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PROGRESS REPORT ON DEVELOPMENT TOWARDS HEALTH FOR ALL BY THE YEAR 2000

*Regional Health Strategy  
Health for All*

Since the endorsement by the Regional Committee in October 1980 of the regional strategy for attaining health for all by the Year 2000 the Regional Office, in collaboration with Member States and other organizations, has embarked on a series of activities that parallel the implementation of the regional programme which is geared, through the Organization's General Programmes of Work, to the attainment of the goal of health for all by the year 2000.

The present document summarizes these activities, which fall into four main categories: further development of the regional strategy itself; planning of national strategies for health for all by the year 2000; activities of the Regional Office in support of the regional strategy; and the development of the Office's own programme in view of the strategy's direction and principles.

Annexed to the document is a calendar of main activities related to the regional strategy, which will be updated and revised to include regional targets and indicators for presentation to the Regional Committee in 1983.

*Summary*

1. Introduction

The regional strategy for attaining health for all by the year 2000, as endorsed by the Regional Committee at its thirtieth session in October 1980, contained a tentative plan of implementation. The report that follows reviews briefly the progress made so far and highlights activities to be taken in future, at both regional and national level, to ensure coordination and implementation of the regional strategy.

The activities can be grouped in four main categories:

- further development of the regional strategy itself;
- planning of national strategies for health for all by the year 2000 (HFA2000);
- Regional Office activities in support of the regional strategy; and
- development of the Office's own programme in view of the strategy's direction and principles.

2. Further development of the regional strategy itself

A key element in the process of implementing the regional strategy is stimulating countries to formulate, implement, monitor and report on the progress of their national strategies for HFA2000. In 1983, the Regional Committee will review and discuss the first revision of the regional strategy. The Committee agreed, when endorsing the strategy in 1980, that this revised version should include an identification of indicators and targets to help the Committee in monitoring and evaluating progress.

<sup>a</sup> 30 April 1982 separate meeting of Consultative Group on Budgetary Questions.

The formulation of targets and indicators has therefore been a major activity in the updating of the strategy. This will be followed by yearly progress reports on implementation and monitoring. A further revision has been suggested by the Committee for 1987. Further updating of the strategy would then take place at 6-year intervals to coincide with the preparation of the general programmes of work of the Organization. A provisional calendar of activities is attached as Annex 1.

## 2.1 Regional targets

Following a meeting in 1981 of the steering group<sup>a</sup> established to help prepare the work of the Regional Health Development Advisory Council the areas for target setting have now been determined and specialist review groups are preparing the list of targets according to previously determined guidelines.

The material from the review groups will be analysed by the steering group before being presented to the Regional Health Development Advisory Council, in the spring of 1983.

## 2.2 Indicators to monitor progress towards health for all

Parallel to the target-setting exercise, work has begun on the formulation of indicators for monitoring progress towards HFA2000.

At a consultation<sup>b</sup> held in April 1981 it was agreed that indicators are needed at three levels: national indicators, to be selected and used by individual countries according to their situation and objectives; regional indicators to measure progress made in the Region as a whole; and the 12 global indicators already proposed<sup>c</sup> for measuring progress at the global level.

Four categories of indicator were identified:

(a) those for which complete specifications exist and standardized uniform measurements are available or readily obtainable in the majority of European countries (data on such indicators could be collected and analysed without further research);

(b) those for which definitions exist, at least in some countries of the Region, although either there is still insufficient knowledge or agreement as to methods of measurement and/or comparability from country to country (with such indicators one may wish first to test the usefulness of information for international comparisons), or information is not readily available in many countries;

(c) those for which a definition has been proposed, although the validity of different measurement methods and/or the sensitivity to the corresponding health problem has still to be assessed (more extensive applied research and development are required on such indicators); and

(d) those that correspond to a particular health problem, although they have not been specifically formulated for that purpose (extensive consultation and experimentation may be required before such an indicator can be explicitly proposed).

Following that consultation, the report listing the proposed indicators for monitoring HFA2000 in the European Region was circulated to national health authorities, asking them to indicate any positive or negative experience in using either the indicators suggested, or any other health-related indicators. The replies from countries will be analysed and the results incorporated into the revised regional strategy to match the regional targets.

Member States in the Region were also requested to indicate leading centres and institutions engaged in analysing the health situation and forecasting of future developments. Close collaboration will be maintained with such institutes to ensure the required exchange and dissemination of information in the strategy's priority areas.

<sup>a</sup> This steering group, composed of selected advisers, works closely with an internal Regional Office task force on health for all.

<sup>b</sup> Indicators for monitoring progress towards health for all by the year 2000. Report on a WHO consultation, Copenhagen, 6-9 April 1981 (document ICP/SPM 043(1)).

<sup>c</sup> Global strategy for health for all by the year 2000. Geneva, WHO, 1981 ("Health for All" Series, No. 3).

The report on the consultation was presented to the joint ECE/WHO Meeting on Health Statistics, held in Geneva in February 1982, which also reviewed selected social indicators in the international programmes of the United Nations, CMEA, EEC, OECD, United Nations Institute for Social Development, and the World Bank.

### 3. Planning of national strategies for HFA2000

In the planning and development of national strategies it is evident that there will need to be different degrees of emphasis among the Member States, depending on the state of development, the health infrastructure, and the variety of health problems to be tackled.

In the first instance, the Regional Office has given priority to stimulating the development of health services based on primary health care with emphasis on countries in the southern part of the Region (Algeria, Morocco, Portugal and Turkey), where it is felt certain problems demand immediate attention. This has coincided with a reorientation of national health policy in these countries. For example in Morocco, major changes have occurred following the adoption of a five-year plan and a collaborative project on primary health care in two pilot areas. Work is well under way for similar projects in Algeria, Turkey and the northern part of Portugal.

The formulation of such integrated programmes based on primary health care has been greatly facilitated by systematic reviews begun in 1980, of WHO collaboration in those countries with more extensive joint projects with the Regional Office.

In preparation for assisting countries to formulate their national strategies, pilot studies have begun aiming at drawing up "scenarios" of possible alternative strategies for national health development. Such activities are already under way in Finland, and interest has been shown in other countries. In the spring of this year Member States will be invited to participate in this work. A report on developments will be presented to the thirty-third session of the Regional Committee in connexion with the discussion on the revised regional strategy.

In line with the plan of action for implementing the global strategy Member States will be asked, in March 1983, to report on the development of national strategies in general.

Thus, it is planned that the thirty-third session of the Regional Committee will be a major forum for the establishment of a European health policy, i.e. a revised regional strategy document, with concrete regional targets and indicators to monitor progress towards them. An overview of progress in individual countries (national reports, pilot studies where applicable) towards the formulation of national strategies will stimulate this debate, and the technical discussions on lifestyles will provide further development of a basic concept in the regional strategy.

### 4. Regional Office activities in support of the regional strategy

The regional strategy is regarded as a working tool for activities to be carried out by the Regional Office and as a basis for national strategies. Promotion of the regional strategy can do much to stimulate action, and this has been geared to four specific groups: key decision-makers; the general public; health professionals; and administrators and planners.

#### 4.1 Key decision-makers in the health field

A European seminar for leading public health administrators is to be held in November 1982. This will be the first of a series of seminars to encourage the development of national health policies based on the regional strategy for HFA2000 by enabling those key decision-makers who are responsible for national health administrations (and who are close to leading health politicians) to discuss with their colleagues the health policy issues, their problems and experiences. It is foreseen that such seminars will be an annual event, involving each year about one third of the ministers responsible for health in the countries of the Region.

#### 4.2 The public

If the goal of HFA2000 is to be reached, however, involvement of the "public" is essential and it was felt opportune to publish the regional strategy in a popularized form. By May 1982 such a publication, entitled "Health Crisis 2000" will be issued and distributed widely within the Region. Based on this experience, a new series of pocket-book publications on lifestyle-related issues is to be produced by the Regional Office.

#### 4.3 Health professionals

Every opportunity is taken to inform and discuss with representatives of European educational and technical institutions, at both the regional and national levels, the basic philosophy and principles of HFA2000. Care has been taken to present the regional strategy and report on activities related to HFA2000 (with particular emphasis on primary health care) to such bodies as the Association of Medical Deans in Europe, the Association for Medical Education in Europe, the Association of Schools of Public Health of the European Region, the Nordic Federation for Medical Education, and the International Epidemiological Association, as well as to national congresses and meetings in which Regional Office staff have participated.

#### 4.4 Health care administrators and planners

As support to national health development, and in the context of the managerial process for national health development (MPNHD), a working group was convened in Athens in October 1981 to discuss and review health planning and management in the European Region, particularly the development of appropriate methodologies. The report of this meeting will serve as background for the technical discussions at the forthcoming session of the Regional Committee in September 1982, when the theme will be "Planning and management of national health services in the European Region."

Furthermore, in June 1980 and 1981 a WHO international workshop on country health programming and MPNHD was organized in Leeds, United Kingdom, with the aim of training senior staff from national health administrations and WHO. A similar course is being organized in 1982. Through the network of collaborating centres that is now being built up, such training and related research cooperation will be systematically developed with the Usher Institute, Edinburgh, the Nuffield Centre for Health Services Studies, University of Leeds, and the Central Institute for Advanced Medical Studies in Moscow. In addition, negotiations are under way with other centres to cover the French and German languages.

### 5. Development of the Regional Office programme and its relation to the regional strategy

#### 5.1 Seventh General Programme of Work

In preparing the regional contribution to the Seventh General Programme of Work, particular care has been taken to follow the main directions of the regional strategy. Likewise, the proposed programme budget for the first biennium (1984/85) clearly give priority to lifestyle issues, prevention, and primary health care. The shift to lifestyle issues comes through the inclusion of new programmes such as those on health promotion; alcohol abuse, drug abuse and smoking, in addition to emphasis on lifestyles in many existing programmes, e.g. health education, chronic diseases and workers' health. Furthermore, more attention will be paid to vulnerable and high-risk groups such as the disabled, the poor (a new programme on unemployment, poverty and health), and the elderly. As for the medical care issues, there is a strengthening of the primary health care approach through new programmes on lay, community and alternative health care, hospitals and other health institutions, and model health care programmes and quality assurance; and by stronger emphasis on primary health care issues in existing programmes such as those on nursing, mental health and cancer. This will make possible a more comprehensive analysis of health care issues. Particularly important for the European Region is the stress being placed on technology assessment and environmental hazards, where intersectoral collaboration is so vital.

#### 5.2 Further development and promotion of the lifestyles concept

Since the adoption of the regional strategy, various activities have taken place or are planned in the field of lifestyles; its relationship to health promotion and the contribution of sociology to this development. Preparations have begun for the technical discussions at the Regional Committee in 1983, when the theme is "Lifestyles and their impact on health". A workshop on lifestyles and living conditions (to be held in the Federal Republic of Germany in October 1982) will focus on the consequences for health education.

Two meetings were held at the beginning of 1982 related to smoking: a planning meeting on a smoking control strategy in Europe, and a consultation on a regional medium-term programme on the prevention and control of smoking; a similar consultation dealt with the problems of psychoactive drugs.

A working group on the concepts and principles of health promotion held in November 1981, recommended inter alia that the promotion of health be carefully integrated into more general social development, and that a network of national counterparts and collaborating centres be established.

Education of the younger generation plays an important role in health promotion and lifestyles. Meetings are therefore being prepared on community participation by young people in city areas (Salzburg, September 1982) and on learning about health and youth in rural areas. The results and the follow-up to these meetings will serve as input to the activities for the International Year of Youth in 1984.

The addition to the regional strategy by the thirtieth session of the Regional Committee of issues related to poverty and health has been followed up by the first planning meeting on that subject, held in the Regional Office in January 1982.

#### 6. Future action

As already mentioned, in line with the plan of action adopted by the Executive Board at its sixty-ninth session, the Regional Committee will review in 1983 the revised regional strategy document, including the list of regional targets and indicators. A framework for reports from countries to the Regional Committees is being prepared by the Programme Development Working Group,<sup>a</sup> and more extensive discussion on this aspect will take place at the thirty-third session of the Regional Committee.

The process of developing a European health charter, which had been foreseen in the tentative plan of implementation in the regional strategy, has been halted since it was felt by the Regional Health Development Advisory Council that the circumstances in Europe were inappropriate at this particular time for such an exercise. However, efforts at the country level to establish national charters, together with developments in other regions, are being closely followed pending an indication from either the Regional Health Development Advisory Council or the Member States themselves that the development of a health charter for Europe should be resumed.

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<sup>a</sup> A subgroup of the Global Programme Committee, composed of the Secretary to the Global Programme Committee, the Directors of Programme Management, and the Chairman of the Headquarter's Programme Committee.

Annex I

REGIONAL STRATEGY - CALENDAR OF MAIN ACTIVITIES

Pilot studies in countries on the formulation of national strategies for HFA2000	1982
Proposed programme budget 1984/85 (based on the regional strategy) to the Regional Committee	1982
Revised regional strategy, to include regional targets and indicators	September 1983 updated in 1987 and subsequently every six years
Managerial process for national health development - establishment of a network of centres	2 in 1982 4 in 1983 6 in 1986
Progress reports on HFA2000 to the Regional Committee (in alternate years when no programme budget is presented)	1985, 1987, 1989, etc.
Preparation of General Programmes of Work, together with updating of regional strategy	1987, 1993, etc.
Special evaluation of those programmes that have 1990 as the target date at global level	1990
- Expanded Programme on Immunization - International Drinking-Water Supply and Sanitation Decade	
The timetable will be similar to that for the Seventh General Programme of Work: an assessment of progress and repercussions on the programme budget every two years; mid-term review in 1993 with a consideration of the implications for the preparation of the Ninth General Programme of Work (1996-2001)	1996-2001