepted in the way national/regional networks worked, in order that they be allowed to develop their own identity according to local circumstances. Some common rules should apply, however, such as those concerning membership. Participants were asked for their comments on the prepared WHO agreement document for national/regional networks. WHO would be ultimately responsible for international coordination and would support international conferences and workshops. The Ludwig Boltzmann Institute in Vienna would act as secretariat to the international network, maintaining the database and the newsletter.

### **Additional products**

In addition to this summary, a report on the Workshop is available in English.

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*By the year 2000, hospitals in all Member States should be providing cost-effective secondary and tertiary care and contribute actively to improving health status and patient satisfaction.*

### **Keywords**

- HEALTH PROMOTION – organization and administration
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