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COMMENTS BY THE SECRETARIAT TO THE DRAFT DOCUMENT ON EUROPEAN REGIONAL TARGETS FOR HFA2000

The item for discussion at the Fourth Meeting of the Regional Health Development Advisory Council (RHDAC) is the draft document on European regional targets for HFA2000. An earlier version of this document was discussed by the RHDAC during its third meeting in Copenhagen, 18-20 April 1983, the report of which has been sent to you (EUR/RC33/8). The Regional Office revised the draft of the target document in light of the comments by the RHDAC in 1983, and this version (EUR/RC33/9) was submitted to the Regional Committee at its 33rd session in Madrid, 20-24 September 1983.

The Regional Committee accepted the suggestion by the Regional Director that its 1983 review should be preliminary only and that the document be sent to all 33 Member States for written consultation, as well as to the EACMR for comments. Based on this input, the Regional Office should submit a revised version to the RHDAC at its 1984 meeting, after which the Regional Office would make a final revision and submit the document for approval to the 34th session of the Regional Committee in Copenhagen, 24-29 September 1984.

The present document provides comments intended to help the participants of the RHDAC in understanding the reasons for, and direction of, the changes made in the regional target document since the 1983 meeting of the RHDAC. It also contains specific issues on which the secretariat would appreciate the opinion of the RHDAC.



1. Introduction

Setting regional targets relating to the European regional strategy for HFA2000 is certainly no easy task. While it is usually easy to reach agreement on general goals and objectives, it is quite another matter for countries to accept the more painful process of setting concrete targets of achievement. However, the support which was given by the 33 Member States of the Region in the adoption of the regional strategy for HFA2000 at the Regional Committee in Fez, 7-11 October 1980, revealed a wide degree of agreement on the basic values in the health and social field, as well as a common understanding of the main priorities for future development.

In the process of setting regional targets for HFA, it is important to keep in mind that acceptance by the Regional Committee will not in any way impose legal restrictions on countries' own health policy development. Each country must in the end select its own course, based on its political philosophy, health problems and available resources. The regional targets are therefore primarily of moral value, expressing a joint opinion of the Region's 33 Member States as to what should be important foci for future developments in the health field in the Region. It will also be an expression of solidarity in intent for joint action, and hopefully an inspiration for more assertive action on the part of politicians, professionals and the public in general.

A difficult question is how to select levels for improvement regarding individual targets. Some would say that target levels can only be set on the basis of strict scientific evidence and extensive calculations of all possible factors contributing to the situation. Others would be of the opinion that the process of adopting targets would itself change the basic foundations for action, i.e. that the political commitment would create a clear direction of purpose, release hidden potential for commitment and action through increasing motivation, clarify areas for joint action, and help channel research and development efforts in order to address the problem more effectively. In its work with the document, the Regional Office has been guided by the statement of the RHDAC that the regional targets for HFA2000 should "be a sound mixture of future dreams and today's realities". Thus, target levels have been suggested which do not simply represent a continuation of present trends, but also include a measure of improvement that is likely to result if Member States make a serious effort in the way indicated by the actions proposed throughout the document. Thus, the setting of target levels must, above all, be seen as being a question of health policy formulation, with a fair measure of uncertainty as regards the exact levels of quantification suggested.

2. The discussions in the 33rd session of the Regional Committee and the consultation process with Member States and the EACMR

The discussion of the first draft of the regional target document was the main issue for the 33rd session of the Regional Committee. As will be seen from the report, the Committee agreed with the general structure and thrust of the document and considered that the targets covered all relevant parts of the regional strategy. However, in addition to detailed comments, there was a call for reducing the number of targets from 82, giving a better indication of priorities and shortening the document.

While re-emphasising the comments made by the Regional Committee regarding the number of targets, the size of the document and the lack of priority, the EACMR recommended that quantitative statements be deleted from the targets, at least when they were properly backed by sufficient available information. It also stressed that targets should focus more on means to be implemented than on results to be obtained. The need for a continuous evaluation of progress made in reaching the targets was also emphasized. As far as the chapter on research is concerned, a proposal including suggested research priorities will be submitted by the EACMR to the Regional Office just before the RHDAC meeting.

On 20 and 21 October 1983, the Regional Office organized a briefing for representatives from all ministries of health in the Region on the mechanisms for the planned consultation of Member States on the target document; the Regional Committee document and the relevant comments by the Regional Committee were then sent to all countries with a questionnaire prepared during the above meeting. As at 15 March 1984, a total of 17 countries had replied. In summing up the replies, the following points could be mentioned.

- As regards the overall structure of the document, most countries seemed to accept the existing format, although several felt that the prerequisites chapter should be moved to before the chapter on health for all. A few countries had differing suggestions for more extensive changes in the structure.

- As to the selection of targets, most countries favoured a reduction. There appears to be a majority favouring the complete cancellation of targets in the prerequisites chapter. Concrete proposals were submitted for dividing targets between overall targets and subtargets, and for regrouping and deleting some of them so as to reduce their number, as well as the length of the document. The time allowed to reach certain targets needs careful reassessment as it was often felt to be too strict, and in some cases even unrealistic. It was also stressed that a number of targets should be reformulated as their wording seemed to be either too directive and peremptory or not sufficiently operational.

3. Major changes made on the basis of comments by the Regional Committee, Member States and the EACMR

The following are the main changes made in the document as compared to the version submitted to the 33rd session of the Regional Committee in September 1983.

3.1 Number of targets and size of document

The number of targets has been cut by more than half, from 82 targets in the RC33 document to 38 in the present version. The total volume of text has been cut by approximately one tenth.

3.2 Structure of the document

The chapter on prerequisites for health has been moved in front of that on health for all in Europe by the year 2000, which has also been restructured as follows: what was previously the third part, Adding life to years, has been moved to the beginning, while the first part, Adding years to life, now comes at the end. This has been done to give highest priority to the issues of health promotion and helping people to develop fully their own health capabilities, putting the reduction in mortality at the end. This is a shift in emphasis on which the RHDAC may like to make particular comment. In addition, reducing health inequalities has been added as an important element in this chapter.

It has been decided to expand chapter 6, Research, to include a longer introductory text which will assemble the major implications for research from all the other parts of the document. This text is not yet available, as it will be prepared by a special subcommittee of the EACMR which meets shortly before the RHDAC. The suggested text will therefore be submitted to RHDAC participants on arrival at their hotel in Copenhagen.

The chapter entitled "Conclusion" has been modified to contain two main parts: one on the question of priorities in the overall development towards the targets and one on what would be major implications for the principal "players" which will be affected by HFA2000 development, i.e. the politicians, the professionals, the general public, etc.

3.3 Major thrust of the document

There have not been any major shifts in the basic thrust of the document compared to that presented to the 33rd session of the Regional Committee, since the Committee was satisfied in this respect. However, during the extensive work which the Regional Office has undertaken to analyse available data relating to the health status of Member States, mortality in particular, it has become apparent that the question of social equity, i.e. the present gap in health status between countries and groups within countries, is becoming an even stronger issue than was originally foreseen. Therefore, the current document gives a somewhat stronger emphasis to this element.

3.4 Other changes

In order to respond to comments from some Member States, namely that the phrasing of the targets was too "prescriptive" and could be understood to infringe on national prerogatives, two changes in target phrasing have been made. In chapter 2, Health for all in Europe by 2000, targets have been expressed in terms of the Region as a whole rather than individual Member States. However, in some cases, a sub-text has been maintained, giving an indication of what changes in Member States could be foreseen to bring about regional improvement. In addition, the word "will" has been replaced in target phrasing by softer expressions, such as "should".

It has been found difficult to respond to the comments regarding quantification. Some countries, as well as the EACMR, have indicated a wish not to have quantification, while others have expressed the opposite view. The present draft has adopted the principle that a measure of quantification is necessary whenever it can be done with a reasonable degree of estimation. This

principle has been followed in chapter 2, Health for all in Europe by 2000, which aims to present a more challenging picture of possible improvements, and where quantification is therefore considered to be a necessary element.

In the other chapters, quantification is often more difficult and, in a number of instances, not possible when the improvements are of a pure qualitative nature and relate to administrative mechanisms, etc. Some countries have voiced the opinion that targets should not be set in such cases, but only in areas where quantification is possible. However, this principle has not been followed in the present version of the document; targets have been retained for those elements which have been felt to be particularly important in promoting HFA2000 development in Europe.

4. Needs for further improvements in the draft text

The present draft text has been made in an attempt to assemble a large number of different opinions from three major sources: the Regional Committee, the EACMR and Member States. The bulk of this input, the comments from Member States, was received by the Regional Office only during the months of February and March. It would therefore be appreciated if the participants keep in mind that the time available for making a complete redraft of the document has been very short indeed. The Regional Office has thus concentrated on the difficult process of eliminating targets and arriving at a new list which could represent fewer targets, without losing much of the content and thrust of the original document. In addition, the list of regional HFA2000 indicators had to be modified accordingly and a plan of action drawn up (the drafts are presented in working papers ICP/EXM 001/m01/6 and ICP/EXM 001/m01/7 respectively).

Much too little time has therefore been available to refine the accompanying text, which still has important omissions, overlaps and in general needs a more unified and integrated style of presentation. It is also felt that the text could be further reduced. Due to the short time available, the normal editing process has not been carried out. The Regional Office is also quite aware of the fact that the present text does not yet give the right balance in some parts, in particular with regard to the positive contributions that health personnel can give to development. The secretariat will therefore pay particular attention to this fact in the final revision of the text, which will be done following the RHDAC meeting.

5. Questions to the RHDAC

The Regional Office would, of course, much appreciate any comments of the RHDAC on the present draft, in particular the RHDAC's views with regard to the following questions.

- (1) Is the RHDAC in agreement with the structure of the document; if not, what changes should be made?
- (2) Is the RHDAC generally in agreement with the number of targets now proposed? Are the levels of specificity appropriate or has the document lost a crucial part of its punch by eliminating some of the more detailed targets (e.g. the RC33 version had individual targets on ischaemic heart disease, cervical cancer, smoking, etc.)? If changes should be made, what would be the specific targets to be added, removed or merged?
- (3) Is the RHDAC in agreement with the type of target phrasing which has been used, in particular the "regional" phrasing in chapter 2, as opposed to the more country-oriented phrasing used in subsequent chapters? If not, which model should be used?
- (4) In the present version, an attempt has been made to make shorter target texts. In some instances, a "sub-text" in italics has been added to give additional specificity. Should this principle be dropped, retained or expanded to include a kind of short summary following each target?
- (5) Are the priorities clear enough in the present document? If not, how could this be improved? Should more emphasis be given to the fact that different countries will have to have different priorities? Is the present placing of chapters appropriate or would another placement be preferable?
- (6) What changes, if any, should be made to the content or style of the document in order to better motivate for action those groups which will have to bring the changes about, i.e. the politicians, the professionals and the general public, in particular?