

Summaries

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**European Network of Health Promoting Schools
Sixth Business Meeting of National Coordinators**
Luxembourg, 25–27 May 1998

The meeting, which was hosted by the European Commission, was attended by delegates from 40 countries together with representatives from the Commission, the Council of Europe and WHO. It was an important milestone for the Network, concentrating as it did on the changing nature of the initiative and how best the Network should respond to that change. Through group work and discussion, the national coordinators were encouraged to analyse their practices, look at the needs of their own networks and devise action plans to take account of both existing and emerging requirements. The best ways of disseminating results were discussed thoroughly. Other items on the agenda included presentations from representatives of the Commission's DGV units: Europe Against AIDS, Europe Against Cancer and Europe Against Drugs, with an additional presentation on behalf of DGXXII (education, training and youth). As usual, the Network's technical secretariat worked closely with the coordinators to plan training programmes and other activities, so as to furnish the Network with the most efficient and relevant technical assistance.

Additional products

In addition to this summary, an executive summary of the meeting is available in English.

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

- HEALTH PROMOTION
- HEALTH EDUCATION
- SCHOOL HEALTH SERVICES – organization and administration
- PROGRAM EVALUATION
- EUROPE

**Third Meeting of the European Public Health Information Network for
Eastern Europe (EUPHIN-EAST)**
Kiev, Ukraine, 17-19 May 1998

The European Commission and the WHO Regional Office for Europe have begun a two-year project to develop a European public health information network for eastern Europe (EUPHIN-EAST). Concerted action by 23 countries – 11 countries of central and eastern Europe (CCEE) and 12 newly independent states (NIS) – is investigating the feasibility and applicability of the network, which would link national health databases and make the data easily accessible to national and international users. The main objectives of the third EUPHIN-EAST meeting were: to review progress in countries in developing national health databases and carrying out the tasks agreed at the second meeting in 1997; to review progress in developing the national health service indicator packages in the NIS and applying the packages in the CCEE; to demonstrate the EUPHIN-EAST pilot network; to plan for the evaluation of the EUPHIN-EAST network and discuss improvements; and to prepare an implementation plan for the project and discuss plans for the final meeting of the project in October 1998.

Additional products

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

European health for all target 35: health information support

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

Keywords

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

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

Copenhagen, 23–24 February 1998

The unprecedented rise in syphilis and other sexually transmitted diseases (STDs) in large parts of eastern Europe and central Asia poses a significant threat of an immediate HIV epidemic in the region. International agencies and the most affected countries have joined forces to take action to curb the rapidly evolving STD epidemics. On the initiative of the WHO Regional Office for Europe and the Joint United Nations Programme on HIV/AIDS (UNAIDS), an international task force was created to mobilize an urgent and well coordinated multi-donor response to the crisis. The first meeting of the Task Force was held to establish its terms of reference and secretariat. The participants agreed on a strategic framework for an international response, whose scope included both care and prevention and whose geographic coverage included vulnerable countries of central Europe, as well as those already affected. The participants agreed to establish the secretariat at the Regional Office for Europe and defined the mission of the Task Force as ensuring that:

- external support to the region is both timely and well coordinated
- international and national resources are mobilized, and
- the local capacity to respond to the STD epidemics is enhanced.

The participants concluded their work by recommending the next steps to be taken.

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

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

Meeting to Revise the Draft Charter for General Practice/Family Medicine in Europe Copenhagen, Denmark, 6-7 February 1998

The Meeting, convened to finalize the text of the document, was attended by representatives of professional associations and societies concerned with general practice/family medicine, representatives of the medical and nursing professions as a whole, and experts who had contributed to the preparation of the draft Charter. The Meeting discussed the concepts and intentions of the document, the results of a collaborative study on the work of general practitioners in 31 countries, and the feedback from the consultation process on the draft discussion document, which was circulated in 1995 to a large number of national and international professional associations, colleges and scientific societies and was also discussed in several meetings, workshops and conferences. It was agreed to make it clear that the document addressed issues related to the characteristics and profile of general practitioners as professionals, and was not intended to describe general practice or primary health care as a whole. A number of specific points were discussed and agreed on. It was agreed to change the title of the document to *Framework for professional and administrative development of general practice/family medicine in Europe*. The participants stressed the need to disseminate the document to as wide an audience as possible.

Additional products

In addition to this summary, a report on the Meeting is available in English. The *Framework for professional and administrative development of general practice/family medicine in Europe* is also available in English, French, German and Russian.

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

- HEALTH POLICY
- FAMILY PRACTICE
- PUBLISHING
- EUROPE

Workshop on Education and Training in General Practice/Family Medicine: the Process and Results of Reforms

St Petersburg, Russian Federation, 21–23 October 1997

The Workshop was convened to discuss the introduction of the subject of general practice/family medicine (GP/FM) into undergraduate medical education and the establishment of specialist training schemes at postgraduate level in the newly independent states (NIS) of the former USSR. Other objectives were to review the experience of the participating countries, to give participants the opportunity of learning from each other, and to establish a network whereby developments in strengthening GP/FM would be regularly reviewed. The participants, who came from all 12 NIS, were administrators responsible for the development of GP/FM and professors from the medical universities that have introduced training programmes for general practitioners. Speakers at the meeting were experts from countries that had established training programmes in GP/FM some years earlier. Important concepts in teaching and training in general practice were presented, with an emphasis on the issues that distinguish GP/FM from other specialities, such as continuity and comprehensiveness of care and the establishment of interpersonal relationships with patients. Specific clinical skills and attitudes were also emphasized. The reforms in certain countries and the reorganization of curricula in specific medical schools were used to illustrate the general principles mentioned.

Progress in implementing reform in the NIS was reviewed. Steps have been taken everywhere, although the pace has been different. The main difficulties relate to the reform of the health care system, so that GP/FM becomes a key part of primary health care, rather than to educational reform. The main conclusions of the meeting reiterated that family medicine should be taught and departments of GP/FM established in all medical schools, and that postgraduate training should be based on residential programmes. Appropriate legislative measures were also mentioned. The participants recommended that the regional Office should continue to provide support to the reform of education in GP/FM, among other things through organizing regular meetings of the group, and that countries should continue to provide support to the efforts to strengthen education and training in GP/FM.

Additional products

In addition to this summary, a report on the Workshop is available in English. A Russian translation of the report will be available towards the end of 1998.

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

- EDUCATION, MEDICAL – trends
- FAMILY PRACTICE – trends
- HEALTH CARE REFORM
- PRIMARY HEALTH CARE
- COMMONWEALTH OF INDEPENDENT STATES

Fourth Meeting on Coordination of Operation MECACAR

Rome, Italy, 20–22 October 1997

Operation MECACAR is an intercountry coordination effort of the European and Eastern Mediterranean regions of WHO, organized to achieve and maintain interruption of wild poliovirus transmission in the currently and formerly endemic countries of the regions. The meeting was attended by representatives from the 18 countries participating in Operation MECACAR and other countries recently threatened with poliomyelitis, together with representatives of partner organizations. The meeting reviewed progress and planned the implementation of the poliomyelitis eradication strategies in 1998. The countries reported successful implementation of national immunization days (NIDs) during 1995–1997, and significant progress towards enhancing surveillance. The major recommendations of the meeting included continuation of collaboration under the designation "Operation MECACAR PLUS", determination of criteria for continuing NIDs and mopping-up activities, acceleration of the implementation of effective acute flaccid paralysis (AFP) surveillance, and planning for certification of poliomyelitis eradication.

Additional products

In addition to this summary, a report on the meeting is available in English, and a Russian translation will be available at the end of 1998.

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

- POLIOMYELITIS – prevention and control – transmission
- IMMUNIZATION PROGRAMS – organization and administration
- POLIOVIRUS VACCINE, ORAL – administration and dosage
- EUROPE
- COMMONWEALTH OF INDEPENDENT STATES
- MIDDLE EAST

First Meeting of Chairmen of National Committees for the Certification of Poliomyelitis Eradication in the European Region

Vienna, Austria, 16–17 December 1997

In order for the global eradication of poliovirus transmission to be certified, each WHO region must be certified free of polioviruses. In 1996, the WHO Regional Director for Europe appointed the European Certification Commission. For regional certification, national committees from each country will submit for formal review all available data in a standardized format to demonstrate the absence of poliovirus circulation for three years or more and the capability of rapidly detecting and limiting any poliovirus importation. This meeting was held to brief the chairmen of the 34 countries requested to first present documentation to the Commission (the Baltic countries and Belarus were briefed separately).

The Regional Commission has requested the national committees to submit documentation by the end of March 1998 from Denmark, Finland, Netherlands and the United Kingdom (Group 1), by the end of September 1998 from northern and western European countries (Group 2) and by the end of December 1998 from southern and central European countries (Group 3). The respective documentation will be reviewed in April 1998, January 1999 and April 1999. Committees from other countries in the Region will submit documentation in 1999 and 2000.

It is anticipated that in 2001 the Regional Commission will conclude that the European Region has eliminated wild poliovirus transmission. The work of national committees and regional commissions will continue and reports will need to be updated until eradication can be certified for the whole world. Effective surveillance will need to be continued until immunization stops. Acute flaccid paralysis surveillance is the standard method in support of certification, with performance indicators that have been well evaluated. Countries embarking on alternative or complementary approaches should ensure that the sensitivity and comprehensiveness of surveillance and laboratory competence are comparable.

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

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Keywords

- POLIOMYELITIS – prevention and control
- CERTIFICATION
- IMMUNIZATION PROGRAMS
- EPIDEMIOLOGIC SURVEILLANCE – standards
- NATIONAL HEALTH PROGRAMS
- REGIONAL HEALTH PLANNING
- EUROPE