

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
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FURTHER DEVELOPMENTS OF THE REGIONAL STRATEGY
TOWARDS REGIONAL TARGETS

The attached document is the report of the Planning Meeting for the Regional Health Development Advisory Council (RHDAC), which met in Copenhagen on 2 and 3 March 1981 with the aim of producing a basic document for the RHDAC analysing the further development of the European regional strategy for HFA/2000 towards regional targets.

The group identified the analytical methodology for the technical development of the regional targets; discussed the grouping of the various issues in the regional strategy for target setting; proposed possible mechanisms for target formulation; drew up a work plan; and discussed the principles and feasibility of a possible European health charter.

The group also made recommendations regarding the time-frame for a revision of the regional strategy document to include the regional targets.



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Planning Meeting for the Regional
Health Development Advisory Council

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Report on a Planning Meeting

Copenhagen
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1. Introduction

The Planning Meeting for the Regional Health Development Advisory Council (RHDAC) was opened by Dr Leo A. Kaprio, Regional Director, on 2 March 1981, in the WHO Regional Office for Europe, Copenhagen. The list of participants is given in Annex II. The Meeting elected Dr J.H. Hellberg Chairman and Dr D.M. Pendreigh Rapporteur. The agenda of the Meeting is shown in Annex I.

The aim of the Planning Meeting was to produce a basic working document for the RHDAC. The main purpose of this document was to analyse how the European regional HFA/2000 strategy (document EUR/RC30/8 refers) could be developed further to include a definite regional strategy for solving the health and health-related problems outlined in the document EUR/RC30/8. The working document for RHDAC should deal with the following issues:

- (a) identify the analytical methodology required for technical development of a regional target document; this should include consideration of questions such as the necessary background information needed to review the problems and ways of identifying possible obstacles to the regional strategy for HFA/2000 (EUR/RC30/8 Rev. 1);
- (b) propose how the many fields dealt with in the regional strategy document should be subdivided in order to be manageable for each of the technical reviews mentioned above and how such technical reviews could best be organized;
- (c) discuss some basic principles related to a possible future European health charter.

2. Background

The Meeting reviewed the evolutionary steps in the development of the regional strategy since the meeting of the Planning Group for the RHDAC in February 1980. That group made proposals (document EUR/EXM/80.1) which were endorsed by the RHDAC in March 1980 (document EUR/EXM/80.2), also appearing as Annex III of the regional strategy document (EUR/RC30/8). On the basis of the RHDAC recommendations and the replies received from 25 countries to a questionnaire on national strategies, a drafting group prepared document EUR/RC30/8, which was discussed by the thirtieth session of the Regional Committee in Fez, October 1980. This document was well received by the Committee, which designated an ad hoc group to analyse the strategy in more detail. One of the main recommendations of that group concerned the development of regional targets. Other recommendations dealt with the attention to be given to special problems of particular groups of countries, and the addition of "poverty and health" as an important issue in the chapter dealing with the reduction of preventable conditions, the regional components of the Seventh General Programme of Work and the relevant programme selection criteria, and the advantages of a rolling planning system. Discussions on that subject led to the adoption of resolution EUR/RC30/88.

Following that resolution, several activities were initiated by the Regional Office to review the issues with the aim of implementing and updating the strategy. A workshop on the use of health indicators (Brussels, November 1980) made a start on improving the proposed core list of indicators. A consultation on the contribution of sociology to programme development (Copenhagen, November 1980) discussed the role of sociology in the planning process within the framework of the regional strategy. A consultation on self-help and health (Copenhagen, December 1980) addressed the topics of mutual aid, self-help and self-care and the outcomes expected from the WHO/EURO programme in these fields.

Parallel to those developments, the Regional Office was involved in the preparation of the Seventh General Programme of Work for 1984-89. Based on proposals from all units in EURO, an internal group prepared a preliminary draft European contribution to the Seventh General Programme of Work, which will be submitted to the RHDAC in order to serve as the regional contribution to the global programme of work after review by the thirty-first session of the Regional Committee.

3. Time-frame for a second "Regional target version" of the European HFA/2000 strategy

The next immediate stage concerning the regional strategy was to initiate procedures for the categorization of issues and problems and the identification of regional targets within them for presentation to the RHDAC and the Regional Committee in September 1981. The Meeting felt that, due to the amount of careful analytical work required, it would not be possible to submit a "Regional

target version" of the HFA/2000-strategy detailed document to the Regional Committee before its thirty-second session in 1982, but a progress report could be made in 1981.³

4. General principles and considerations

It was agreed that, although not of a similar nature, targets and indicators are closely related: a target is an expected situation at a given time; an indicator is a variable to measure progress towards that situation.

Prior to detailed consideration of the methodology for the identification of appropriate targets, the following general points were agreed:

- (a) the targets determined should be ultimate (i.e., the year 2000) rather than intermediate;
- (b) there should be a significant sociological input to the process of target identification;
- (c) as far as possible, quantified targets should be agreed (though it was accepted that, because of the complex sociological factors involved, this would not always be possible); however, obsession with quantification should not distort priorities in target-setting;
- (d) targets should be determined by specialist review groups operating along previously determined methodological guidelines;
- (e) such review groups, as part of their methodology, should:
 - appraise and, if necessary, challenge the regional strategies;
 - explore likely constraints and pitfalls related to the strategies;
- (f) principal target groups to which the regional targets should address themselves should comprise the public in general, politicians, and public health administrators, but key opinion-forming or opinion-changing groups should be included, such as media organizations, professional groups and academic élites;
- (g) though there are inherent methodological problems, a two-way communications flow between WHO, the health authorities and the public should be ensured (through Gallup polls, health councils, etc.) in later follow-up;
- (h) there could be inherent problems concerning acceptability of the use of different types of information in different sociopolitical contexts;
- (i) an important part of any such activity is for WHO to give moral support to dedicated individuals and organizations working for goals compatible with WHO health policies;
- (j) it was important, when analysing the constraints of the strategies, to remember the possibility of the policies producing negative as well as positive effects;
- (k) positive rather than negative targets and strategies should be pursued;
- (l) intercurrent and unanticipated events and their consequent effects had to be kept in mind.

5. Regional target document - review methodology

The Group found it convenient to consider this subject under two headings:

- (a) desirable characteristics of targets;
- (b) procedural steps towards defining targets.

³ The RC30 ad hoc group, comprising representatives attending the thirtieth session of the Regional Committee, had recommended that such a "Regional target version" be submitted to the Regional Committee at its thirty-first session in September 1981.

5.1 Desirable characteristics of targets

After considerable discussion, the following characteristics of targets emerged which seemed to be generally acceptable:

- (a) relevant to the European regional HFA/2000 strategies;
- (b) attractive to politicians and the public in particular, capable of inspiration and motivation for action;
- (c) meaningful to public, politicians, administrators and professionals;
- (d) compatible with regional and national objectives;
- (e) simply and clearly expressed;
- (f) quantified as far as possible (thus making progress measurable);
- (g) capable of having a significant impact on problem reduction;
- (h) reliable (really expressing reduction of the identified problem);
- (i) realistic;
- (k) politically acceptable;
- (l) addressed to a real and significant problem;
- (m) number of targets should be limited;
- (n) expressed in fairly general rather than specific terms;
- (o) capable of promoting wide public debate;
- (p) capable of evaluation.

5.2 Procedural steps to defining targets

The selection of regional targets should be a collaborative effort between the secretariat and national experts and institutions, coordinated by a steering group. For each area of the strategy selected for target definition, the following steps should be considered:

- (a) list selected national experts/institutions relevant to the defined subject area;
- (b) set up appropriate small review groups, indicating procedure and timetable to be followed; this does not necessarily mean that formal meetings of such groups will be needed;
- (c) brief members of groups with background paper, describing regional strategies, guiding principles for target identification, level of specificity of targets desired, criteria to be used in developing targets, optimal characteristics, etc;
- (d) each group agrees to conceptual framework for health promotion;
- (e) each group appraises and, if necessary, challenges the appropriate regional problem definitions, objectives and strategies;
- (f) each group identifies particular constraints which may be inherent in the regional strategies;
- (g) each group defines particular areas of concern in terms of issues, population groups, systems or organizations;
- (h) such current areas of concern are projected forward in time in quantified form;
- (i) targets are then identified which might be quantifiable on the basis of good data, roughly quantifiable (using judgment), or qualitative (where there are no data).

This type of procedure might be checked by conventionally selected expert groups, by the use of a Delphi-type approach, or by individual consultants. These options are not mutually exclusive.

6. Grouping of issues for target-setting

The Meeting reviewed, chapter by chapter, Part II of the strategy document (document EUR/RC30/8), together with the report of the ad hoc group of the Regional Committee (EUR/RC30/15 Rev. 1, Annex III), with a view to grouping issues in selected areas for target-setting. The purpose of that exercise was to orient the work of the special review groups when formulating regional targets.

6.1 Promotion of lifestyles conducive to health

The Group recognized that elements of lifestyle are to be considered mainly in terms of individual and social behaviour. Health is only one of several values related to lifestyles and not necessarily the most important compared with satisfaction, pleasure, achievement or power. Elements of lifestyle may be classified, for the purpose of target setting, according to individual behaviour in relation to the individual's awareness and the possibility of choice. One type of classification suggested included:

- physical activity;
- work;
- eating;
- rest and relaxation;
- family and social relationships;
- sexuality.

Another classification was based on the independent variables used to group individuals into demographic, economic, social and cultural groups (age, working conditions, socioeconomic conditions, education, housing, etc.).

The question was raised about the possibility of setting health targets in terms of social variables. It was agreed that targets should definitely be formulated, using the first proposed classification as a basis and the second as a means of classifying variables for target groups. A target could also refer to the need for more research on the relationship between health, well-being and lifestyle factors.

6.2 Reduction of preventable conditions

6.2.1 Poverty and health was selected as an area for target-setting. It was suggested that targets be formulated about the following issues:

- unemployment;
- areas of multiple deprivation;
- poverty in developing countries of the Region;
- deprivation in women (single mothers, widowed, elderly).

The Group stressed the need for differentiation between absolute poverty, relative poverty and unemployment. Perinatal mortality and the incidence of diarrhoeal diseases were proposed as sensitive measures in relation to poverty. Indicators for multiple deprivation were developed in the United Kingdom. Concerning unemployment, attention should be given to anticipated consequences of long periods of unemployment and a diminution of work ethics.

6.2.2 To reduce perinatal risks and improve maternal and child health. Areas for target-setting might be:

- wanted children/pregnancies;
- genetic defects (hazards, detection, counselling, interventions);
- perinatal and maternal mortality.

When developing targets, attention should also be given to other components of the family (children, woman and man). The mental performance of children could be taken into account. A problem may arise from the wide range of rates, e.g. perinatal mortality rates, in Europe. One solution may be to set targets in terms of percentage reduction or number of countries which have reached given levels.

6.2.3 To reduce preventable communicable diseases. In addition to immunization, for which a target already exists and should be developed in the European context, other suggested areas were malaria eradication and diarrhoeal diseases. The Meeting felt that a technical review group should list the most important communicable diseases and, in particular, draw up a short list of any potentially eradicable ones.

6.2.4 To reduce accidents and their consequences. Target areas here might be road accidents, work accidents and accidents in the home, for which children and the elderly should be priority groups. The Meeting placed emphasis on the industries in which the occurrence of accidents is the highest: farming and fishing in the developed countries, small crafts in the developing countries. It was pointed out that the community care approach for the aged advocated in the strategy, although entirely justified from other points of view, could lead to more domestic accidents for the elderly unless countermeasures were conceived.

6.2.5 An urban improvements section should be added to the strategy to cover the need for better housing, reduction of noise and urban stress and improvement of the indoor environment.

6.2.6 To promote balanced nutrition and safe food. As the main issue for balanced nutrition in the European Region should be dealt with as a lifestyle element, this section should include as the only target area the surveillance and control of food hygiene at all stages in order to cut down foodborne disease.

6.2.7 To reduce environmental risks. Possible areas for target setting were:

- (a) air - reduce pollution to levels having no significant effect on morbidity, mortality and wellbeing;
- (b) chemicals - institution of adequate monitoring and control procedures;
- (c) transboundary pollution - all countries should have ratified control agreements;
- (d) radiation - adequate monitoring and control procedures should be initiated.

6.2.8 To provide safe water and sanitation. The target has already been set for the International Drinking-Water Supply and Sanitation Decade. The Meeting felt that the European Region had a better chance of reaching that target than other regions. The problems to be addressed in addition could be those of long-term, low-level water pollution from chemicals in industrialized countries, substandard provision in some countries and lack of water resources in certain southern parts of the Region.

6.3 Provision of adequate health care accessible to all

6.3.1 To provide equal access to appropriate health care. Targets related to equity in the provision of appropriate health care should be developed in the following areas:

- self-care;
- lay care, community care, alternative care;
- primary health services and their organization;
- equity of access in socioeconomic and geographical terms;
- humanization of care, changing attitude towards the patient;
- relationships between levels of care and continuity of care.

The Meeting stressed the need for a changed attitude when developing targets for non-health sectors. The aim should be to obtain convergence of targets in the different sectors by developing powers of advocacy in relation to other sectors. Freedom of choice for different forms of health care should be discussed, and there might be a case for a patients' charter.

6.3.2 To provide special care for high-risk groups. The risk groups identified as priorities for target-setting were the disabled, the elderly, migrants and people living in circumpolar areas.

In all cases, and particularly in the case of the aged and the disabled, there is a need to change the attitude of society with a view to ensuring as much equity as possible in dependency; the compensatory mechanisms for dependency should be "humanized" and social reactivation and the appropriate level of care ensured.

6.3.3 To reduce the effects of chronic and degenerative diseases. The Meeting discussed the opportuneness of selecting certain diseases for target-setting. It was felt that specific targets should be formulated for cardiovascular diseases, cancer and mental diseases. When dealing with important causes of mortality, it was suggested that reference be made to a reduction of premature deaths rather than a global reduction. Other possible target areas could be rheumatism, or more generally bone and joint problems, and allergies. In addition, more general targets could be proposed relating to the economic and social effects of chronic and degenerative diseases.

6.3.4 To improve cost-effectiveness and quality of services. The main areas for target-setting should be the assessment of care technologies and the distribution of services between primary and institutionalized care. The satisfaction of users and providers should be taken into account. It was considered difficult to decide on detail, as many differences might be due to the type of health system. The main issue should be the existence of a national system to control the effectiveness, distribution and costs of health care technologies.

The gap should be closed between the availability of knowledge and its application at community level. Knowledge by the users should be developed through the use of modern information techniques, which might apply to self-care as well as to professional care.

7. Support measures

7.1 Political support

This should be expressed as a target in terms of political commitment at community, national and intercountry levels. Some sensible issues could be the setting up of HFA/2000 pressure groups and the introduction of objective changes in the health services in the light of the Alma-Ata Conference.

7.2 Managerial support

The Meeting identified only one possibility of measuring such support: by analysing what was done by countries to make their managerial process more problem- and objective-oriented. The impact of such a reorientation on programme budgeting should be assessed.

7.3 Technical support

Targets should be developed in the area of technological equipment assessment with a view to making proper, immediate and wide use of effective tools and to containing anarchic development.

7.4 Financial support

Targets should be developed in the following areas:

- proportion of resources devoted to primary health care;
- shifting of resources within the health sector and between socioeconomic sectors;
- equity in providing coverage from the economic point of view;
- results obtained in influencing other sectors to devote resources to health promoting and protecting activities.

It was stressed that several targets in this field would not come within the responsibility of the ministry of health or even the health sector. However, it was the responsibility of the health sector to convince, for example, the education sector to increase resources for teaching hygiene and health promotion.

7.5 Research

The regional targets in this field could be expressed in terms of a reorientation of research policies and activities towards:

- (a) more multisectoral aspects of health, such as sociological and environmental factors and their relation to lifestyles and health;
- (b) greater balance between etiological, epidemiological and clinical research;

- (c) increased health services research;
- (d) better connexion between research policy and health policy.

It was proposed to ask the European Advisory Committee for Medical Research (EACMR) to elaborate on this point.

7.6 Human resources

Targets should be developed concerning the appropriate types, numbers, distribution and use of health professionals, according to the tasks to be performed in a system based on primary health care. There should also be targets for increasing knowledge among the general public and regarding the health information and education of non-health professionals. Targets should also be formulated concerning the content of training programmes in relation to national and regional strategies.

8. Mechanisms and work plan

8.1 Mechanisms

The Meeting discussed possible ways of distributing the work for target formulation. It was felt that, at least for a number of areas, the information and expertise was available in the Regional Office. For other areas, it would be necessary to make use of national expertise through existing groups, such as the EACMR, through collaborating institutions, national counterparts, consultants or *ad hoc* groups. It was suggested that the responsibility for deciding what could be done directly by the Regional Office, or what type of support should be needed, be left with the secretariat. This type of activity could be developed in line with the planning of the EURO programme. A steering group had to be set up with a view to coordinating the effort, reviewing the reports on selected areas and preparing the final document. All participants accepted the proposal to change the present group into a steering group.

8.2 Work plan

The following plan was adopted:

- | | |
|---|---|
| April 1981: | review of this report by the RHDAC; |
| April-October 1981: | drafting of targets in the selected areas by the Regional Office, with the appropriate support of individuals/institutions in countries where required; |
| October 1981 (second half): | three-day meeting of the steering group to review the targets proposed, suggest changes and decide on an outline for the final document; |
| February 1982: | meeting of the steering group to finalize the document; |
| (Note: another meeting will take place if necessary in December 1981. Decision to be taken during the October meeting.) | |
| March 1982: | review of the document by the RHDAC; |
| September 1982: | submission of the document to the thirty-second session of the Regional Committee. |

9. Possible health charter for the European Region

It was felt that the principle of a health charter to be endorsed at the highest national level and possibly by other intergovernmental organizations should be maintained. However, as the strategy was adopted in 1980 and the revised version with targets would be submitted to the Regional Committee in 1982, the proposed health charter should not come up for approval before 1983 at the earliest, particularly since considerable doubts as to the need for such a document were expressed by several members of the Regional Committee at its thirtieth session.^a

^a See document EUR/RC30/5 Rev.1, Annex III.

10. Recommendations

- (1) Targets should be formulated for selected areas of the regional strategy. Proposals for the selection of areas and comments on the content of targets are set out in section 6 of this report.
- (2) The targets fixed should be quantified as far as possible, but qualitative targets should not be excluded.
- (3) The relationships between health and other sectors should be taken into account when formulating regional targets, and there should be a significant sociological input to the process of target identification.
- (4) Target formulation should be a joint effort of the secretariat and national experts and institutions. The work should be initiated by the Regional Office on the basis of available information and expertise.
- (5) A steering group should be established to coordinate the target-setting effort and to prepare the final document to be incorporated in the revised and updated version of the regional strategy.
- (6) The principle of a regional health charter should be maintained, but this question should be left open and its feasibility reconsidered.

Annex I

AGENDA

1. Review of the revised regional strategy and current status regarding HFA/2000
2. Further development of quantified regional targets
 - 2.1 Basic review methodology
 - 2.2 Grouping of HFA/2000 strategy issues for review purposes
 - 2.3 Work plan
3. Possible health charter for the European Region

Annex II

LIST OF PARTICIPANTS

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^a Participation expenses not paid by WHO.