

# Summaries

4/1998



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

---

This document is issued in English, French, German and Russian, and all rights are reserved by the WHO Regional Office for Europe. The document may nevertheless be freely reviewed, abstracted, reproduced or translated into any other language, but not for sale or for use in conjunction with commercial purposes. The WHO name and emblem are protected and may not be used on any reproduction or translation of this document without permission. Any views expressed by named authors are solely the responsibility of those authors. The Regional Office would appreciate receiving three copies of any translation.

## **Workshop on Needs and Outcome Assessment (NOA) in Primary Health Care**

Heraklion, Greece, 28–30 May 1998

The Workshop on Needs and Outcomes Assessment (NOA) in Primary Health Care, convened by the WHO Regional Office for Europe, was attended by family physicians and nurses, general physicians, social scientists, public health physicians and other experts in this field. The objectives were to review the methodology that different centres used to assess needs and outcomes, to identify the basic elements of a common approach to this methodology and to identify potential partners for implementing such an approach. The discussions showed that, although the participants' centres differed in circumstances and priorities, they shared several common factors: the identification of specific populations or groups within them, a multidisciplinary approach and involvement of the community. The participants concluded that NOA is highly relevant for the further development of effective primary health care and for the strengthening of the broader concept of primary health care. NOA is necessary at two levels (individual practice and district level) and can use a global or disease-specific approach at each. Cooperation with the community adds to the validity and impact of the process. NOA must involve professional, patient and community perspectives and should utilize a mix of locally appropriate methods, and multiple data sources should be considered. Specific indicators for NOA should be identified and tested. Resources and training would be required. The participants recommended that WHO have a leading role in advocating this approach and developing and disseminating material to help local teams in different countries to carry out NOA. The Workshop should mark the beginning of a process of exchanging experiences and information about developments in other countries.

### **Additional products**

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

---

### **European health for all target 28: primary health care**

*By the year 2000, primary health care in all Member States should meet the basic health needs of the population by providing a wide range of health-promotive, curative, rehabilitative and supportive services and by actively supporting self-help activities of individuals, families and groups.*

### **Keywords**

- PRIMARY HEALTH CARE – standards
- OUTCOME AND PROCESS ASSESSMENT (HEALTH CARE)
- HEALTH SERVICES NEEDS AND DEMAND
- EUROPE

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

Darmstadt, Germany, 29 April 1998

This Fourth Workshop was the first to be held following the shift from the pilot Health Promoting Hospitals (HPH) projects to the national/regional networks within the new framework of the Vienna Recommendations on Health Promoting Hospitals. The participants in the meeting were the national/regional HPH network coordinators. The first part of the Workshop focused on the development of the networks and their coordination at international level. Each coordinator made a short presentation on the development of the network and reported on successes and failures. Further, the HPH database was presented, and suggestions for its optimal use were discussed. The second part of the meeting was devoted to a discussion of evaluation systems and strategies for HPH activities, based on the reports prepared by the network coordinators. An analysis of the strategies demonstrated that evaluations are mainly carried out at hospital level and that some coordinators experience great difficulties in applying evaluation methods. The meeting concluded with some remarks in relation to the membership, the use of the database, and the further development of the network.

### **Additional products**

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

---

### **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**

- HEALTH PROMOTION
- HOSPITALS – trends
- PROGRAM EVALUATION
- INTERNATIONAL COOPERATION
- EUROPE

## **Meeting of the Task Force on Economy, Environment and Health** Dublin, Ireland, 17–18 April 1998

The Third European Conference on Environment and Health will be held in London in June 1999. This task force was established to guide the preparation of the outcome document for ministerial decisions, drawing up the principles and main actions to be taken by the Member States of the WHO European Region and by international organizations and institutions. The Meeting focused primarily on the following questions.

- What use has been made of economic analysis for the recommendations and policies targeted towards environmental health?
- How have environmental health concerns been integrated into sectoral and macroeconomic recommendations and policies?
- What lessons can be learned from current practices: the successes, gaps and barriers identified, good practice and failures?
- How could economic analysis be used to assist Member States in handling economics with respect to environmental health, and in efficiently allocating resources to it?

The Meeting also addressed procedures, in particular how the agencies could work better together in the future and whether there were specific needs for establishing new mechanisms of cooperation, and discussed the plan of work for April – October 1998.

### **Additional products**

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

---

### **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.*

### **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**

- ENVIRONMENTAL HEALTH – economics
- HEALTH PLANNING
- HEALTH POLICY
- FINANCING, HEALTH
- INTERNATIONAL COOPERATION
- EUROPE

## **Workshop on Perinatal Care** Venice, Italy, 16–18 April 1998

While perinatal care is changing in all the countries of the WHO European Region, it particularly needs reinforcement in the newly independent states of the former USSR and the countries of central and eastern Europe. This requires the development of specific strategies and tools. The WHO Regional Office for Europe, in close collaboration with the Veneto region of Italy, organized a Workshop on Perinatal Care to examine the available material, to identify the gaps and to create a task force to address them. Over 30 gynaecologists, obstetricians, neonatologists, midwives and educators, from Bulgaria, Canada, Estonia, Georgia, Israel, Italy, Kazakhstan, Lithuania, Romania, the Russian Federation, Spain, Sweden, Ukraine and the United Kingdom, attended. They agreed that strategies for interventions in perinatal care should include antenatal care and education, delivery care, the identification and correct management of obstetric complications, post-partum care and neonatal care. The participants endorsed the principles of protecting, promoting and supporting effective perinatal care and recommended the formation of a Task Force on Perinatal Care to support and advise on effective perinatal care and to develop appropriate strategies and tools for specific problems.

### **Additional products**

In addition to this summary a report on the Workshop 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.*

### **European health for all target 8: health of women**

*By the year 2000, there should be sustained and continuing improvement in the health of all women.*

### **Keywords**

- PERINATAL CARE – standards
- MATERNAL HEALTH SERVICES – standards
- OBSTETRICS
- QUALITY OF HEALTH CARE
- COMMONWEALTH OF INDEPENDENT STATES
- EUROPE, EASTERN

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

Basel, Switzerland, 6–7 March 1998

Despite the relocation of the meeting from Israel to Switzerland two weeks before the event, 68 representatives from 44 Medical Associations, and 6 observer organizations attended. They devoted much of their time to considering two major public health issues: "Future Health Policies: 2000 onwards", based on presentations by WHO, the European Commission, and the Council of Europe; and "Trends in sexually transmitted diseases". Other issues discussed were tobacco control, autonomy of medical practitioners and engagement of medical practitioners in Quality of Care Development (QCD).

The Forum had earlier commented on the WHO Health for All (HFA) consultative document, noting the common features of the health policies being developed by the Regional Office for Europe and the European Union. In subsequent debate reflecting major concern over inadequate budgets for health in many countries in Europe, the Forum adopted a Statement on HFA Strategy and Health Care Resources. Major concern was also expressed over the adequacy of resources for curative care, on which the Medical Associations present in Basel themselves adopted a statement. Statements calling on the European institutions to resist amendment to the proposed tobacco advertising directive, and on the threats to the health of civilians in Kosovo were also adopted.

The Forum noted that pilot project surveys of smoking among medical practitioners were nearly complete. Medical Associations will be receiving the material to carry out their own surveys in the near future. The Quality of Care booklet has been distributed to most National Medical Associations (NMAs), 17 of whom reported not only the establishment of QCD action groups or committees, but also many other actions. In response to wishes expressed in writing by NMAs, the Forum agreed to convene a meeting in autumn 1998 to determine the best way to set up joint collaborative efforts at regional or subregional level and promote engagement in QCD by their members. Financing of the Forum was the subject of a presentation and subsequent debate, and will be further explored. The establishment of a network of experts in identifying evidence of torture was reported.

Owing to technical problems, the new enlarged Handbook of National Medical Associations in Europe, which contains all the Forum Statements, is being reprinted and will be distributed later in the year.

### Additional products

In addition to this summary, a report on the meeting will be available in English and Russian in October 1998.

---

### 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 – congresses
- HEALTH POLICY – trends
- HEALTH FOR ALL
- SEXUALLY TRANSMITTED DISEASES
- QUALITY ASSURANCE, HEALTH CARE
- SMOKING – prevention and control
- EUROPE

## **Meeting on Use of Wellbeing Measures in Primary Health Care – the DepCare Project**

Stockholm, 12–13 February 1998

People with depression are often not treated optimally or treated at all. Many depressed people do not seek help and, in most countries, only a few general practitioners are well equipped to diagnose and measure outcome for people who seek treatment. The WHO Regional Office for Europe held a meeting on quality assurance for mental health in 1993, as part of a broader project supported by the European Forum of Medical Associations; it looked at indicators for acute depression care. The Regional Office held a meeting on patient outcome measures in mental health in 1995 to review the results of studies made since the first meeting and to recommend further application and dissemination of indicators for long-term, acute and community care. The objective of the Meeting on the Use of Wellbeing Measures in Primary Health Care – the DepCare Project was to discuss guidelines for carrying out a range of studies in several European countries, and the use of screening tools to identification and manage depression and psychological problems and stress-related disorders, with a focus on quality of care. The participants decided to set up a common database hosted by the Regional Office.

### **Additional products**

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

---

### **European health for all target 12: reducing mental disorders and suicide**

*By the year 2000, there should be a sustained and continuing reduction in the prevalence of mental disorders, an improvement in the quality of life of all people with such disorders, and a reversal of the rising trends in suicide and attempted suicide.*

### **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**

- MENTAL HEALTH
- DEPRESSIVE DISEASE – prevention and control
- QUALITY OF LIFE
- QUALITY OF HEALTH CARE
- PRIMARY HEALTH CARE
- EUROPE

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

London, United Kingdom, 27–29 January 1998

The EAG proposed targets and recommendations for the elimination of poliomyelitis, neonatal tetanus, indigenous diphtheria and measles, for reducing the carrier incidence of hepatitis B virus in children under five years, and for controlling mumps, pertussis, congenital rubella and invasive disease caused by *Haemophilus influenzae* type b. Achieving these targets would require appropriate political will, well defined strategies, the necessary managerial and financial resources, well organized public health systems with laboratory-based infectious diseases surveillance, high immunization coverage, national and international collaboration, and national immunization programmes that were sustainable and self-sufficient from the earliest possible date. The EAG agreed that poliomyelitis eradication remained the first priority for national elimination programmes. It believed, however, that measles elimination strategies needed to be accelerated and that an operational plan should be developed. The EAG agreed that hepatitis B prevention was a high priority. The Group recommended that all countries implement systems to monitor adverse events following immunization and safe immunization practices. The EAG was aware that public and professional concerns about vaccine safety would increase in both developed and developing countries, with the potential to seriously undermine confidence in immunization. The EAG considered that, subject to public health justifications for resource utilization, there could be useful roles for rotavirus and varicella vaccines in routine programmes. The Group recognized the advantages of new combination vaccines, but was also aware of some of their shortcomings. The EAG was appreciative of the progress towards poliomyelitis eradication in the Region, and endorsed the definition for classification of vaccine-associated paralytic poliomyelitis.

### 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

- EPIDEMIOLOGIC SURVEILLANCE
- COMMUNICABLE DISEASE CONTROL – METHODS
- DIPHTHERIA-TETANUS-PERTUSSIS VACCINE
- BCG VACCINE
- POLIOVIRUS VACCINE
- HEPATITIS B VACCINES
- MEASLES VACCINE
- IMMUNIZATION PROGRAMS
- HFA STRATEGY COORDINATION
- EUROPE

## **Joint WHO/UNAIDS European Seminar on HIV/AIDS, Sexually Transmitted Diseases and Tuberculosis in Prisons**

Warsaw, Poland, 14–16 December 1997

Responding to the serious threat to public health posed by the high levels of HIV/AIDS, sexually transmitted diseases and tuberculosis in the European prison population, the WHO Regional Office for Europe and the Joint United Nations Programme on HIV/AIDS, in collaboration with the institutions participating in the WHO health in prisons project, organized a seminar of representatives of prison administrations and health care staff, national AIDS and tuberculosis programmes, nongovernmental organizations, and justice, interior and health ministries from 16 countries. The participants exchanged information on the current situation as to risk behaviour, risk factors and transmission of disease in prisons in Europe. They assessed progress in and possible barriers to the adaptation and application of the WHO guidelines on HIV infection and AIDS in prisons and the WHO strategy for tuberculosis control, and discussed models of good practice for prevention and care. Calling for urgent action from governments and the international community, the participants made recommendations on safeguarding the rights of all prisoners to receive health care, including preventive measures, equivalent to that available in the community, without discrimination.

### **Additional products**

In addition to this summary, a report on the seminar 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**

- HIV INFECTIONS – prevention and control
- ACQUIRED IMMUNODEFICIENCY SYNDROME – prevention and control
- SEXUALLY TRANSMITTED DISEASES – prevention and control
- TUBERCULOSIS – prevention and control
- PRISONS
- EUROPE

## Meeting of Experts to Finalize the Document *Asbestos and health*

Copenhagen, Denmark, 8–9 December 1997

The WHO Regional Office for Europe has developed a series of brief technical documents for local authorities, providing them with accurate information and recommendations for action on issues of environment and health. These pamphlets are written by specialists, then carefully reviewed and attractively laid out, to give local authorities documents of exceptional quality and usefulness. Most of the pamphlets have been very successful in most countries of the WHO European Region. Asbestos is one of the topics being addressed in the series, and a highly sensitive subject. By August 1997, two documents had been drafted: *Asbestos and health* (by Professor Fedor Valiç) and *Asbestos and housing* (by Mr Eric Giroult). These were sent out for scientific review. As some of the reviewers found the drafts to be controversial, it was decided to commission an asbestos expert to provide detailed comments. A meeting was held to review these comments and the two drafts. The participants agreed on the steps needed to finalize *Asbestos and health* for release as part of the series of pamphlets.

### Additional products

In addition to this summary, the pamphlet *Asbestos and health* will soon be available in English.

---

### 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.*

### 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

- PUBLIC HEALTH
- ASBESTOS
- PUBLISHING
- GUIDELINES

## **Coordination Meeting of Experts on Accidents**

Jūrmala, Latvia, 27–30 November 1997

The Regional Office is developing a series of brief technical brochures aimed at local authorities, to provide them with accurate and practical information on environment and health issues. One of the topics in the series is accidents, an area of environment and health where local authorities constantly face difficult situations. Pamphlets are to be issued covering local policy for accident prevention, child accidents, accidents and older people, fire safety, water safety, road safety, home safety, playground safety and sport and leisure safety. Since close coordination is needed between the authors of the various documents in order to avoid overlaps and to ensure that most of the important topics are tackled, a meeting was convened to allow discussion among the specialists on the basis of the papers prepared by them. The background documentation for these discussions was a detailed table of contents produced by each author prior to the meeting. The participants also proposed illustrations and case studies, finalized the detailed contents of the pamphlets, and drew up a timetable setting the deadlines for the first draft, the final text and the layout.

### **Additional products**

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

---

### **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.*

### **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.*

### **European health for all target 24: human ecology and settlements**

*By the year 2000, cities, towns and rural communities throughout the Region should offer physical and social environments supportive to the health of their inhabitants.*

### **Keywords**

- ENVIRONMENTAL HEALTH
- ACCIDENT PREVENTION
- MUNICIPAL GOVERNMENTS
- EUROPE

## **Meeting on Health Issues of Minority Women Living in Western Europe** Copenhagen, Denmark, 24–25 November 1997

The WHO Regional Office for Europe hosted a meeting on health issues of minority women in western Europe, attended by participants from Denmark, Italy, Norway, Sweden, Switzerland and the United Kingdom. The participants discussed a wide range of subjects, such as: the number of immigrants in western Europe, pregnancy and birth issues, female genital mutilation, mental health, experience with providing health care for immigrant women and sexual health, including approaches to HIV/AIDS prevention among ethnic minorities. All participants felt that, regardless of social or economic status, equity in health care and the social inclusion of members of minority groups, especially women, are vital to the wellbeing of a community. The participants made recommendations to such bodies as the Regional Office, governments and health services. Another meeting is planned for 1999, at which it is hoped that WHO, European Member States, the International Organization for Migration, the European Union and a group of medical professionals and immigration experts will form a strong network to follow up and monitor these issues.

### **Additional products**

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

---

### **European health for all target 8: health of women**

*By the year 2000, there should be sustained and continuing improvement in the health of all women.*

### **Keywords**

- MIGRATION
- MINORITY GROUPS
- WOMEN'S HEALTH
- HEALTH EDUCATION
- HEALTH SERVICES NEEDS AND DEMAND
- HEALTH SERVICES ACCESSIBILITY
- EUROPE

## **Sixth Annual Meeting of the European Forum of Pharmaceutical Associations and WHO**

Brussels, Belgium, 13–14 November 1997

The European Forum of Pharmaceutical Associations and WHO (EuroPharm Forum) was founded in 1992. The Sixth Annual Meeting was attended by 68 representatives from 26 countries. The Meeting comprised business and professional sessions, including reports on activities carried out in the previous year and proposals for future activities. The professional session described the framework of the Forum's activities and how to work with Forum projects, and ended with task force meetings. Presentations were made on project implementation and monitoring systems. The business session emphasized the future financial situation of the Forum and described the status of the five projects underway, including the conclusions and recommendations from the professional session. Finally, the Forum formally approved the May 1997 draft of the document *Guidelines for pharmacy-based asthma services*.

### **Additional products**

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

---

### **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.*

### **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**

- PHARMACEUTICAL SERVICES
- SOCIETIES, PHARMACEUTICAL
- PHARMACISTS
- CONGRESSES
- EUROPE

**Expanded Programme on Immunization:  
Seventh Meeting of National Programme Managers**  
Berlin, Germany, 10–12 November 1997

The purposes of the Meeting were to introduce the European health for all policy for the twenty-first century, to discuss measles elimination, to advocate the strengthening of disease surveillance and development of laboratory networks, to present cost-benefit analysis models as tools for decision-makers, to discuss the systems of reporting on diseases covered by the WHO Expanded Programme on Immunization (EPI) and to present progress on poliomyelitis eradication/certification and diphtheria control. Essential components of a measles elimination plan for the WHO European Region were presented and the national programme managers endorsed the previous recommendation of the EPI European Advisory Group, that the elimination strategy, based on identification of susceptibility, was the most appropriate approach for the Region. Countries would need to categorize the control achieved through their current measles strategies, make appropriate analyses to estimate susceptibility and identify the appropriate way forward. The national programme managers agreed that continued efforts were needed to improve surveillance, especially for poliomyelitis, measles, hepatitis B and diphtheria. They acknowledged the progress towards poliomyelitis elimination, recognized the obstacles and reviewed the certification process.

**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**

- EMERGING DISEASES – prevention and control
- IMMUNIZATION PROGRAMS
- PROGRAM EVALUATION
- EPIDEMIOLOGIC METHODS
- MEASLES – prevention and control
- POLIOMYELITIS – prevention and control
- DIPHTHERIA – prevention and control
- HEPATITIS B – prevention and control
- HEALTH FOR ALL
- EUROPE
- EUROPE, EASTERN
- ASIA, CENTRAL
- COMMONWEALTH OF INDEPENDENT STATES

**First Annual Meeting of the European Forum of National Nursing  
and Midwifery Associations and WHO**  
Delphi, Greece, 29 October 1997

The First Annual Meeting of the European Forum of National Nursing and Midwifery Associations and WHO was attended by representatives of national nursing and midwifery associations from 28 WHO European Member States (including newly formed national nursing and midwifery associations from the newly independent states of the former USSR and the countries of central and eastern Europe) and observers from international associations. The participants agreed on the aims of the Forum and, with slight amendments, its operational principles. Working in groups, the participants suggested principles for action to be incorporated in declarations or statements on care for the chronically ill, elderly people, mothers and children, and smoking cessation among nurses and midwives. Finally, the participants agreed that members of the Forum would make up task forces in 1998 to act on the Meeting's recommendations; the task forces would draw on the expertise of relevant specialist organizations.

**Additional products**

In addition to this summary, a 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**

- SOCIETIES, NURSING
- MIDWIFERY
- ORGANIZATION AND ADMINISTRATION
- HEALTH CARE REFORM
- WORLD HEALTH ORGANIZATION
- EUROPE

## **Fourth Workshop on Quality Development in Perinatal Care: the OBSQID Project**

Poznan, Poland, 23–25 October 1997

The obstetrical quality indicators and data collection (OBSQID) project for quality development in perinatal care involves an extensive network of health care professionals, authorities, researchers, professional associations and third-party payers throughout the WHO European Region. Workshops organized by the WHO Regional Office for Europe have developed and refined data collection tools for the project. The objective of the Fourth Workshop was to further quality development and the appropriate use of technology in perinatal care. The Workshop was important in marking the transition of OBSQID into the implementation phase. The participants assessed the results and problems of data collection activities to date. After identifying centres of good practice and those in need, partnerships were established to ensure the transfer and exchange of knowledge and expertise. The impact of such partnerships will be monitored through data collection using the OBSQID tools and reflected in perinatal outcomes.

### **Additional products**

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

---

### **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**

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

## **Meeting on the Role of Public Health Services in NCD Prevention within Health Care Reform**

Kaunas, Lithuania, 23 April 1997

During the thirteenth meeting of the directors of countrywide integrated noncommunicable disease intervention (CINDi) programmes in 1996, the advantage of using public health services in noncommunicable disease (NCD) prevention within health care reform was discussed. It was agreed that, as a first step, the availability of information in this area should be clarified and priority areas for action identified. To this end, a questionnaire was elaborated and distributed to the countries participating in the WHO CINDi programme; 13 countries responded. The participants at the Meeting on the Role of Public Health Services in NCD Prevention within Health Care Reform discussed the results of the survey and agreed that the experiences of countries would be used to compile a second questionnaire seeking more detailed information. The results of the second questionnaire would contribute to the preparation of a comprehensive report on the possibilities for improving NCD prevention and control through public health services.

### **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.*

### **Keywords**

- CHRONIC DISEASE – prevention and control
- HEALTH CARE REFORM
- PUBLIC HEALTH ADMINISTRATION
- HEALTH SERVICES – organization and administration
- HEALTH CARE SURVEYS
- EUROPE
- EUROPE, EASTERN

## **Training Seminar on High Blood Pressure Management: improving compliance and non-pharmacological management**

Barcelona, Spain, 24–26 October 1996

A recent survey of the countrywide integrated noncommunicable diseases intervention (CINDI) programme showed that better compliance with and enhancement of non-pharmacological management of high blood pressure are priority issues in high blood pressure control in all CINDI participating countries (Austria, Belarus, Bulgaria, Canada, Croatia, Czech Republic, Estonia, Finland, Germany, Hungary, Israel, Kazakhstan, Kyrgyzstan, Lithuania, Malta, Poland, Portugal, Russian Federation, Slovakia, Slovenia, Spain (Catalonia), Turkmenistan, Ukraine, United Kingdom (Northern Ireland), especially those in central and eastern Europe.

In order to improve the quality of care in high blood pressure management in individuals, the CINDI Working Group on Hypertension organized a training seminar where discussions focused on strategies to improve adherence to hypertension management and the level of non-pharmacological intervention.

As a result of the seminar, the CINDI Working Group on Hypertension will work towards preparing an official statement on self-measurement of blood pressure; defining the situation in and needs of CINDI countries vis-à-vis blood pressure management; and organizing seminars on the assessment of nutrition, physical activity and stress, and on the role of the pharmacist in blood pressure management.

### **Additional products**

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

---

### **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.*

### **Keywords**

- HYPERTENSION – therapy
- HYPERTENSION – prevention and control
- BEHAVIOR THERAPY
- SELF CARE – instrumentation
- EUROPE
- EUROPE, EASTERN