

Summaries

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Denmark

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Patients' Rights and Citizens' Empowerment: Through Visions to Reality Copenhagen, Denmark, 22–24 April 1999

The consultation elaborated on: an overview of patients' rights in the European Region European scene; the experience of the Nordic countries in promoting patients' rights in Europe; legislation or softer rules or both: mechanisms to tip the balance; and indicators for measuring improvements in patients' rights – a quality aspect in the care of patients.

The consultation sought to determine how legislation (and other legal means) for patients' rights can be implemented and citizens empowered in real life. This includes care providers at the primary, secondary and tertiary levels; the complaint process; administration; the role of the associations of health care professionals; and the role of patients' organizations. Another question discussed was how to determine that patients' rights are improving and what this means to patients?

The consultation acted as a forum for discussion among participants and for the mass media; identified new areas for collaboration and new ways to promote patients' rights; elaborated guidelines and recommendations for implementing patients' rights; and selected a working group to take the work forward and prepared the network's newsletter, which will include the meeting's report and proceedings. The consultation brought together countries from western, central and eastern Europe and national and international patients' organizations, consumers' organizations, medical associations and nursing associations, and other national and international bodies influencing patients' rights. The meeting was followed on 24 April by a business meeting of the Patients' Rights Network. The future of the Network was the main focus, and a draft statutes were presented to participants and discussed in a plenary session. Further consultation on this topic will take place to follow up the meeting, and the statutes will be sent to Member States and partner organizations for comments.

Additional products

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

EUROPEAN HEALTH21 TARGET 16 – MANAGING FOR QUALITY OF CARE*

By the year 2010, Member States should ensure that the management of the health sector, from population-based health programmes to individual patient care at the clinical level, is oriented towards health outcomes.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- PATIENT ADVOCACY
- CONSUMER PARTICIPATION
- LEGISLATION, HEALTH
- EUROPE

Working Group on Establishing the International Network on Children's Health, Environment and Safety

Rome, Italy, 13–14 March 1999

Civil society organizations, professional associations, advocacy leaders, government officials and intergovernmental organizations increasingly recognize that preventing the effects of environmental degradation on human health, particularly that of children, is the foundation of sound environmental policy and decision-making. With this in mind, an initiative was started to develop an international network that will: facilitate access to scientific findings, prevention measures and public health initiatives; promote the exchange of information among people working in the field of children, environment and health; and improve the basis for citizens' participation in the development of environmental health policies to protect children.

Additional products

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

EUROPEAN HEALTH21 TARGET 10 – A HEALTHY AND SAFE PHYSICAL ENVIRONMENT*

By the year 2015, people in the Region should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- CHILD WELFARE
- ENVIRONMENTAL HEALTH
- ENVIRONMENTAL POLICY
- INTERNATIONAL COOPERATION



Monitoring Innocenti Targets on the Protection, Promotion and Support of Breastfeeding

The Innocenti Declaration states that by 1995 all Member States should have achieved the targets outlined in the Innocenti Declaration and progress was reported at the World Health Assembly in 1998. By 1995 each Member State should have: appointed a national breastfeeding coordinator; established a multi-sectoral breastfeeding committee; ensured that all maternity facilities practice all *Ten Steps to Successful Breastfeeding*; taken action to give effect to the principles and aims of all Articles of the International Code of Marketing of Breast-milk Substitutes and subsequent relevant World Health Assembly resolutions; and enacted legislation protecting the breastfeeding rights of working women. The information in this document is based on completed questionnaires filled out by national nutrition counterparts regarding implementation of the Innocenti Declaration. The document provides a useful tool to compare situations, both at a European level and within sub-regions of Europe. Both WHO and UNICEF encourage and support national authorities in planning, implementing, monitoring and evaluating policies related to protecting, promoting and supporting breastfeeding.

Additional products

In addition to this summary, a full report is available in English and Russian.

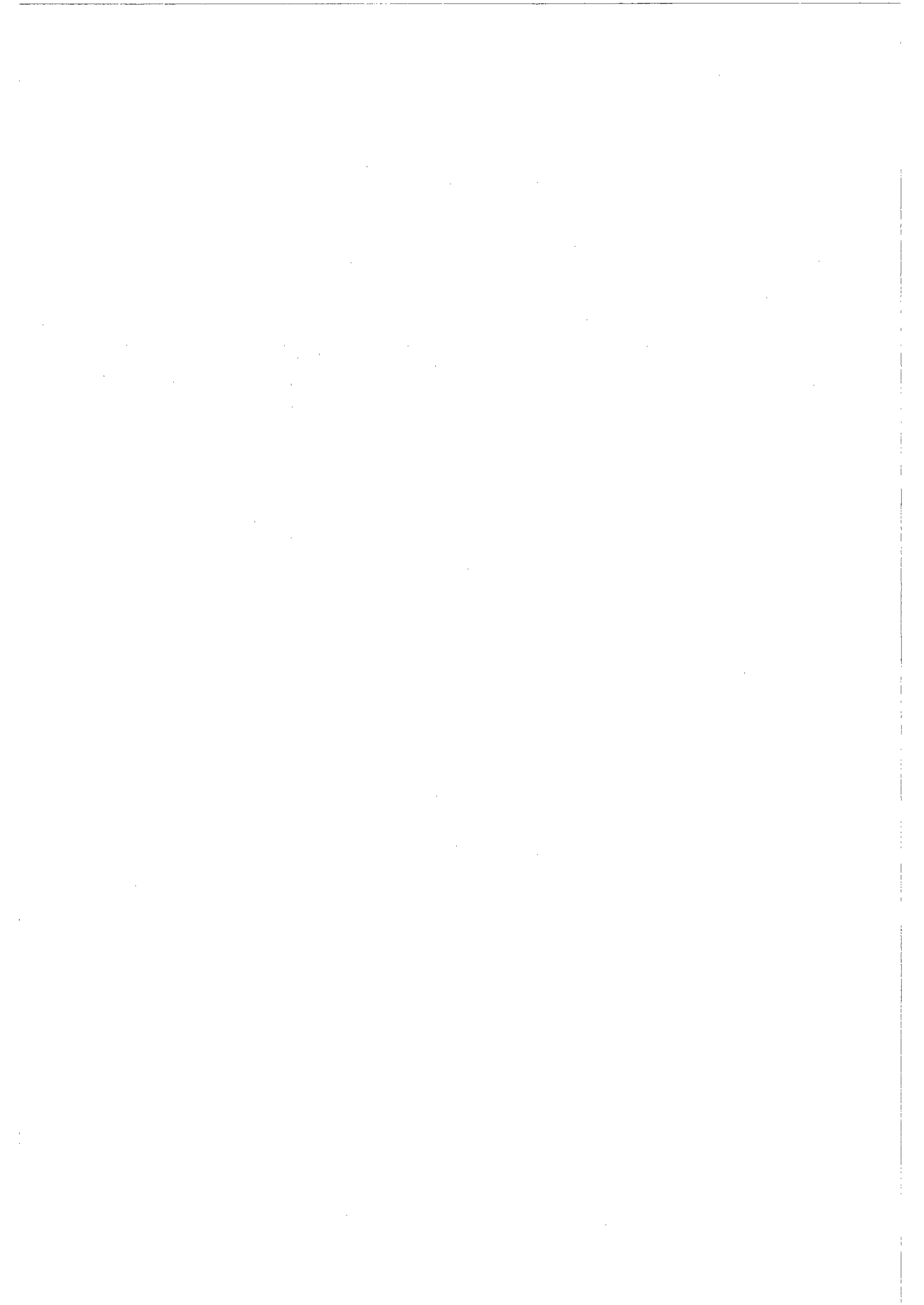
EUROPEAN HEALTH21 TARGET 11 – HEALTHIER LIVING*

By the year 2015, people across society should have adopted healthier patterns of living.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- COMPARATIVE STUDY
- BREAST FEEDING
- INFANT NUTRITION
- INFANT FOOD – standards
- HEALTH PROMOTION
- HEALTH POLICY
- EUROPE



Fourteenth Meeting of the European Forum of Medical Associations and WHO Tel Aviv, Israel, 7–9 March 1999

Participants were from 37 medical associations in 26 countries and several observers from nongovernmental organizations. The Forum discussed health care resources and the huge differences between the eastern and western parts of the WHO European Region, but all parts of the Region have common problems on the appropriate and responsible allocation and use of resources. These require clear recognition of the roles of health professionals, politicians and society, and each sector needs to accept the relevant responsibility. The subject needs further consideration, and the Forum recommended allocating a full day to this topic at its next meeting. Tuberculosis was discussed: rising morbidity (notably in the eastern part of the Region) and, specifically, the situation in the Russian Federation. Risk management and the quality of care were also considered, and a positive course of action to identify appropriate quality initiatives for subregional cooperative action was identified. The report of the Physicians' Autonomy Working Group led to a positive lively debate. Work on this topic will continue in the next year. The Liaison Committee reported on a successful visit to Kazakhstan, its first in a newly independent state. Members attended a meeting there at which a subregional Eurasian Mini-Forum – Medicine through Integration had been formed. National medical associations are identifying schemes to enable physicians from these countries to undertake postgraduate education for short periods in other countries. Reports were received on specific problems of medical associations in the eastern part of the Region or action taken. The Tobacco Control Resource Centre reported a successful pilot study of smoking by physicians in five medical associations. Medical associations would attempt to formally survey physicians on smoking as soon as possible. A book on tobacco control specifically written for national medical associations was nearly completed, and they were informed of the assistance available through visits of a small team of experts to advise on training in tobacco control measures and smoking cessation. The Forum adopted statements on the autonomy of physicians and on tuberculosis control and DOTS. After hearing a report from the Chairman of the Network of Experts in Connection with Physicians and the Victims of Torture, the Forum agreed that the Network would continue its work for a further year. The national medical associations also adopted a statement on physicians' responsibilities concerning inhuman and degrading treatment, including torture, in relation to a specific situation. An enlarged new edition of the Forum Handbook was distributed. The next meeting of the Forum will take place in Warsaw, Poland, from 16 to 18 March 2000.

Additional products

In addition to this summary, a report on the meeting is being prepared and will be available in English and Russian.

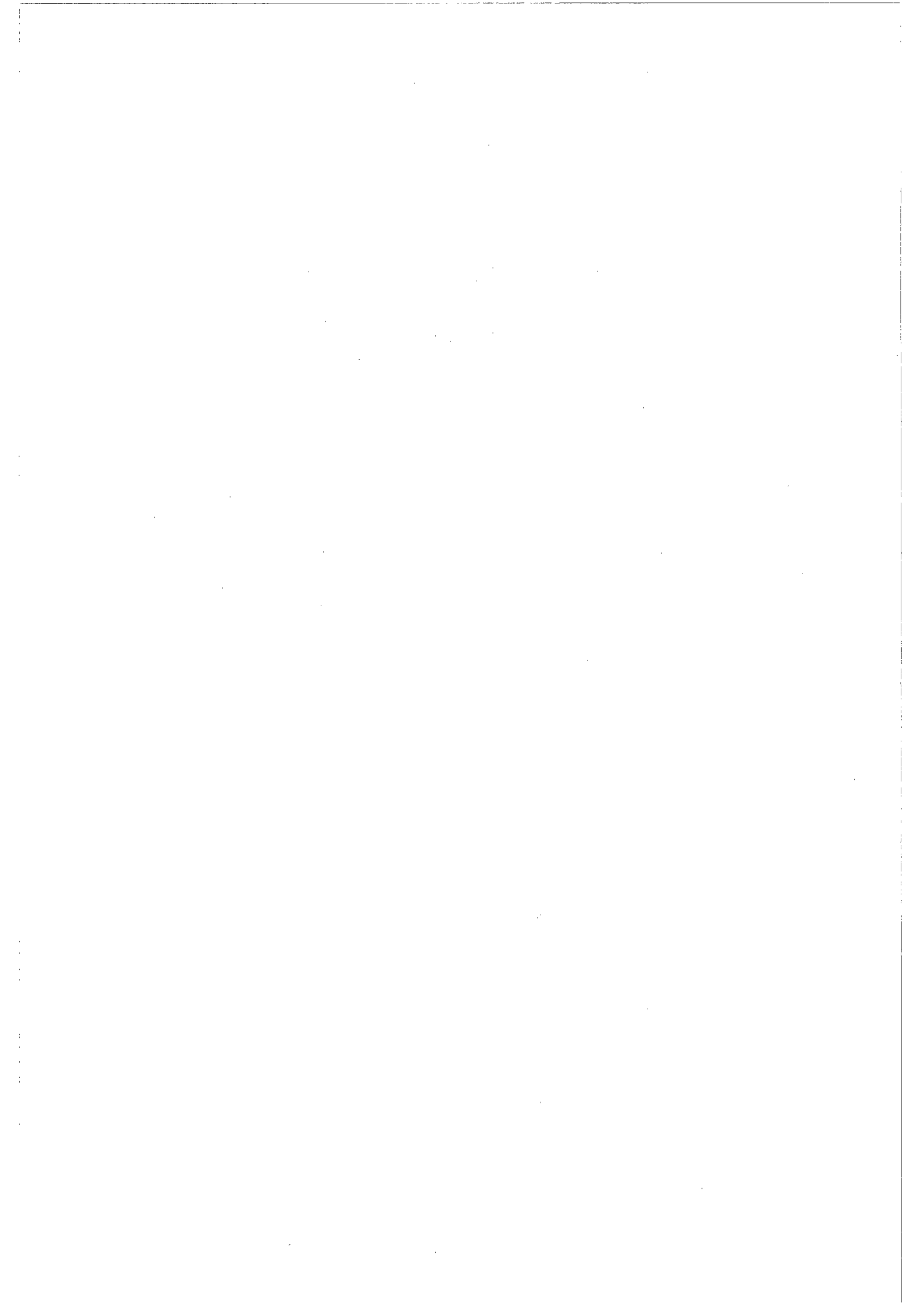
EUROPEAN HEALTH21 TARGET 20 – MOBILIZING PARTNERS FOR HEALTH*

By the year 2005, implementation of policies for health for all should engage individuals, groups and organizations throughout the public and private sectors, and civil society, in alliances and partnerships for health.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- SOCIETIES, MEDICAL – congresses
- HEALTH PRIORITIES
- TUBERCULOSIS
- RISK MANAGEMENT
- QUALITY ASSURANCE, HEALTH CARE
- PHYSICIANS
- SMOKING – prevention and control
- EDUCATION, MEDICAL, CONTINUING
- HUMAN RIGHTS
- EUROPE
- EUROPE, EASTERN
- RUSSIAN FEDERATION



Meeting of the Steering Group on Forming, Maintaining and Developing Associations of Professionals in Environment and Health

London, United Kingdom, 28–29 January 1999

A steering group meeting was held in London, United Kingdom on 28–29 January 1999, to discuss and explore the options available for developing material to support the formation, maintenance and development of associations of professionals in environment and health. The participants were drawn from the professional communities in Member States and the WHO Regional Office for Europe. The topics considered by the group included the style and format of materials that could be produced, the main themes and subthemes that would need to be addressed, the identification of potential authors, the development process of the materials and the need to develop strong pan-European professional cohesion. A number of key issues were discussed, including the importance of such associations for the development of democratic civil societies, the vital recognition of cultural differences within the Region and the need for strong marketing of the final products. Methods for developing the project were devised and a range of tasks were identified. These tasks include the development of a first draft text, the collection of examples from around the Region and elsewhere, and possibly, the preparation for another steering group meeting and a pan-European review meeting to coincide with the Third Ministerial Conference on Environment and Health in London in June 1999. Working from this base, further work on the materials can be carried out over the next 12 months.

Additional products

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

EUROPEAN HEALTH21 TARGET 18 – DEVELOPING HUMAN RESOURCES FOR HEALTH*

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

EUROPEAN HEALTH21 TARGET 19 – RESEARCH AND KNOWLEDGE FOR HEALTH*

By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to support health for all.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

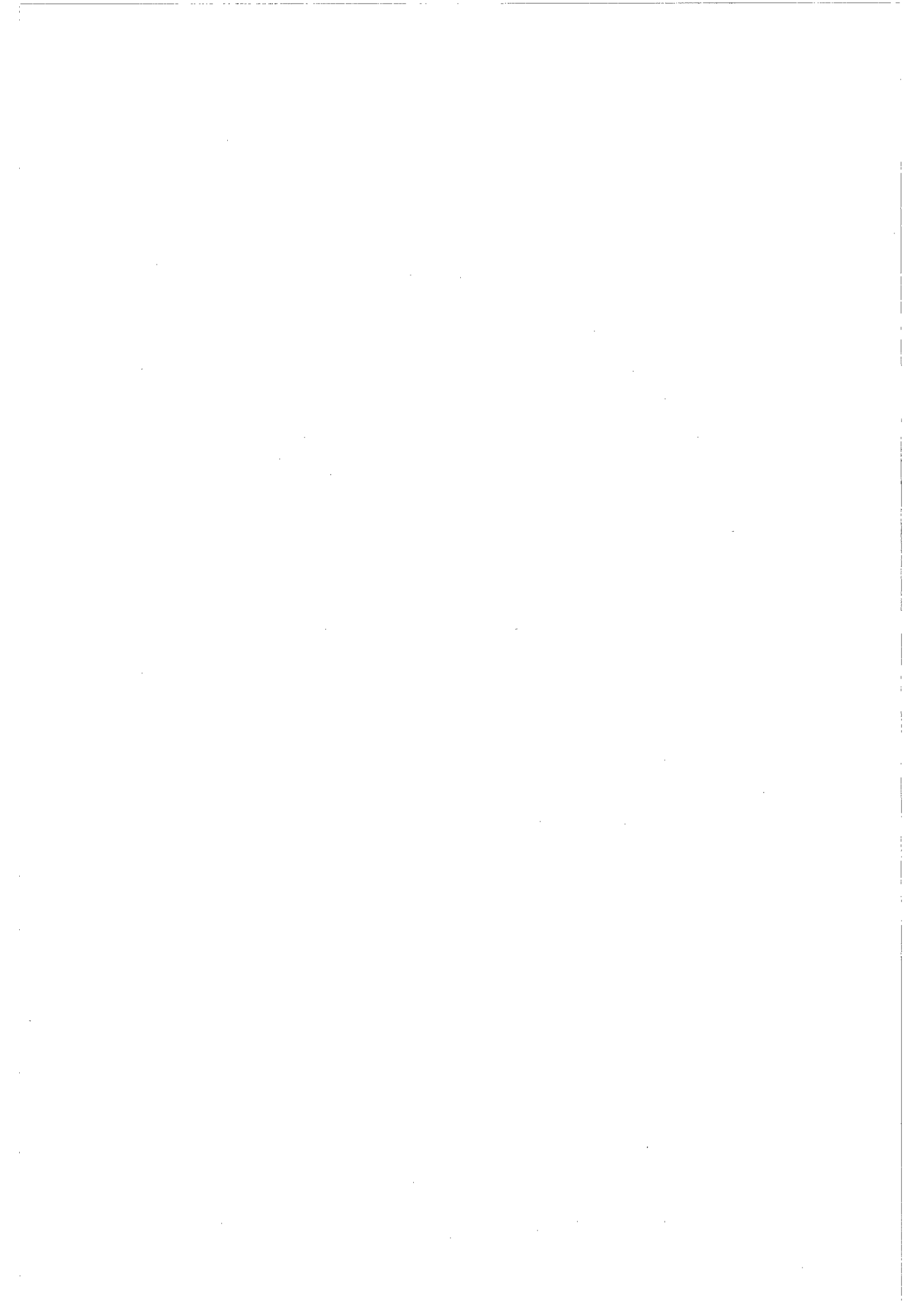
EUROPEAN HEALTH21 TARGET 21 – POLICIES AND STRATEGIES FOR HEALTH FOR ALL*

By the year 2010, all Member States should have and be implementing policies for health for all at country, regional and local levels, supported by appropriate institutional infrastructures, managerial processes and innovative leadership.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- ENVIRONMENTAL HEALTH – manpower
- ENVIRONMENTAL HEALTH – education
- SOCIETIES, SCIENTIFIC
- HEALTH PERSONNEL – education
- STAFF DEVELOPMENT
- TEACHING MATERIALS
- EUROPE



Sub-regional Coordination Meeting on Surveillance and Certification of Poliomyelitis Eradication

Istanbul, Turkey, 10–11 December 1998

The participants in the meeting included the immunization programme managers, directors of national poliovirus laboratories, chairs of national certification committees (or their representatives) and WHO country staff in Albania, Bosnia and Herzegovina, Romania, The Former Yugoslav Republic of Macedonia, Turkey and the Federal Republic of Yugoslavia. A review of the global and regional status of the poliomyelitis eradication initiative allowed each country's representatives to be briefed on the progress of the programme and the direction and needs for the future. Certification will occur only when all Member States involved demonstrate that no indigenous circulation of wild polioviruses has been detected for three years. For recently endemic countries, this requires a strong system of surveillance for acute flaccid paralysis involving the testing of all faecal specimens from suspected cases by laboratories that are fully accredited by WHO. National certification committees will be requested to submit documentation for recently endemic countries (which generally includes those with confirmed or possible cases since 1989) by 31 December 1999 to the Regional Commission for the Certification of the Eradication of Poliomyelitis. The mechanism for submitting this documentation is the Manual of Operations, which allows review of surveillance, laboratory and immunization data in a standard presentation. Participants were briefed on future work required for the containment of wild polioviruses in laboratories and the proper handling and disposal of clinical specimens from earlier years, which potentially could contain wild polioviruses.

Additional products

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

EUROPEAN HEALTH21 TARGET 7 – REDUCING COMMUNICABLE DISEASES*

By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- POLIOMYELITIS – prevention and control
- CERTIFICATION
- EUROPE, EASTERN
- EUROPE, SOUTHERN



Sixth WHO Meeting of Government Chief Nurses of the European Region

Stockholm, Sweden, 20–21 November 1998

Nursing and midwifery's response to the existing political, cultural and socioeconomic context for health and health services in Europe has been patchy and piecemeal. With the advent of the new millennium, and in the context of HEALTH21, WHO's new health for all policy framework for Europe that identifies a key role for these professions relevant to prevailing needs, it was timely for the network of Government Chief Nurses of the European Region to review the current position of the professions in relation to recommendations made at the first WHO Conference on Nursing and Midwifery in 1988. The meeting identified critical issues to be challenged by nursing and midwifery in order to deliver its agenda now and in the coming 30 years. Implications for the Second WHO Conference on Nursing and Midwifery, to be held in Munich in 2000, were also discussed. An action table, identifying actions, a time-frame and individuals responsible for moving the preparatory work forward for the Munich Conference was agreed on, as was the need for a Munich 2000 Task Force.

Additional products

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

EUROPEAN HEALTH21 TARGET 18 – DEVELOPING HUMAN RESOURCES FOR HEALTH*

By the year 2010, all Member States should have ensured that health professionals and professionals in other sectors have acquired appropriate knowledge, attitudes and skills to protect and promote health.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- NURSE ADMINISTRATORS
- NURSING SERVICES – organization and administration
- MIDWIFERY
- HEALTH POLICY
- EUROPE



Second Meeting of the Expert Network on Health Care Reform Strategies in Southern Europe (SOUTHNET)

Thessaloniki, Greece, 17–19 December 1998

The objectives of the second meeting of SOUTHNET convened by the WHO Regional Office for Europe were to discuss resource allocation as an instrument for strengthening primary health care, strategies for developing general practice and the latest developments in health care reform in the participating countries. Participants from eight countries attended the meeting. The discussion on resource allocation focused on the features of the purchaser-provider model, which was considered unsuitable for countries where primary health care is still being developed. The role and functions of general practice in different countries was reviewed, and it was agreed that specialist training and organizational reform are priorities for strengthening general practice. Country presentations and an in-depth report on health care reform in the host country gave the participants valuable insights on development in health care services. Finally, the participants adopted a working charter for SOUTHNET.

Additional products

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

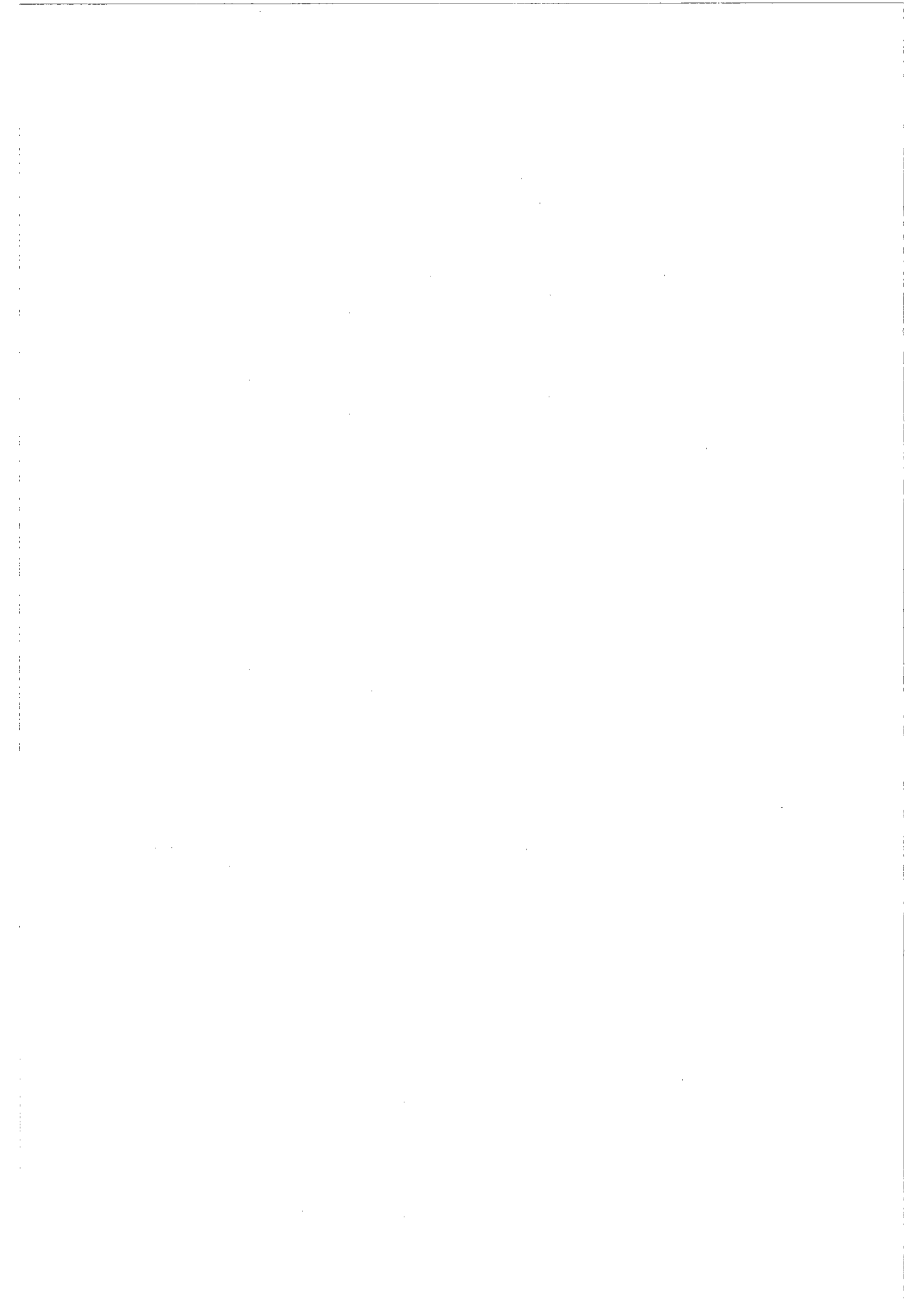
EUROPEAN HEALTH21 TARGET 15 – AN INTEGRATED HEALTH SECTOR*

By the year 2010, people in the Region should have much better access to family- and community-oriented primary health care, supported by a flexible and responsive hospital system.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- HEALTH CARE REFORM
- STRATEGIC PLANNING
- HEALTH POLICY
- PRIMARY HEALTH CARE
- HEALTH CARE RATIONING
- FAMILY PRACTICE
- EUROPE



Meeting on Mental Health Promotion in Prisons

The Hague, Netherlands, 18–21 November 1998

A meeting of the WHO Health in Prisons Project was convened by the WHO Regional Office for Europe and the project collaborating centre at the Directorate of Health Care of H.M. Prison Service of England and Wales, in association with Mental Health Europe (the European Regional Council of the World Federation for Mental Health). The meeting considered progress made in the Project, discussed project management issues, and included a workshop on mental health promotion, with expert-led discussions, for representatives of the 15 member countries of the Project. The meeting closed with invitational sessions, comprising a half-day visit to a custodial setting in The Netherlands followed by a one-day meeting for directors of prisons, prison psychiatrists and psychologists and other key prison staff, at which issues surrounding mental health promotion in prisons were considered. The meeting approved in principle a consensus statement on mental health promotion in prisons.

Additional products

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

EUROPEAN HEALTH21 TARGET 6 – IMPROVING MENTAL HEALTH*

By the year 2020, people's psychosocial wellbeing should be improved and better comprehensive services should be available to and accessible by people with mental health problems.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- MENTAL HEALTH
- HEALTH PROMOTION
- PRISONS
- INTERNATIONAL COOPERATION
- EUROPE



First Meeting of the Steering Committee on Out-of-Hospital Emergency Medical Services

Copenhagen, Denmark, 13–14 November 1998

The meeting brought together representatives from selected organizations related to emergency medical services in Europe. The purpose was to identify the objectives and strategies of the WHO project on out-of-hospital emergency medical services, which is part of a WHO project on emergency medical services, and to clarify the responsibilities of the members of the Steering Committee. It was agreed that the main objectives of the project were to determine the goals to be achieved, assess the current situation and make general recommendations on how the goals should be reached given the different systems of emergency medical services in European countries. The purpose will be to help countries to improve their out-of-hospital emergency medical services. Progress evaluation should be monitored by developing minimum standards covering the ethical and human aspects for training the different groups of health professionals. The main partners of the project will be represented on the Steering Committee. Other organizations or institutions working in out-of-hospital emergency medical services can join the project as participants. Based on questionnaires, a database will be developed with password-protected access for partners and participants in the project. Information about the project will be disseminated through the partners' newsletters and Web sites, and a brochure presenting the project to potential members will be prepared. Workshops will be organized to analyse the database, discuss issues of specific interest and produce guidelines for implementing good practice.

Additional products

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

EUROPEAN HEALTH21 TARGET 15 – AN INTEGRATED HEALTH SECTOR*

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**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- EMERGENCY SERVICE, HOSPITAL – organization and administration
- EMERGENCY MEDICAL SERVICES – organization and administration
- PRIMARY HEALTH CARE
- EUROPE



Second Workshop on Monitoring of the Learning Materials on Nursing

Maribor, Slovenia, 7–10 November 1998

The LEarning Materials on Nursing (LEMON) Project, launched in 1993, addressed the need for basic learning materials in central and eastern Europe and the newly independent states and facilitated a movement away from the traditional medical model. The pressing public health issues of the next century require a more Region-wide initiative to prepare nurses and midwives to take on these challenges. To this end a WHO education strategy for nursing and midwifery in Europe has been prepared as a natural progression of the LEMON Project. Building on the work of the first workshop in 1995 (the First Meeting of LEMON Coordinators, Group Members and the International Advisory Group), the participants of the Second Workshop decided on a process for the final evaluation of the LEMON Project and considered mechanisms to best integrate the knowledge and experience gained into the new education strategy. The Workshop recommended that evaluation data for the LEMON Project be collected by the end of March 1999. The participants from 11 countries from the eastern part of the European Region endorsed the new WHO education strategy, seeing the LEMON Project as a catalyst to support it.

Additional products

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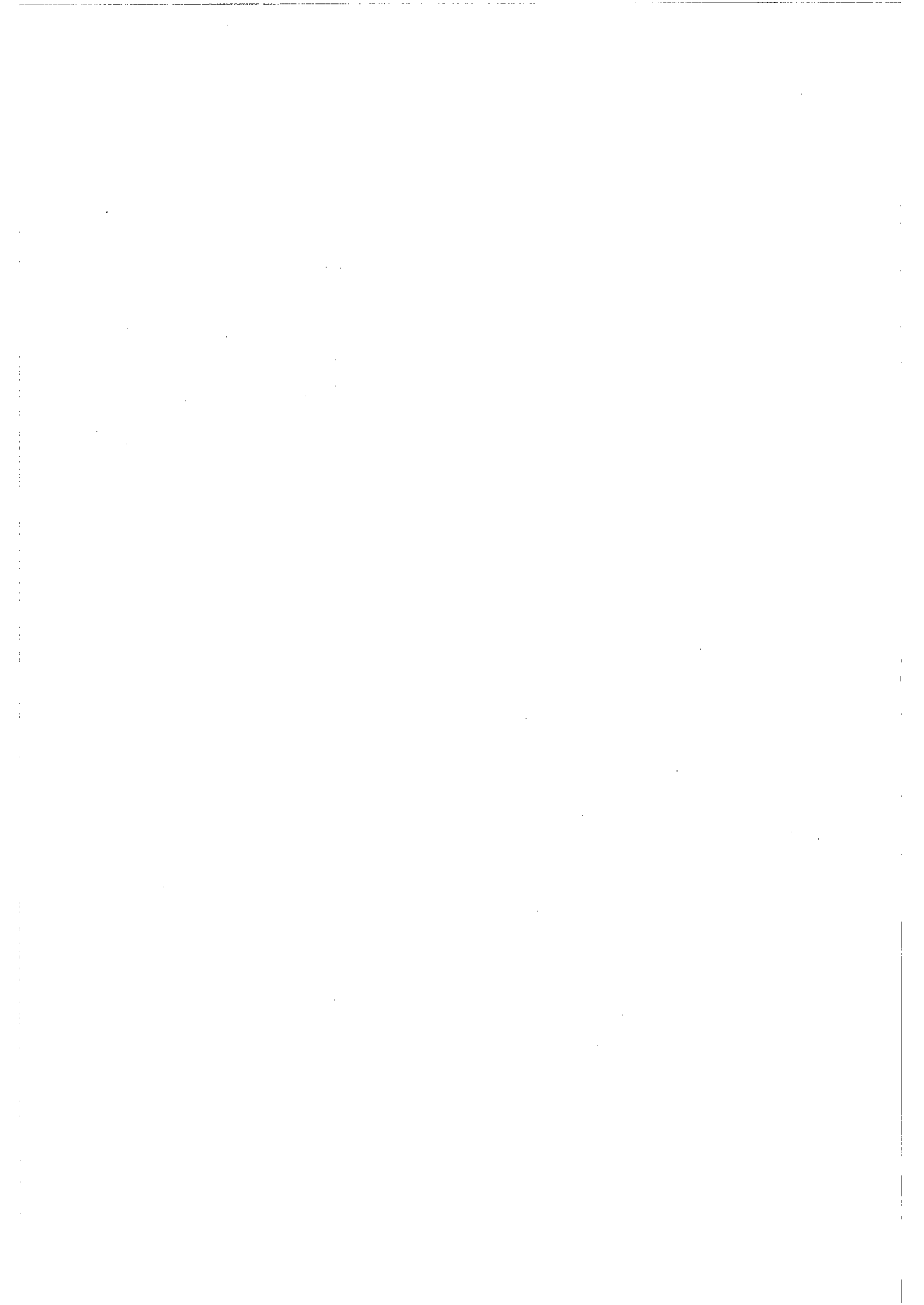
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Keywords

- TEACHING MATERIALS
- EDUCATION, NURSING
- MIDWIFERY – education
- EUROPE, EASTERN
- COMMONWEALTH OF INDEPENDENT STATES



Seventh Annual Meeting of the European Forum of Pharmaceutical Associations and the World Health Organization (EuroPharm Forum)

Copenhagen, Denmark, 6–7 November 1998

EuroPharm Forum was founded in 1992. This Seventh Annual Meeting brought together 84 representatives from 29 countries. The meeting comprised business and professional sessions, including status reports on activities during the past year, proposals for future activities and a poster exhibition. During the business part of the meeting, elections were held for new officers of the Executive Committee, and Mr Joep Winters handed over the Presidency to Mr Hans-Günter Friese. Applications for membership from pharmaceutical associations in the Republic of Moldova and The Former Yugoslav Republic of Macedonia were approved, and a proposal for a new membership fee structure was accepted, ensuring a sound financial basis for the future. The theme of the professional session was in two parts: "Pharmaceutical service and educational needs" and "Pharmaceutical service in practice". The theme was followed by reports on the latest progress and future plans of the five projects and a session entitled "Meet your task force manager", at which the document *Smoke-free Europe 12: pharmacists and action on tobacco* was presented.

Additional products

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By the year 2005, implementation of policies for health for all should engage individuals, groups and organizations throughout the public and private sectors, and civil society, in alliances and partnerships for health.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- SOCIETIES, PHARMACEUTICAL
- PHARMACEUTICAL SERVICES
- CONGRESSES
- EUROPE



Fifth WHO Workshop on Quality Development in Perinatal Care: the OBSQID Project

Nof Ginossar, Israel, 29 October – 1 November 1998

The obstetrical quality indicators and data collection (OBSQID) project for quality management and development in perinatal care involves an extensive network of health care authorities, researchers, professional associations and third-party payers throughout the WHO European Region. Previous workshops organized by the WHO Regional Office for Europe have focused on the development and refinement of two standardized, pan-European data collection tools: the case-based OBSQID basic information sheet and the OBSQID perinatal aggregated data sheet. At this Fifth Workshop, it was unanimously decided that in the coming years the project would strive to increase data reporting, to improve the validity of data, to identify centres demonstrating best practice and pair them with those expressing a need (i.e. establish twinning projects), and to improve perinatal outcomes throughout the European Region.

Additional products

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

EUROPEAN HEALTH21 TARGET 3 – HEALTHY START IN LIFE*

By the year 2020, all newborn babies, infants and pre-school children in the Region should have better health, ensuring a healthy start in life.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

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By the year 2010, Member States should ensure that the management of the health sector, from population-based health programmes to individual patient care at the clinical level, is oriented towards health outcomes.

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Keywords

- PERINATAL CARE
- OBSTETRICS
- QUALITY OF HEALTH CARE
- APPROPRIATE TECHNOLOGY
- EUROPE



First Meeting on Strategies for Child Protection

Padua, Italy, 29–31 October 1998

Child abuse in its various forms – physical, sexual and emotional abuse and neglect – is emerging as a major public health concern in the European Region. However, there is still insufficient awareness of the extent of the problem, especially regarding violence within the family. The Child Health and Development Programme convened this first expert meeting to examine the implications of child abuse and protection needs from the viewpoint of the health sector. The participants represented a wide range of health, social and legal professions from over 30 countries, as well as several international organizations. The following issues were discussed in depth: data collection and monitoring; prevention at the primary, secondary and tertiary levels; and how to elicit an appropriate response from the health sector. There was a clear consensus that health professionals play a crucial role in recognizing, treating and preventing child abuse. It was also recognized, however, that they need to operate in the context of multisectoral teams in order to have maximum impact. A set of general conclusions was drawn up at the meeting, and these form the basis for WHO recommendations to Member States.

Additional products

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EUROPEAN HEALTH21 TARGET 3 – HEALTHY START IN LIFE*

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EUROPEAN HEALTH21 TARGET 4 – HEALTH OF YOUNG PEOPLE*

By the year 2020, young people in the Region should be healthier and better able to fulfil their roles in society.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

EUROPEAN HEALTH21 TARGET 9 – REDUCING INJURY FROM VIOLENCE AND ACCIDENTS*

By the year 2020, there should be a significant and sustainable decrease in injuries, disability and death arising from accidents and violence in the Region.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- CHILD WELFARE
- CHILD ABUSE
- CHILD HEALTH SERVICES
- CHILD ADVOCACY
- CHILD DEVELOPMENT
- FAMILY HEALTH
- POLICY MAKING
- EUROPE



Fourth Meeting of the European Public Health Information Network for Eastern Europe (EUPHIN-EAST)

Rome, Italy, 11–13 October 1998

In 1996, the European Commission and the WHO Regional Office for Europe began a two-year project to develop a European public health information network for eastern Europe (EUPHIN-EAST). This concerted action by 23 countries – 11 countries of central and eastern Europe and 12 newly independent states of the former USSR – is investigating the feasibility and applicability of a telecommunications network, which would link national health databases and make the data easily accessible to national and international users. The main objectives of the fourth EUPHIN-EAST meeting were: to provide participants with progress and management reports on the project; to evaluate progress in countries with regard to developing national health indicator databases (based on DPS software), their use and related training; to make final arrangements to distribute the EUPHIN-EAST servers to countries and to complete evaluation of the pilot network; to discuss issues related to the implementation plan and final report; and to discuss and plan further joint activities for continuation of the project.

Additional products

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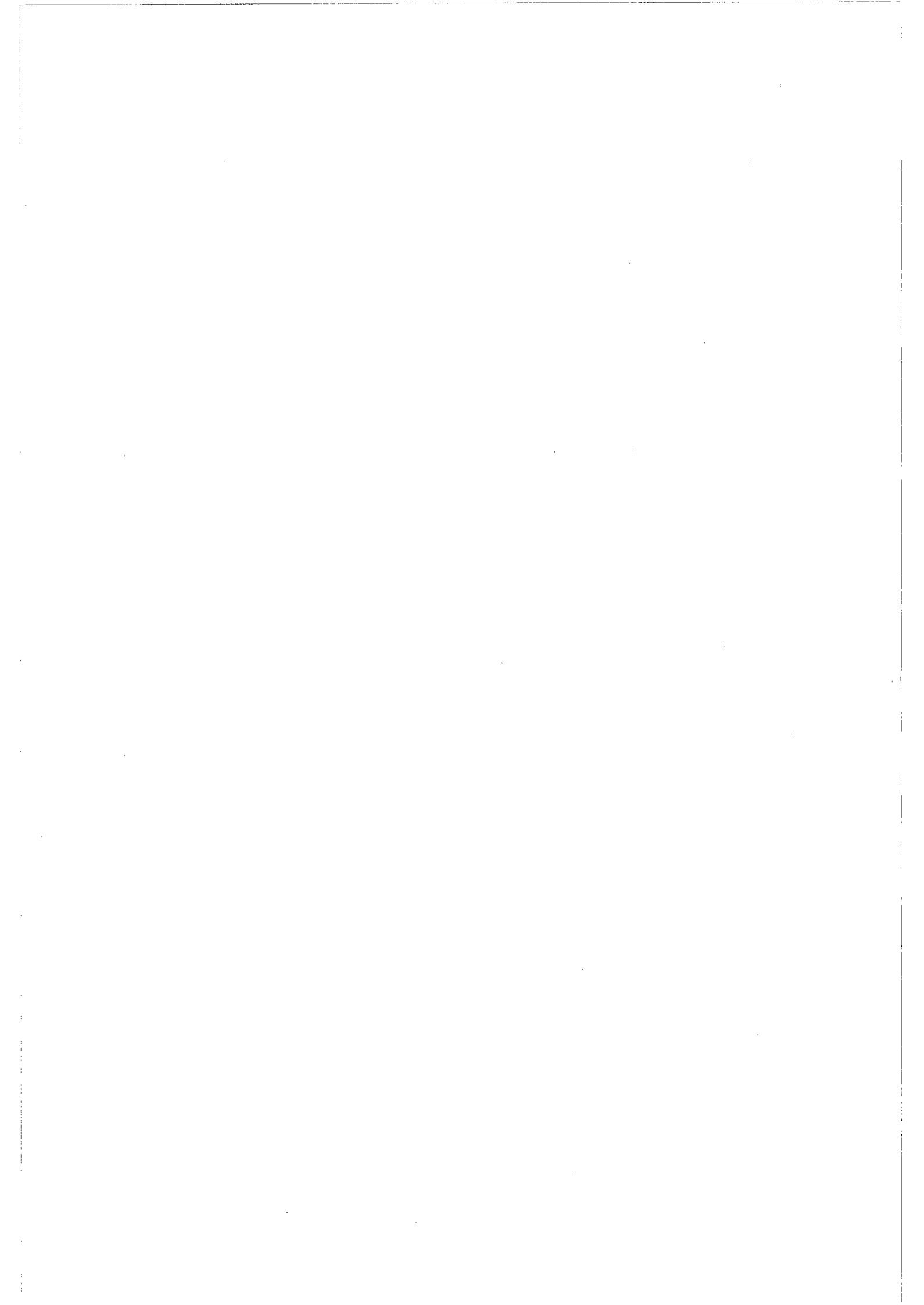
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Keywords

- PUBLIC HEALTH
- INFORMATION SYSTEMS
- HEALTH STATUS INDICATORS
- SOFTWARE
- PROGRAM EVALUATION
- EUROPE, EASTERN
- COMMONWEALTH OF INDEPENDENT STATES



Second Meeting of the Task Force for the Urgent Response to the Epidemics of Sexually Transmitted Diseases in Eastern Europe and Central Asia

Vilnius, Lithuania, 22–23 September 1998

At this second meeting of the Task Force, the participants shared information on the situation concerning sexually transmitted diseases (STDs) and on partners' activities in the Region, particularly in the Russian Federation. A discussion on the potential for national coordination of international assistance concluded that the government had ultimate responsibility for such coordination. The discussion brought to the participants' attention the need for a national strategic plan that would rationalize international and national inputs and serve as a channel for the work of the Task Force at country level. The Task Force could assist by serving as a channel for the international exchange of information that would help identify gaps, overlapping and inconsistencies. The participants discussed the potential for better coordinating or integrating STD services with other health services, particularly those concerned with women's reproductive health. It was agreed that introducing STD services into the primary health care package would help to place STD services on the health care reform agenda and offer better prospects of acceptability and sustainability in the long run.

Additional products

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EUROPEAN HEALTH21 TARGET 7 – REDUCING COMMUNICABLE DISEASES*

By the year 2020, the adverse health effects of communicable diseases should be substantially diminished through systematically applied programmes to eradicate, eliminate or control infectious diseases of public health importance.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- SEXUALLY PREVENTED DISEASES – prevention and control
- ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control
- DISEASE OUTBREAKS
- INTERNATIONAL COOPERATION
- INTERINSTITUTIONAL RELATIONS
- EUROPE, EASTERN
- ASIA, CENTRAL



Nineteenth Session of the European Advisory Committee on Health Research

Tuusula, Finland, 4 September 1998

The Committee drafted a plan of action that foresees a more active role for the Committee. The Committee proposed to make the existing evidence base for HEALTH21 widely available, develop and extend the evidence base into new topic areas and critically review, synthesize and incorporate new evidence as it arises. The Committee also suggested that a proactive capacity be developed to scan for future trends affecting the public health situation in the European Region and to produce critical syntheses of their possible implications. Finally, the Committee proposed strengthening public health research in the countries in the eastern part of the European Region.

Additional products

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

EUROPEAN HEALTH21 TARGET 19 – RESEARCH AND KNOWLEDGE FOR HEALTH*

By the year 2005, all Member States should have health research, information and communication systems that better support the acquisition, effective utilization, and dissemination of knowledge to support health for all.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- HEALTH SERVICES RESEARCH
- HEALTH FOR ALL
- HEALTH PLANNING
- HEALTH PRIORITIES
- PUBLIC HEALTH
- EUROPE



**Particulate Matter (PM10 and PM2.5)
Results of Intercomparison Studies**
Berlin, Germany, 3–5 September 1998

Ambient air pollution containing the respirable fraction of particulate matter (PM10 and PM2.5) constitutes a significant public health concern in Europe. Measuring this type of pollution requires upgrading the existing equipment and improving methods. The aim of the workshop was to present and discuss the results of studies comparing a number of monitoring systems and to discuss the experiences of Member States in their developments of PM10 monitoring. The workshop formulated conclusions and recommendations concerning the need for PM10 and PM2.5 monitoring in the region, equipment testing and the dissemination of information. The recommendations should be considered in the implementation of national programmes and national environmental health action plans in particular. The supporting role of WHO in organizing meetings and disseminating information was also specified.

Additional products

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

EUROPEAN HEALTH21 TARGET 10 – A HEALTHY AND SAFE PHYSICAL ENVIRONMENT*

By the year 2015, people in the Region should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- AIR POLLUTANTS – adverse effects
- COMPARATIVE STUDY
- ENVIRONMENTAL EXPOSURE
- ENVIRONMENTAL MONITORING – methods
- EUROPE



International Workshop on Early Human Health Effects of Climate Change Rome, Italy, 21–23 May 1998

Increases in temperature and changes in precipitation patterns have occurred all over Europe and the world during most of this century. Such climatic changes past, present and future may lead to the occurrence of specific direct and indirect health effects. To address the public health policy issues related to the anticipated climate change in Europe, a working group was convened by the Rome Division of the European Centre for Environment and Health. The group was given the dual tasks of assessing the likelihood that early effects of climate change on human health are already present and detectable, and of identifying appropriate indicators for any such changes. The different possible health outcomes were reviewed in detail and potentially useful instruments for their detection and monitoring discussed. A second meeting of the same working group was planned, with the aim of developing specific recommendations for European ministers of environment and health, to be considered at the Third European Conference on Environment and Health in London in June 1999.

Additional products

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

EUROPEAN HEALTH21 TARGET 10 – A HEALTHY AND SAFE PHYSICAL ENVIRONMENT*

By the year 2015, people in the Region should live in a safer physical environment, with exposure to contaminants hazardous to health at levels not exceeding internationally agreed standards.

**Adopted by the WHO Regional Committee for Europe at its forty-eighth session, Copenhagen, September 1998.*

Keywords

- CLIMATE
- ENVIRONMENTAL HEALTH
- GREENHOUSE EFFECT
- COMMUNICABLE DISEASES
- HEAT – adverse effects
- ULTRAVIOLET RAYS – adverse effects
- FORECASTING
- POLICY MAKING
- ENVIRONMENTAL MONITORING
- HEALTH STATUS INDICATORS

