

Summaries

2/1998



World Health Organization
Regional Office for Europe
Scherfigsvej 8
DK-2100 Copenhagen Ø
Denmark

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The Patient in Focus: A Strategy for Pharmaceutical Sector Reform in Newly Independent States February 1998

The paper describes pharmaceutical sector reform in the newly independent states (NIS) and sets out strategies for its further development. This global strategy will function as a guideline for further reform at country level.

Recent years show many regulatory improvements, but drug treatment also has become more complex, with improved availability and decreased affordability. For the patient the situation is largely dependent on the disposable income. Given the economic hardship of increasingly large groups of the population it is clear that access to quality drugs is no longer within reach of many of them.

The transitional period brings about a serious deterioration of the health status of the population. To reverse this negative trends and to be effective within a changed economic and political environment, pharmaceutical sector reform has to enter a new stage of development. The objective of such continued reform should be to: *ensure affordable access to good quality drugs and their appropriate prescribing and use*. Priorities are: access (affordability of drugs), sector management (policy development, enforcement, information), quality (quality assurance, professional levels), rational drug use (sustainable programmes for drug prescribing and use, the role of the pharmacist), education (basic education, continuous programmes). Access has the highest priority as it affects the patient immediately and has a big political and social impact.

Objectives of pharmaceutical sector reform, i.e. how to improve the situation for the patient, are presented with targets for each priority area. Indications of country needs, possible interventions and involved organizations are given for country implementation. Further support of key persons and organizations is needed to stimulate new approaches for the benefit of all patients.

Additional products

In addition to this summary, a strategy document is available in English and it will be translated into Russian.

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

- HEALTH CARE REFORM
- ECONOMICS, PHARMACEUTICAL
- PHARMACEUTICAL PREPARATIONS – supply and distribution
- QUALITY CONTROL
- LEGISLATION, DRUG
- HEALTH SERVICES ACCESSIBILITY
- COMMONWEALTH OF INDEPENDENT STATES

**Consultation on Multisectoral Issues
and the Draft Health Policy for Europe**
Copenhagen, Denmark, 27–28 January 1998

Acting on the concern expressed by the WHO Regional Committee for Europe in resolution EUR/RC47/R6 – that the renewed policy for health for all should pay proper attention to intersectoral action – the WHO Regional Office for Europe held a consultation in January 1998. The 11 participants were experienced or involved in the industry and business sectors, education, transport, the mass media and politics. They reviewed a draft of the renewed policy and made a number of specific proposals, including: restructuring material to strengthen the logic and the impact of the argument, and ensuring that the essential policy message – the crucial importance of multi- and intersectoral action – is couched in terms that are more appealing to the actors in various sectors and show more awareness of their circumstances.

Additional products

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

European health for all target 0

Keywords

- INTERSECTORAL COOPERATION
- HEALTH POLICY
- HEALTH FOR ALL
- EUROPE

A WHO European Strategy for Nursing and Midwifery Education for Health for All: First Expert Group Meeting

Madrid, Spain, 23–25 November 1997

Health care systems throughout Europe are in transition. Cost-containment policies and poor health outcomes are forcing policy-makers to think in new ways about health service delivery. Nursing and midwifery, the backbone of most health care delivery systems, consume 40–60% of the health care budget in many countries. The professions are under increasing pressure to deliver high-quality services along the whole continuum of care, from health promotion at one end to assisting people to die with dignity at the other. Success in this task requires appropriately educated professionals who are flexible and able to operate in a fast-changing environment. Nursing and midwifery are at very different stages of development in the WHO European Region, however, and if they are to deliver high-quality care in the most cost-effective and -efficient ways, appropriate education is paramount. Governments are looking to WHO and to others for leadership here. WHO brought together a group of experts to map a way forward for the education of nurses and midwives in Europe. This group agreed upon a draft strategy; a timetable for consultation, finalization and subsequent publication and promotion; and a sample framework to guide each country's analysis and approach to implementation. The strategy will build on the work of the WHO LEMON (LEarning Materials On Nursing) project but will affect the whole Region. It will provide countries with a lead in preparing nursing and midwifery for excellence in practice and service delivery at a cost that each country can accommodate.

Additional products

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

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

- DELIVERY OF HEALTH CARE – trends
- EDUCATION, NURSING
- MIDWIFERY – education
- HEALTH FOR ALL
- EUROPE

WHO Healthy Cities Project
Report on a WHO Business Meeting
Jerusalem, Israel, 26–29 October 1997

Project coordinators and politicians from 29 WHO project cities and 13 national networks of the Healthy Cities network attended the meeting. The main items on the agenda were phase III of the project, health for all for the twenty-first century, evaluation of phase II of the project and preparation for the conference to be held in Athens in June 1998. Items for debate and exchange of experience included city health planning, sustaining political commitment, addressing inequalities in cities and engaging the business sector. The main outcomes were the overall phase III approval which will be finalized by the end of December 1997, and the unanimous endorsement of a resolution from the meeting on health for all for the twenty-first century. The next meeting of the network will take place in Athens in June 1998 and will herald the start of phase III.

Additional products

A full report is available in English and French and summaries are available in English, French, German and Russian.

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
- HEALTHY CITIES
- PROGRAM EVALUATION
- HFA STRATEGY COORDINATION
- EUROPE

Investment for Health in Hungary

Report of an Expert Group from the WHO Regional Office for Europe
and the European Committee for Health Promotion Development
October 1997

Hungary is in a period of rapid political, social and economic development and reinvestment, involving the widespread reform of laws, social institutions and economic functions. Hungary's candidacy for entry into the European Union, which has just been endorsed by the European Commission, is a Government priority with profound implications for future development. At the invitation of the Hungarian Parliament, the Regional Office assembled a multidisciplinary Expert Group from the European Committee for Health Promotion Development. Its intended outcome is a practical development strategy for Hungary.

Initial joint discussions and assessments, both in Hungary and at the Regional Office, preceded field work in Hungary. The Expert Group based its conclusions and recommendations on an assessment of the country's current capacity and the need for its further development within its economic and social situation and political priorities.

The main conclusion is that an overall strategy of investment for health for Hungary should be drawn up and systematically implemented. This would require Parliament and the Government to revive and consolidate Hungary's health promotion capabilities. Vigorous reform is needed, both conceptually to encompass the interdependence of better health and social and economic development, and in practical terms to increase the coherence, effectiveness and investment value of health promotion policy-making and its implementation.

Additional products

In addition to this summary, an executive summary and a report are available in English.

European health for all target 13: healthy public policy

By the year 2000, all Member States should have developed, and be implementing, intersectoral policies for the promotion of healthy lifestyles, with systems ensuring public participation in policy-making and implementation.

Keywords

- HEALTH PROMOTION
- HEALTH FOR ALL
- HEALTH POLICY
- PUBLIC POLICY
- HUNGARY

**European Longitudinal Study of Pregnancy and Childhood (ELSPAC)
Annual meeting of Principal Investigators**
Bristol, United Kingdom, 23–27 June 1997

The European Longitudinal Study of Pregnancy and Childhood (ELSPAC) was initiated by the Regional Office in 1985 to improve epidemiological knowledge of factors influencing children's health in European countries. It is designed to cover various aspects of the life and environment of pregnant women and children. The 1997 meeting was devoted to planning examinations and questionnaires for children in the study aged 7 years and, following the recent publication of the first ELSPAC book, the further planning of the next three books. Progress reports from participating countries were reviewed and discussed. One study centre in Ukraine had stopped collecting data, and Greece was not represented owing to lack of funds and the unlikelihood of it being able to carry out the 7-year follow-up. There were now 11 study centres collecting data in 6 countries and areas (Czech Republic, Isle of Man, Russian Federation, Slovakia, Ukraine and United Kingdom). The participants agreed that the next meeting should focus on the publication of the three books as planned, and to report on progress with the three books as planned, and to report on progress with the 7-year assessments.

Additional products

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

European health for all target 7: health of children and young people

By the year 2000, the health of all children and young people should be improved, giving them the opportunity to grow and develop to their full physical, mental and social potential.

Keywords

- LONGITUDINAL STUDIES
- PREGNANCY
- CHILD HEALTH
- CZECH REPUBLIC
- ISLE OF MAN
- RUSSIAN FEDERATION
- SLOVAKIA
- UNITED KINGDOM
- UKRAINE