

Summaries

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Meeting on Supporting Capacity-building in Secondary Prevention of Sexually Transmitted Diseases in Countries of Eastern Europe and Central Asia

Copenhagen, Denmark, 30 June – 1 July 1997

Recognizing the urgent need for a response by the international community to the alarming rise in sexually transmitted diseases (STD) in the countries of eastern Europe and central Asia, the Regional Office and the Joint United Nations Programme on HIV/AIDS (UNAIDS) organized a meeting of representatives of international and bilateral organizations. The aim of the meeting was to develop and strengthen concerted international efforts in supporting capacity-building in the secondary prevention of STD in the affected countries, which would complement efforts made in the primary prevention of STD and HIV infection. The participants exchanged information on the current STD situation and on the activities of the organizations represented, identified current needs and gaps in international assistance, and developed a joint strategic approach. They agreed to prepare for the establishment of a task force for urgent response to the STD epidemics in eastern Europe, and designated the WHO Regional Office for Europe as focal point for the task force.

Additional products

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

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

- SEXUALLY TRANSMITTED DISEASES – prevention and control
- HIV INFECTIONS – prevention and control
- ACQUIRED IMMUNE DEFICIENCY SYNDROME – prevention and control
- HEALTH RESOURCES – organization and control
- CCEE
- CENTRAL ASIA
- RUSSIAN FEDERATION
- LATVIA
- AZERBAIJAN
- GERMANY
- UNITED KINGDOM

Expert Consultation on the Development of WHO Guidelines for Safe Recreational Water Environments

St Helier, Jersey, United Kingdom, 23–30 May 1997

The recreational use of fresh and coastal waters, as well as swimming pools and spas, is widespread around the world. Concern has been expressed about adverse health effects associated with such use, which can arise from accidents, poor water quality, toxic organisms and exposure to sun and heat, for example. WHO has therefore initiated the preparation of guidelines for safe recreational water environments, which included convening a four-part Consultation, hosted by the Public Services Department, Jersey, United Kingdom. At the Consultation, 32 experts discussed the further development of the guidelines, and made a series of detailed recommendations on their finalization. Immediate action was to be taken following the Consultation to complete the various volumes of the guidelines by the end of 1999.

Additional products

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

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

- WATER QUALITY
- SWIMMING POOLS
- HEALTH RESORTS
- TRAVEL
- GUIDELINES

Joint UNECE/WHO Consultation on the Eradication of Water-related Diseases

Kiev, Ukraine, 20–22 March 1997

The Second European Conference on Environment and Health, in Helsinki in 1994 gave high priority to water issues, and at the fourth meeting of the European Environment and Health Committee strong support was given to the development of an instrument for the eradication of water-related diseases. The Consultation considered this proposal and made recommendations regarding its potential content. The meeting endorsed the need for a flexible, legally binding instrument for the eradication of water-related diseases and made specific recommendations regarding its content. Following the meeting, WHO and ECE will collaborate in further preparatory activities.

Additional products

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

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

- WATER – adverse effects
- DISEASE OUTBREAKS
- WATER PURIFICATION
- (1) ECE
- EUROPE

**The role of the pharmacist in the prevention
of noncommunicable disease (NCD): focus on hypertension**
Joint CINDI/EuroPharm Forum Meeting
Lisbon, Portugal, 1-2 March 1997

To enhance the effectiveness of health promotion and disease prevention, it is important to improve collaboration among various groups of health professionals. The EuroPharm Forum and the countrywide integrated noncommunicable diseases intervention (CINDI) programme have agreed to collaborate in this area and jointly to develop a pharmacy-based hypertension management model. A draft project proposal and a draft of the structure of the project protocol have been developed.

The meeting was organized to discuss the structure of the project protocol, to share the first experiences of practical collaboration between pharmacists and physicians in the area of NCD prevention, and to discuss priority action for the further development of the project. Experience from Italy, Lithuania, Portugal, and Spain was presented. The meeting discussed and approved the structure of the project protocol and suggested that a CINDI/EuroPharm Forum Project Committee be established to ensure the preparation and coordination of the international project and effective fund-raising.

Additional products

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

European health for all target 4: reducing chronic disease

By the year 2000 there should be a sustained and continuing reduction in morbidity and disability due to chronic disease in the Region.

European health for all target 9: reducing cardiovascular disease

By the year 2000, mortality from diseases of the circulatory system should be reduced, in the case of people under 65 years by at least 15%, and there should be progress in improving the quality of life of all people suffering from cardiovascular disease.

European health for all target 31: quality of care and appropriate technology

By the year 2000, there should be structures and processes in all Member States to ensure continuous improvement in the quality of health care and appropriate development and use of health technologies.

Keywords

- CHRONIC DISEASE – prevention and control
- HYPERTENSION – prevention and control
- PHARMACISTS
- EUROPE
- ITALY
- LITHUANIA
- PORTUGAL

Meeting on Allergies and the Environment Berlin, Germany, 10–11 February 1997

The WHO pamphlet series for local authorities aims at providing local decision-makers with accessible and reliable information on various subjects of environment and health. Ten themes have currently been defined: accidents, air, housing, noise, public hygiene, radiation, toxicology, urban planning, waste and water. However, a few "lateral" themes have also been identified, which justify the coordination of the writing of those documents. Several pamphlets under development are linked to the theme "allergies and the environment" and deal, *inter alia*, with indoor air quality, moulds and moisture, asthma and respiratory allergies, and adverse reactions to food, in addition to the cover pamphlet entitled "Allergies and the environment".

A meeting of the authors of these documents was therefore organized in Berlin, with the financial support of the German Ministry of Health, to design a clear table of contents, to ensure consistency and avoid duplication, and to take advantage of the experience of several specialists to make the pamphlets more comprehensive.

Additional products

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

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

- RESPIRATORY HYPERSENSITIVITY – prevention and control
- AIR POLLUTION, INDOOR
- FOOD HYPERSENSITIVITY – prevention and control
- EUROPE

Twelfth Meeting of the European Advisory Group on the Expanded Programme on Immunization

Copenhagen, Denmark, 21 November 1996

At its twelfth meeting, the European Advisory Group (EAG) confirmed that the first priority for measles control was the achievement of high coverage with a single dose of vaccine, though this would not serve to eliminate the disease. The interruption of transmission needed to be maintained, and this could be achieved with supplementary vaccination, either through repeated campaigns or by the administration of second doses. Whichever approach was used, it was essential that the reaccumulation of susceptibles was prevented.

The EAG endorsed the importance of achieving very high coverage of primary immunization with DTP vaccine. This should be completed before six months of age. The first booster could be given at 16–36 months of age, with another (DT) before school entry and a third (Td) on leaving school. This recommendation applied to all European countries. In a number of countries, especially those presently experiencing or having recently experienced epidemic diphtheria, a further booster should be given during the school years. Where the risk of diphtheria was considered high, periodic booster doses for adults would be necessary to prevent resurgence of the disease as immunity waned.

On poliomyelitis, the EAG noted the significant impact of Operation MECACAR and the increasing awareness that remaining outbreaks of poliomyelitis in the Region had often followed importation of the disease. The EAG endorsed the plan of action for 1997 proposed by the Regional Office. In countries where poliomyelitis was still endemic or had become nonendemic within the past three years, the surveillance of acute flaccid paralysis (AFP) remained the recommended form of surveillance, especially for certification purposes. However, in countries where polioviruses had not been detected for many years, and AFP surveillance was not appropriate, other means of surveillance would need to be used. The EAG recommended that the Regional Office commission a position paper to review the options for laboratory-based or other surveillance techniques, so that appropriate guidelines could be issued.

Additional products

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

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 PROGRAMS – organization and administration
- PROGRAM EVALUATION
- POLIOMYELITIS – prevention and control
- MEASLES – prevention and control
- DIPHTHERIA – prevention and control
- EUROPE
- NIS
- CCEE

Measles Control and Evaluation in the European Region Copenhagen, Denmark, 19–20 November 1996

The elimination of measles from the Region is clearly feasible, and in some countries has already been achieved. Failure to control measles results from a lack of political will, a belief that the disease is not serious, and inadequate control strategies. The key to elimination is not a single dose of vaccine alone, but ensuring that the number of susceptible individuals is kept below the level required to sustain transmission. This goal needs to be promoted widely by all Member States and the Regional Office, and national and regional plans of action should be developed. Surveillance must be strengthened to include serological surveillance, monitoring of adverse events and – where the incidence is below 1 per 100 000 population – laboratory investigation of all suspected cases. A laboratory network to support measles elimination should be established.

Member States should carry out economic evaluations and mathematical modelling of the impact of control and elimination strategies.

Additional products

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

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
- MEASLES – prevention and control
- EUROPE

Consultation on the Role of Occupational Health Services in the Promotion of Work Ability and Health

Turku, Finland, 11–12 November 1996

The promotion of health and working ability at the workplace are new tasks for the occupational health services and priority objectives of the WHO global strategy on occupational health for all, requiring concerted action by employers, employees, government agencies, relevant preventive services and experts. The Bilthoven Division of the WHO European Centre for Environment and Health, in collaboration with the Social Insurance Institution of Finland, the Finnish Ministry of Social Affairs and Health, the European Foundation for the Improvement of Living and Working Conditions and the Finnish Institute of Occupational Health, invited experts and representatives from national, inter-governmental and international institutions and organizations to review and redefine the role of the occupational health services in health promotion. The participants recommended that every Member State organize workplace health promotion activities, whenever possible with assistance of the occupational health services. As part of their occupational health policy, countries should develop national policies and programmes on the promotion of workplace health and working ability, and in so doing they should make full use of existing international expertise and experience.

Additional products

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

European health for all target 25: health of people at work

By the year 2000, the health of workers in all Member States should be improved by making work environments more healthy, reducing work-related disease and injury, and promoting the wellbeing of people at work.

Keywords

- OCCUPATIONAL HEALTH SERVICES
- WORKPLACE
- HEALTH PROMOTION
- EUROPE