**Crossroads**

**Blood saves lives: blood services are part of the health system**

In June 2007, WHO/Europe held its first joint meeting of the managers of blood transfusion services from 48 Member States across the WHO European Region. The participants reviewed information about the current status of blood supply throughout the Region and about national blood services, shared experience and made joint recommendation on how the Region should deal with serious concerns about the quality, safety, availability and sustainability of the blood supply. (See p. 11)

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**Upfront**

**Joint action on Europe’s biggest killer**

On 12 June 2007, 14 European professional and public health organizations signed the first-ever European Heart Health Charter at a ceremony in the European Parliament, joined by the four main partners that developed the Charter: the European Heart Network, the European Society of Cardiology, the European Commission and WHO/Europe. The Charter aims to reduce the burden of cardiovascular diseases in the European Union and the WHO European Region. (See pp. 8-9)
6 + 1 = 1

Decentralization of the World Health Organization (WHO) has always been on the agenda, an idea that keeps raising debate and interest. It inevitably came up as a topic last year during the election campaign for a new WHO Director-General. Now we are all part of an evolution that I see as very positive. Headquarters, regional and country offices – these are the three levels at which WHO operates. We are all consolidating our views about who is doing what and what are everyone’s roles. A change in the organizational culture is visible and palpable. The regional directors are in daily contact with the Director-General and her team; we exchange views, adjust our ways of working and understand one another better. Our country staff are also part of this process, communicating more intensively with their headquarters colleagues in Geneva and us in Copenhagen.

Such sharing of responsibilities has always been the case in many of the technical areas where WHO is strong; now, it is starting to become the gold standard for the Organization as a whole. At WHO/Europe, we trust that Member States will see the benefits of this “one WHO” reality. They will not hear different messages and will not be confronted with different agendas coming from global, regional and country WHO staff. The same unity will be visible to our partners, without whom our work is not possible. To give you an example, in the WHO European Region, one such partner is the European Union. Dr Chan recently visited the European Commission (EC), meeting its President and health commissioner, as well as several other high-ranking officials and commissioners. She invited us to be with her at all these high-level meetings. We had an extraordinary interaction, a great exchange of views and ideas with our friends and partners from the EC. Part of the reason why is that we were one WHO, talking to them about both global and European health challenges. This is the only way to be with her at all these high-level meetings. We had an extraordinary interaction, a great exchange of views and ideas with our friends and partners from the EC. Part of the reason why is that we were one WHO, talking to them about both global and European health challenges. This is the only way to bring real health gains to people and support countries in improving the health status of their citizens.

Thank you in advance for following the topic. Sincerely,
E. Hadlickova, Scientist, Prague, Czech Republic

Dear editor,

I read with interest your presentation of the new WHO Director-General in the last issue of the newsletter. The 6 + 1 = 1 concept revealed there is indeed inspiring; yet, I would be delighted if you could present the views of some of the WHO regional directors on the same subject, as they would surely have their own views about how this complex and intrinsically controversial arrangement works in reality.

E. Hadlickova, Scientist, Prague, Czech Republic

WHO Regional Director for Europe, Dr Marc Danzon, Responds.

Decentralization of the World Health Organization (WHO) has always been on the agenda, an idea that keeps raising debate and interest. It inevitably came up as a topic last year during the election campaign for a new WHO Director-General. Now we are all part of an evolution that I see as very positive. Headquarters, regional and country offices – these are the three levels at which WHO operates. We are all consolidating our views about who is doing what and what are everyone’s roles. A change in the organizational culture is visible and palpable. The regional directors are in daily contact with the Director-General and her team; we exchange views, adjust our ways of working and understand one another better. Our country staff are also part of this process, communicating more intensively with their headquarters colleagues in Geneva and us in Copenhagen.

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Plans should focus mainly on early warning and anticipation, early prevention and preparedness for summer heat and acute heat-waves to health. These plans should include measures for long-term heat health action plans at the national and regional levels, to prevent, react to and contain heat-related risks to health. These plans should include measures for long-term prevention and preparedness for summer heat and acute heat-waves. Plans should focus mainly on early warning and anticipation, early detection, and strategies to reduce individual and community exposure to heat and provide particular care for vulnerable populations, such as the elderly and people with certain chronic conditions. Other action includes establishing collaborative mechanisms to build and sustain an accurate and timely alert system and to develop a heat-related health information plan.

In the framework of EuroHEAT, the German Weather Service developed a web-based decision support tool. It provides online medium-term heat forecasts based on the probability of a forthcoming heat-wave. Running in an experimental mode, the tool is designed to support health authorities in preparing for periods of hot weather and heat-waves.

The EuroHEAT network will remain active and continue collaboration with European public health agencies to further develop recommendations and monitor, evaluate and improve public health responses.

For more information, contact Dr Bettina Menne, Medical Officer, Global Change and Health, at WHO/Europe (tel.: +39 06 4877546; e-mail: bmenne@euro.who.int), visit the WHO/Europe web site (http://www.euro.who.int/globalchange/Topics/20050524_2) and see the German Weather Service’s web-based decision support tool (http://www.euroheat-project.org/dwd).

Human resources for health in Slovakia

In Bratislava on 18–19 June, 33 participants gathered to discuss how Slovakia could improve the situation of its national health workforce. Opened by the Deputy Minister of Health, this policy dialogue was attended by senior officials of the Ministry of Health, and representatives of the Chamber of Doctors, the Chamber of Nurses, teaching hospitals, regional health authorities and the health insurance sector, as well as selected international experts.

Slovakia has been reforming its health system and the major changes involved have directly affected health professionals’ working environment and conditions. Some other current challenges arise in the context of the migration of and labour dynamics in human resources for health. The labour force has changed significantly. The participants analysed the trends and character of the migration and mobility of health workers in Slovakia and internationally, especially in view of trends and policy options in the WHO European Region. Governance, planning and analysis of human resources for health need strengthening, so different governance models were presented, as well as evidence from international experience. The dialogue identified a core set of priorities for action, and designed a road map towards an action plan on human resources for health for Slovakia.

Primary health care development in Belarus

In Minsk on 24–25 May, 59 national and international experts attended a workshop and round-table discussion to analyse the concerns, challenges and solutions for improved primary health care in Belarus. The participants were a mix of high-ranking officials of the Ministry of Health, with the Minister opening the workshop; medical universities and regional authorities were also represented, along with WHO and Observatory technical experts and academic experts from the Netherlands and the United Kingdom.

One key focus of the debate was how to integrate “vertical” (disease-related) programmes into primary health care. International experts gave examples of ways to do this for services for mental health, reproductive health and tuberculosis control. Special attention was paid to the need for restructuring the health workforce in the context of primary health care reforms. Finally, the participants made recommendations to national decision-makers that will be taken further in the process of these reforms.
Reducing road traffic injuries

Road traffic crashes are the number-one killer of the young. They cause 32 000 deaths among young people (75% of them male) every year in the WHO European Region: a quarter of all deaths in the group aged 5–24 years. Young people have increased exposure as pedestrians, cyclists and motorcyclists, and thus make up a disproportionately large group of vulnerable road users. Young people using alcohol or speeding run higher risks.

The burden is unequally distributed across the Region and in countries. Mortality from road traffic injuries in children aged 0–14 years shows a sixfold difference between the countries reporting the highest and lowest rates. A key factor may be the affordability of safety equipment: child restraints and cycle helmets cost over 10 times more in Albania than in the United Kingdom.

In addition, large inequalities exist within countries. Children and young people from socially disadvantaged, marginal and less affluent groups have 4–5 times the risk of death on the road than the better off.

The costs are huge, and so is the potential for prevention. The high number of years of life lost to premature mortality in the young, coupled with severe and life-long disability, results in a disproportionately higher burden of disease. Accompanied by the devastating impact on the lives of victims and families and the loss in productivity, this results in high societal costs. Estimates suggest that the costs of road traffic injuries amount to about 2% of gross domestic product.

Almost half of road traffic deaths could be averted if all countries in the Region achieved the same mortality rate as the country with the lowest rate. Many cost-effective measures exist to achieve this. For example, wearing motorcycle helmets reduces the risk of severe injury by 72% and the likelihood of death by up to 39%. Each €1 invested in child restraints for cars would save €32.

Road safety is a societal responsibility. For instance, decreasing the risk for child pedestrians and cyclists requires more than educating them about the dangers on the road; ensuring safe road environments is just as important.

More political priority needs to be given to ensuring wider implementation of evidence-based measures to address the leading risk factors: speed, drink–driving, poor road design and infrastructure, and lack of use of crash helmets, seat-belts and child restraints. European countries that have approached all components – safety of road infrastructure, vehicles and driving behaviour and access to emergency medical services for victims – provide the best examples.

Spotlight

First United Nations Global Road Safety Week

The Week, celebrated at the end of April 2007, combined the efforts of a range of United Nations actors, with WHO as the lead agency. The United Nations Road Safety Collaboration is a network of about 50 agencies and stakeholders that have been working for three years across the world.

Opening with the Youth Assembly on 23–24 April in Geneva, Switzerland, Global Road Safety Week gave young people an opportunity to make their voices heard. An electronic consultation with young people from all over the world promoted the adoption of a road safety declaration for and by them. All countries are committed to implementing the resolutions on road safety by the United Nations General Assembly and the World Health Assembly.
WHO/Europe works with a very active network of national experts, appointed by the 53 countries in the Region to be WHO counterparts on violence and injury prevention. They worked with WHO/Europe’s country offices to celebrate the Week in countries. Another vital partner is nongovernmental organizations (NGOs), which have exceptional capacity to advocate road safety, speak for vulnerable road users, mobilize civil society and act as an interface between science and policy-making. WHO supports them in this.

The events organized for Global Road Safety Week took place with the participation of ministers and senior representatives of relevant sectors (particularly health, transport, education, interior, family and sport, and youth), with very high visibility in the mass media. In many countries, events such as press conferences, national workshops and conferences were accompanied by events involving civil society and young people. The events were also supported by other United Nations agencies (such as the United Nations Development Programme (UNDP) and the United Nations Children’s Fund (UNICEF)), NGOs and other organizations, such as the International Federation of Red Cross and Red Crescent Societies (IFRC) and the Global Road Safety Partnership.

Events coordinated by WHO country offices and/or country focal points and supported by WHO headquarters and WHO/Europe took place in Albania, Armenia, Azerbaijan, Belarus, Croatia, the Czech Republic, Georgia, Greece, Israel, Italy, Latvia, Lithuania, Kazakhstan, Poland, Romania, the Russian Federation, Slovenia, The former Yugoslav Republic of Macedonia, Turkey and Turkmenistan.

**Azerbaijan**

A national campaign with the slogan “Be Part of the Solution on Azerbaijani Roads” involved five ministries (health, internal affairs, youth and sport, education and transport) and drew enormous public interest.

**Belarus**

The deputy minister for transport and communications gave a press conference, with technical experts from WHO/Europe and the state vehicle inspectorate, to draw media interest to the increase in fatal accidents on the roads and to the national strategy to reverse this trend.

**Romania**

The ministry of interior and administrative reform took the lead in organizing a range of activities in the course of the Week: a meeting of the interministerial council for road safety; awareness campaigns by the road police, an NGO campaign in Bucharest, a round-table with the main national stakeholders and a press conference at the central police headquarters in Bucharest.

**Turkmenistan**

The Ministry of Health and Medical Industry joined forces with WHO/Europe and the National Red Crescent Society to mark the Week with a series of high-level meetings of all national actors in road safety, advocacy events throughout the country, films and exhibitions, a street campaign and media coverage.

For more information, contact Ms Francesca Racioppi, Scientist, Accidents, Transport and Health, at WHO/Europe (tel.: +39 06 48 77 545, e-mail: frr@ecr.euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/transport).

**Bookshelf**

This WHO/Europe book, available in English and Russian, highlights some of the factors that put young people at increased risk of serious road crashes, including speed, alcohol, not being conspicuous, not using crash helmets, seat-belts and child passenger restraints, and road and vehicle designs that lack built-in safety features. Many cost-effective interventions have been proposed to counteract this relentless daily toll. There is a wealth of experience in the European Region and of opportunities to learn from it.
A key event during the Week was the celebration by the European Commission (EC) of the First European Road Safety Day on 27 April 2007, focusing on young drivers, under the slogan “Youth on the road: road safety is no accident”.

Pedestrians and users of two-wheelers: work to reduce their vulnerability

Vulnerable road-user groups require more attention than they received in the past. The risks of pedestrians and users of motorized two-wheel vehicles in collisions with motorized vehicles are well understood, but these road users’ high risk of falls without such collisions is less acknowledged in current traffic safety policies.

Road safety needs to be included in public health policies and in the national health promotion programmes that focus on cross-cutting issues such as alcohol use and social deprivation. A EuroSafe task force has been established to work on this issue by collecting and disseminating public health evidence about the scale and nature of all injuries of pedestrians, cyclists and users of motorized two-wheel vehicles on European Union (EU) public health programmes and carried out by the Austrian Road Safety Board. It carried out its first study to provide a comprehensive picture of all injuries of pedestrians, cyclists and users of motorized two-wheel vehicles on public roads, by combining health data with police data. This involved drawing on a range of different data sources: the European Injury Database, WHO databases, the EuroSafe web site (http://www.eurosafe.eu.com/csi/eurosafe2006.nsf).

For more information contact Ms Claudia Körmer, Austrian Road Safety Board (tel.: +43 (0)5 77 0 77 – 1306; e-mail: claudia.koermer@kfv.at) or visit the EuroSafe web site (http://www.eurosafe.eu.com).
HEALTH IN ALL POLICIES: how can the European Union’s neighbours make progress?

What? First seminar on health in all policies in the EU’s neighbours


Who? 85 participants: representatives of the EU’s immediate neighbours by land or sea (Algeria, Armenia, Azerbaijan, Belarus, Egypt, Georgia, Israel, Jordan, Morocco, the Syrian Arab Republic, Tunisia, Ukraine and the Palestinian Authority), officials from health and other ministries (development and cooperation, education, finance and economy, labour and social affairs, environment and agriculture), staff of WHO/Europe country offices and EC country delegations, and experts from six EC directorates-general (health and consumer protection, external relations, social and human development, enlargement, employment and social affairs and regional policy) and the Secretariat-General.

Why? The EU’s neighbours are located in two WHO regions (the Eastern Mediterranean and European) and have consistently taken part in discussions with WHO about the need to consider the broad spectrum of socioeconomic determinants of health. In parallel, such thinking has been evolving within the EU; the 2006 Finnish presidency put health in all policies high on the political agenda and the EU health strategy (to be launched later in 2007) envisages a cross-sectoral approach to dealing with health inequities and health determinants. The seminar brought the similar messages of the two organizations together through the core EU external policy. The Neighbourhood Policy aims to offer the EU’s neighbours good tools, standards, support and dialogue. WHO works with the EU to put health higher on the agenda of the Policy.

What were the concerns? Both EU Member States and EU neighbours should increase their commitment to cross-sectoral action on health for several significant reasons.

• The EU and its neighbours have a common interest in working together for prosperity, stability, security and better governance. On both sides of the EU borders, there is a recognition that no dividing lines are needed in supporting governments to deliver health gains: a key goal for WHO, shared by the EC.

• Health systems are only one factor determining health, but they must often cope with the severe consequences of a population’s deteriorating health, although the causes lie in a range of non-health policies and developments.

• Transport, the environment, agriculture, education, sport and the information society are only some of the many sectors that contribute to health. There is an overarching need for countries to recognize health as not only a cost but also a generator of growth and wealth.

• The leadership of the health sector is still weak; the sector needs to learn how to convince both its peers (other ministries) and the broader stakeholders (such as industry) to incorporate health considerations in their policies.

What was agreed? • All participants will build a common understanding of the scientific background, context, principles, strategies and challenges of the health-in-all-policies approach.

• The participants expressed strong will to bring back to their governments the abundant experience and knowledge shared at the seminar and to work further to introduce the health-in-all-policies approach, for instance through making health impact assessments at the national level or addressing key health determinants across sectors.

• The different EC services expressed increasing interest in incorporating health in a range of policy areas. The European Neighbourhood Policy is only one way to do so.

• With its network of offices in all the EU neighbours and its experience in forging cross-sectoral partnerships for health, WHO is a key actor in this tripartite collaboration.

• The seminar was only the first step in enhancing the EU’s dialogue on health with its neighbours, with WHO’s active involvement and support and with the increasing interest of national governments.

For more information, contact Dr François Decaillet, Senior Adviser, EURO Representation to the EU (tel.: +32 2 506 4662; e-mail: decailletf@who-eu.be) and/or Dr Matthias Wismar, Health Policy Analyst – Technical Officer, at WHO/Europe (tel.: +32 2 525 0938; e-mail: wismar@who.euro.who.int).
Why is action needed?

Cardiovascular diseases (CVD) are the number-one killer: responsible for more than half the deaths (52%) in the WHO European Region, over 4.4 million each year, and almost a quarter of the disease burden (as measured by disability-adjusted life-years – DALYs). Heart disease or stroke is the leading cause of death in all WHO European Member States. In the 27 Member States of the European Union, CVD cause more than 1.9 million deaths and cost the European Union (EU) economy about €169 billion per year.

The disparities are huge. Mortality from CVD has decreased in western Europe in recent decades, but rates in some of the central and eastern countries in the WHO European Region are up to 10 times those in some western countries. Healthy life expectancy shows a difference of almost 20 years from the western to the eastern parts of the Region; the main contributors are deaths from CVD and external causes. Mortality rates (particularly for CVD) are declining proportionally faster in the higher socioeconomic groups, further widening the health gap between the rich and the poor.

Prevention pays. An estimated 80% of heart disease, stroke and type 2 diabetes, and 40% of cancer could be avoided if major risk factors were eliminated. A decline in major risk factors – reductions in mean cholesterol levels, smoking prevalence and blood pressure levels – explains around 50–80% of the reduction in mortality from coronary heart disease.

What works is known. Effective interventions include tobacco control and the reduction of obesity through the promotion of healthy diets and increased physical activity. Integrated action on risk factors and their underlying determinants across sectors would decrease not only CVD but also other priority conditions in the Region, such as cancer and diabetes. It is essential to strengthen health systems for improved prevention and control of all noncommunicable diseases.

Yet prevention is still not a priority. While investment in prevention has significant potential for health gain, only 3% of total health expenditure in countries belonging to the Organisation for Economic Co-operation and Development (OECD) goes towards population-wide prevention and public health programmes. Health services are frequently oriented towards care rather than prevention, and the quality of care for some diseases is woefully inadequate. Up to 80% of people with diabetes will die of CVD. Half the people with diabetes in a population may not be identified, however, and half of those who are, may have inadequate metabolic, lipid and blood pressure control: a key factor in preventing CVD mortality.

A comprehensive approach requires implementing population-level prevention programmes, targeting high-risk individuals and groups, and improving the quality and coverage of effective care.

What has WHO done?

WHO global strategies and measures include the Global Strategy on Diet, Physical Activity and Health and the Framework Convention on Tobacco Control, ratified by 42 of the 53 Member States in the WHO European Region.

Relevant WHO European strategies include the 2002 European Strategy for Tobacco Control and the 2006 European Strategy for the Prevention and Control of Noncommunicable Diseases. The WHO Ministerial Conference on Counteracting Obesity took place in November 2006 and, at the September 2007 session of the WHO Regional Committee for Europe, Member States will debate the second European action plan on food and nutrition.

At country level, WHO/Europe supports more than 20 countries’ work to prevent noncommunicable diseases.

The European Heart Health Charter is a joint initiative of:

- the European Society of Cardiology, representing nearly 53 000 cardiology professionals across Europe and the Mediterranean and working to reduce the burden of CVD in Europe;
Crossroads

Preventable cancer

Every year, around 32 000 women die from cervical cancer and 65 000 new cases are registered in the WHO European Region, yet this disease can be prevented.

In 80% of cases, it is caused by human papillomavirus (HPV) infection, a sexually transmitted infection against which vaccines have now been introduced. Having vaccines on the market is not enough, however: preventive vaccination needs to be universally affordable and available to adolescent girls. National and international experts need to join forces to mobilize support and ensure commitment to cervical cancer control.

National health authorities call on WHO for support in making informed decisions about whether and how to introduce HPV vaccines in their countries. To respond to the need, at the end of May WHO/Europe invited representatives of health ministries to meet with WHO experts in five different areas: reproductive health and research, vaccine-preventable diseases and immunization, noncommunicable diseases, sexually transmitted infections, and child and adolescent health. Close to 100 participants from most of the countries in the Region and various international stakeholders became well acquainted with the existing global and regional knowledge and policies on the prevention and management of cervical cancer. In addition, countries shared their experience with cancer control and reproductive health and, more broadly, counteracting noncommunicable diseases.

The discussion helped participants sketch possible solutions for the best introduction of HPV vaccines in their national health systems. In addition, a network of experts was established through which WHO/Europe would be able to find out from countries what further support they may need in this significant public health effort.

Did you know

International commitment to action against cervical cancer is growing. WHO Member States have endorsed a number of global and European strategies that ensure the policy framework for this action and WHO has provided technical guidance and advocacy:

- Accelerating progress towards the attainment of international reproductive health goals. A framework for implementing the WHO Global Reproductive Health Strategy (2006) (http://www.who.int/reproductive-health/publications/strategynframebd.pdf);
- the European Strategy for the Prevention and Control of Noncommunicable Diseases (2006) (http://www.who.int/InformationSources/Publications/Catalogue/20061003_1);
- World Health Assembly resolution WHA58.22 on cancer prevention and control (2005) (http://www.who.int/Cancer/e81143/en/index.html);

For more information contact Dr Gunta Lazdane, Regional Adviser for Reproductive Health and Research, at WHO/Europe (tel.: +45 39 17 14 26; e-mail: gla@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/reproductivehealth).

Bookshelf

Investing in prevention and improved control of noncommunicable diseases would improve the quality of life and well-being of people and societies. No less than 86% of deaths and 77% of the disease burden in the WHO European Region are caused by this broad group of disorders, which are linked by common risk factors, underlying determinants and opportunities for intervention. Effective interventions should benefit equitably all countries and all population groups within countries, as this would make the greatest impact as well as bring significant health and economic gain. This action-oriented strategy, adopted by the WHO Regional Committee for Europe promotes a comprehensive and integrated approach to tackling noncommunicable diseases in the WHO European Region.

For more information, contact Dr Jill Farrington, Coordinator, Noncommunicable Diseases, at WHO/Europe (tel.: +45 39 17 15 38; e-mail: jfj@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/reproductivehealth).
Another step towards the Tallinn conference

The WHO European Ministerial Conference on Health Systems will take place in Tallinn, Estonia in June 2008.

Health and wealth have a two-way relationship (see figure). The Conference will explore this by examining current evidence on how health can contribute to economic growth. Examples include the efforts to develop the workforce, to increase productivity, to alleviate the cost of illness and to lower the number of those seeking early retirement. It is also important to consider how the investment in health pays off and has the potential to speed up for less wealthy countries.

Policy briefs under preparation for the Ministerial Conference (working titles)

1. Assessing the health–wealth relationship
2. Is prevention better than cure?
3. How can good health system performance be measured and support effective governance?
4. How to steer decentralized systems?
5. How can the impact of health technology assessments be enhanced?
6. Where are the patients in decision-making about their own care?
7. What is the optimum balance between institutional, community and home-based care?
8. When do stand-alone (vertical) programmes have a place in primary health systems?
9. How can chronic disease management programmes operate successfully across benefit programmes, care settings and providers?
10. What are the policy implications of the migration of health professionals?
11. How can the optimum skill mix be determined and implemented?
12. Is revalidation an effective tool in promoting quality in health care?
13. What are effective formulas for resource allocation and risk adjustment?

Development of a charter

At the first Conference preparatory meeting in March, Member States requested that a charter on health systems be developed and submitted for adoption at the Conference. Its goal is to give political guidance and provide a strategic framework for evaluating and adapting health systems throughout the WHO European Region.

The United Kingdom will chair the charter drafting process, with Belgium and Kyrgyzstan as co-chairs. A further 21 countries in the Region have expressed interest in taking part in the drafting process. Dr Fiona Adshead, Deputy Chief Medical Officer at the Department of Health in the United Kingdom, has been nominated to coordinate these activities. A first draft of the charter will be presented to Member States at the third Conference preparatory event.

Next events

The next preparatory event focuses on human resources for health, and will take place at the fifty-seventh session of the WHO Regional Committee for Europe, in Belgrade, Serbia, on 18 September 2007. The second pre-Conference meeting on the subject of ‘coordinated care’ will take place in Bled, Slovenia on 19–20 November 2007.

For more information, contact Dr Maria Cristina Profili, Conference coordinator, at WHO/Europe (tel.: +45 39 17 12 38; e-mail: healthsystems2008@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/healthsystems2008).

Upfront

On 27 June 2007, the external advisory board for the Conference met for the third time. Comprising leading experts from ministries of health, universities and partner organizations (including the European Investment Bank, the World Bank, the Council of Europe, the European Commission and the Organisation for Economic Co-operation and Development), the Board provides advice to WHO/Europe during the preparations for the Ministerial Conference. It discusses technical issues, including concrete themes and key topics, the research agenda, topics for the pre-Conference meetings and the communications strategy. It also advises WHO/Europe on the involvement of partner organizations and institutions, to ensure that the Conference reflects current issues and challenges in health systems.

The External Advisory Board’s discussions also focused on the progress made on the research and evidence for the Conference, preparations for producing a charter on health systems and the forthcoming pre-Conference events.

Background studies

Ensuring that a health system performs as well as it can is a prerequisite for generating economic growth and contributing to wealth. Two major studies are being prepared for the Conference.

The first study will synthesize current thinking on health systems, health and wealth. It will address in detail:

- the underlying conceptual framework;
- understanding the scope, goals, values and functions of a health system;
- health systems’ changing challenges and direct contribution to the economy;
- the impact of health on economic growth;
- health systems’ contribution to population health; and
- rethinking financial sustainability.

The second study, on performance measurement for health system improvement, will analyse experiences, challenges and prospects and will include:

- the principles of performance;
- the dimensions of and statistical tools for performance measurement;
- performance measurement in specific disease areas; and
- health policy and performance measurement.

Policy briefs

A series of policy briefs will collect and synthesize key evidence on subjects related to public health and the strengthening of governance, integrated care, human resources and financing in health systems, to provide Conference participants with an informed and comprehensive assessment of the policy issues that affect, or are likely to affect, their health systems and decision-making priorities.
What? First regional meeting of directors of European blood transfusion services

Where and when? Copenhagen, WHO Regional Office for Europe, 4–5 June 2007

Who? More than 60 participants, including senior policy-makers and chief officials responsible for services in 48 countries in the WHO European Region, and representatives of a range of international organizations working for blood safety

Why? There is a need to harmonize countries’ approaches to the quality and safety of blood products and services. In today’s Europe of increased mobility, transfusion therapy should be based on a set of common standards and principles that are recognized across borders, and be available and accessible to all patients in need. All participants noted the urgent need to create an open platform for communication and the exchange of information and experience, so that they can apply the most appropriate solutions in their national context.

What are the concerns? The Region should be seriously concerned about the situation of its blood and blood supplies for several significant reasons:

- **demography:** this is the WHO region with the lowest national growth worldwide, which decreases the number of people who can donate blood; in parallel, Europe’s population is ageing; mortality rates are dropping and life expectancy is increasing, which results in an increasing demand for blood products;
- **epidemiology:** in the eastern part of the Region, the HIV/AIDS epidemic remains high, as well as the reported rates of viral hepatitis; throughout the Region, road traffic accidents still cause significant injuries, which puts extra strain on blood services;
- **supply:** the main sources for blood supplies in countries and in the areas most epidemiologically exposed remains either paid or family blood donation, which both pose a higher risk for infections; and
- **diversity of problems across the Region:** the problems vary widely across the Region, from west to east, as far as the situation with blood services is linked to the status and performance of national health systems, many of which are in the process of reorganization and reform.

Who is doing what? The **European Union** has four directives on blood safety, which are legally binding on all its Member States. In a broader context, the **Council of Europe** has led the production of guidelines and recommendations for the quality and use of blood products. **WHO's** role is to support countries in developing integrated national strategies for blood safety, to make available the best knowledge in this area and to ensure training and technical support.

What was agreed? The participants:

- endorsed the health-system approach and regulatory models for improving blood services;
- agreed to bring their conclusions to the attention of politicians, health ministries and other relevant institutions, to ensure commitment to sustainable funding of blood services;
- will work to draw the attention of governments to the need for national programmes promoting voluntary, non-remunerated blood donation; and
- called for focusing research on developing novel technologies and blood substitutes.

What do countries expect WHO/Europe to do?

- Promote blood services of high quality and safety as part of national health systems.
- Assist them to develop dedicated training programmes for staff at all levels, and provide technical information, documents and tools to further support capacity building.
- Lead the Region-wide exchange, making sure that blood service directors meet regularly, to provide a dedicated forum for exchange and discussion, enabling the monitoring and evaluation of progress, and enhancing collaboration with national and international stakeholders and further networking at regional level.

For more information, contact Dr Valentina Hafner, Technical Officer, Health Systems Resource Generation, at WHO/Europe (tel.: +45 39 17 12 55; e-mail: vha@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/healthsystems/Service/20070607_1).
HIV/AIDS care accelerates across Europe

All countries are committed to providing universal access to prevention, treatment, care and support services for people living with HIV/AIDS.

While the “3 by 5” target was not met at the global level, the WHO European Region achieved its share, placing an additional 100,000 people on highly active antiretroviral treatment (HAART). The Region made major progress in increasing the numbers of both patients receiving such treatment and countries providing it.

Yet this aggregate success masks some shortcomings. While access to this specialized care increased across the Region in 2003–2005, the trend was not universal and remained geographically inequitable. The overwhelming majority of new patients placed on the treatment in this period were in the western countries. While the HIV/AIDS epidemic is older and the number of people with HIV is still higher in these countries, this is not the only cause for the difference. By the end of 2005, all western countries in the Region provided high HAART coverage, while only half of the central and eastern countries did so. Six eastern countries still provide poor or no coverage.

In the east, the number of people who need HAART greatly surpasses the number receiving it. Because of the relatively later start of the epidemic there, both the need for HAART and countries’ capacity to deliver it have only recently begun to increase. Thus it is important not only to build this capacity but also to maintain high coverage in countries already providing HAART. This calls for renewed efforts, in line with the goal of providing universal access to prevention, treatment, care and support services by 2010 and the commitments set out in the Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia.

Ukraine: reduction of drug-related harm

Injecting drug users are one of the groups most vulnerable to transmission of HIV and Ukraine has the highest HIV prevalence in the WHO European Region. Much is being done to make progress, however. The second national conference on the reduction of drug-related harm, held in Kyiv at the end of March 2007, was a major breakthrough. Sponsored by 12 organizations, with WHO providing the secretariat, the conference created a supportive environment for discussing the main challenges to and methods of ensuring that injecting drug users in Ukraine achieve universal access to HIV prevention, treatment, care and support by 2010.

The conference was also intended to garner political will and facilitate discussions on coordination and collaboration between government institutions and civil society – including nongovernmental organizations (NGOs), communities of drug users and people living with HIV – to ensure an effective national response to the HIV/AIDS epidemic.

More than 400 people took part in the conference: decision-makers, government officials, health care practitioners, civil-society activists, and representatives of communities of injecting drug users and their families, international organizations, social and outreach organizations, law enforcement agencies, correctional institutions and the media. They discussed best practices, lessons learned and innovative models in reaching out to injecting drug users. They agreed that better involvement of communities of injecting drug users and local government is needed. The debate focused on two harm-reduction programmes: needle and syringe exchange and substitution therapy. Some successful pilot substitution-therapy projects were described, and the participants discussed ways to extend them across the country.

One of the most important tasks for the conference was to build skills in working with the media on issues related to harm reduction and substitution therapy. WHO/Europe led a special hands-on session devoted to dialogue between health care workers and media representatives, facilitated by one of the most popular Ukrainian television journalists.

Key implementing partners and high-level government officials stressed the importance of harm-reduction interventions, including substitution...
therapy, for an effective national response to AIDS in Ukraine. The Head of the Ukrainian AIDS Centre, Professor Alla Shcherbysnka, noted that: “Ukraine has elected to scale up harm reduction programmes to reach universal access to prevention, treatment, care and support for injecting drug users by 2010, and that has now become our national goal. How quickly we achieve this goal will depend upon how efficiently we scale up and improve the quality of harm-reduction services, including drug substitution therapy.”

2006 saw the highest ever coverage of harm-reduction programmes in Ukraine, with over 110 000 injecting drug users accessing services. In 2006, substitution therapy had been scaled up with the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria, and a WHO evaluation study has shown solid evidence of its effectiveness.

Unfortunately, the epidemic in Ukraine is still spreading. Over 377 000 people are estimated to be living with HIV, 144 183 of whom are injecting drug users. Dr Gundo Weiler, of the WHO Country Office, Ukraine, points out that: “Ukraine has made great progress in extending coverage of needle and syringe programmes to 25% of drug users and in securing funds for a further expansion to 60%. The big challenge now is to replicate this success in the area of drug substitution treatment – an intervention without which we cannot expect the HIV epidemic to be halted and reversed.”

At the close of the conference, the community of injecting drug users called for key action and decisions in a joint statement, presented on behalf of all the participants, to the Government of Ukraine, the donor community and civil society.

For more information, contact Mr Jeffrey Lazarus, Advocacy and Community Relations Officer, Sexually Transmitted Infections/HIV/AIDS, at WHO/Europe (tel.: +45 39 17 13 41; e-mail: jla@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/aids).

WHO interregional partnership in practice

Eighteen countries and WHO are continuing the fight against poliomyelitis (polio) and measles. By signing the MECACAR Declaration at the World Health Assembly on 17 May, countries on the borders of the WHO Eastern Mediterranean and European regions strengthened their collaboration to fight vaccine-preventable diseases.

The WHO interregional partnership Operation MECACAR, helped to eradicate polio in the European Region and contributes to reaching the goal in the Eastern Mediterranean. Close, effective collaboration between Member States, WHO regional offices and partners at all levels made this success possible. Enhanced programme ownership and high-level political and partner commitment quickened the results. This led to the mobilization of financial and human resources in areas with similar geographical and epidemiological features.

The MECACAR Declaration lays the ground for concerted effort to reach the common goals of polio eradication and measles elimination. No child should die or be handicapped as a result of a vaccine-preventable disease. In signing the Declaration, the countries pledge to commit political will at the highest levels to improving national immunization programmes, identifying and immunizing cross-border populations, mobilizing the public and raising awareness of the importance of immunization.

Further effort remains necessary. Under its new name, Operation MECACAR New Millennium, the collaboration will continue and be extended to include new goals and objectives. Interrupting poliovirus transmission in countries with endemic polio remains the highest priority. Other areas of collaboration include measles elimination, strengthening disease surveillance and strengthening immunization systems.

For more information, contact Dr Nedret Emiroglu, Regional Adviser, Vaccine-Preventable Diseases and Immunization, at WHO/Europe (tel.: +45 39177450; e-mail: nem@euro.who.int) or visit the WHO/Europe web site (http://www.euro.who.int/vaccine/20030724_13).
Public health services in south-eastern Europe

**Shortcut**

**What?** Meeting of the South-eastern Europe Health Network

**Where and when?** Sofia, Bulgaria on 21–23 June 2007

**Who?** National coordinators of each of the thematic projects, the Network’s Executive Committee, the European Commission (the directorates-general of Health and Consumer Protection and Employment and Social Affairs), the Council of Europe and WHO/Europe (the two partners providing the Network’s secretariat), the Council of Europe Development Bank, European Investment Bank and all other major partners and donors

**Why?** This was the sixteenth regular meeting of the Network. Since 2006, the Network has had a rotating presidency, in which the member countries take turns holding a half-year presidency, forging and leading the agenda. The Bulgarian presidency (first half of 2007) started with the fifteenth Network meeting, also in Sofia; the June meeting was the closing event of the Network under the Bulgarian presidency.

**What was discussed in plenary?** Eight projects – on mental health, infectious diseases, food and nutrition, tobacco, blood safety, health information systems, maternal and neonatal health and assessment of public health services – are being implemented. The Network members reviewed the progress of regional action in each of these areas, and discussed such topics as health and diplomacy (the new Italian programme to support international health), lessons learned in reducing health inequities, and health systems and wealth (the place of public health services).

**What’s new?** The Network chooses a theme for each of its regular meetings; accordingly, the Sofia meeting focused on public health services in south-eastern Europe. WHO/Europe, the Council of Europe Development Bank and the Health of the United Kingdom are supporting the Network in its major evaluation of public health services in each of the nine countries in south-eastern Europe. This is in line with the commitments of these countries’ health ministers in the Skopje Pledge. The regional project manager presented the key findings of the evaluation, outlining challenges, opportunities and recommendations for improvement. In addition, international experts talked about public health as the core of health systems, partnerships for public health, the public health policy of the European Union and, finally, building a common understanding of public health and public health services across the WHO European Region.

**What did the working groups do?** The working groups discussed three subjects in depth: integrating individual public health services in primary health care for disease prevention, upgrading health protection services and infrastructures, and promoting health by working across sectors and with communities and individuals.

**What was agreed?** Two declarations were discussed: on strengthening the regional capacities for epidemic preparedness and response in supporting the implementation of the International Health Regulations, and transforming the south-eastern Europe mental health project into a long-term regional programme of cooperation. A decision was taken that the health ministers will sign an agreement at the forthcoming WHO Regional Committee for Europe in September 2007. A joint decision on strengthening communicable disease surveillance and response in south-eastern Europe, with a focus on laboratory capacities and early warning systems for avian influenza, was signed by the national health coordinators.

In addition, the Sofia meeting gave a boost to the discussion that the Network is forging on the mechanisms that need to be developed in the near future to transfer to the countries themselves the ownership of the Network, as of 2008.
Rewind

Since its establishment in 2001, the South-eastern Europe Health Network has proved to be of crucial importance in the development of the public health sector of nine south-eastern countries in the European Region: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia. It has achieved some important political and technical results:

1. developing a multicountry coalition in which public health serves as a bridge to peace, reconciliation, stability and economic development;
2. launching and enhancing regional cooperation on eight priority cross-border issues in public health to support countries through European integration processes;
3. sustaining itself through ownership and the leadership of the member countries;
4. enhancing the strong partnership between the nine member countries and a group of donors/partners: nine countries (Belgium, Greece, France, Hungary, Italy, Norway, Slovenia, Sweden and Switzerland) and four international entities (the Council of Europe, the Council of Europe Development Bank, WHO/Europe and the Stability Pact Social Cohesion Initiative);
5. raising and putting to work over €8 million;
6. using regional cooperation to support national health system reforms; and
7. encouraging the sharing of experiences and cross-fertilization of ideas.

The following principles guide the Network:
- regional ownership;
- partnership;
- transparency and accountability;
- complementarity;
- sustainability;
- equal and active involvement of all countries;
- distribution of activities and resources based on a country needs assessment;
- decentralization of activities and resources; and
- efficiency.

Shortcut

BULGARIA

Immunizations: better management of information systems

The Program for Appropriate Technology in Health (PATH), the United States Agency for International Development (USAID), WHO/Europe and the health authorities of Belarus, Bulgaria, the Republic of Moldova and Ukraine launched a regional project in the four countries in 2002. In Bulgaria, the project’s implementation started in 2004, with two aims: to improve the system for monitoring immunization coverage and to strengthen surveillance for selected vaccine-preventable diseases. For the period 2004–2006, a range of successful activities were implemented:

- assessing the existing systems for monitoring and surveillance;
- introducing self-assessment of data quality in four pilot regions;
- setting up national and regional working groups that met on a regular basis;
- agreeing on indicators for monitoring, such as timeliness, immunization coverage and deferred vaccinations;
- significantly improving the paper-based reporting system in one of the regions;
- introducing a new integrated electronic reporting procedure for general practitioners (GPs) in another region, which greatly improved coordination between public health authorities and National Health Insurance Fund;
- training of GPs and epidemiologists.

By the end of 2007, the analytical software will be finalized; the national working group will assess the results of the pilot phase and select the most appropriate and informative model, and the new information system will be expanded into a new group of 10 regions, the largest in Bulgaria. Later, the system is planned to be introduced in 16 other areas in the country.

Avian influenza: strengthening preparedness

With the financial support of USAID, the Bulgarian Ministry of Health and WHO/Europe implemented a project to minimize the possible transmission of avian influenza to human beings, in case of an epidemic. The project gave epidemiologists in regions intensive training on prevention, monitoring, testing, early alert and notification of eventual cases. Epidemiologists from both the subnational and national levels were also given the latest knowledge on how to work together in an emergency.

The project also provided training for the staff of regional and local health authorities and the institutions responsible for disaster response, focusing on the need for national preparedness for an influenza epidemic. A third strand of the project covered work with a wide range of media for developing national strategies for communication during an epidemic. Finally, a web-based information system for epidemiological surveillance of avian influenza was created, and the necessary computer and laboratory equipment made available.

For more information about WHO/Europe’s work in Bulgaria, contact Ms Emilia Tontcheva, Head of the WHO Country Office, Bulgaria (tel.: +359 2 9696139; e-mail: eto@who.bg).

For more information, contact Dr Maria Haralanova, Regional Adviser, Public Health Services, at WHO/Europe (tel.: +45 39 17 15 13; e-mail: mh@euro.who.int) or visit the WHO/Europe website (http://www.euro.who.int/stabilitypact/network/20040611_1).
Training in public health

In May, WHO/Europe completed the last in a series of 10 courses that trained about 330 Greek health experts under a project co-funded by the European Commission. Starting in February 2006, the courses – held monthly in Copenhagen and spanning a full week each – provided groups of trainees with a general overview of the most important aspects of public health policies and systems.

According to the agreement between WHO/Europe and the Greek counterpart, the National School of Public Health, the programme was aimed at a diverse audience. The participants were a mix of Greek public health and health care professionals, physicians and nurses, health inspectors, health administrators and officials from the Ministry of Health and Social Solidarity and the National School of Public Health. WHO/Europe's technical experts gave them the best and latest knowledge on a range of topics:

1. WHO's European country strategy to support the development of health policy and systems;
2. challenges to health systems in the WHO European Region;
3. public health programmes and policies at the local and subnational levels;
4. blood safety in the Region;
5. European Union challenges in health policy;
6. the Health For All database: a fundamental tool for gathering health statistics in the Region;
7. disaster preparedness and response;
8. WHO policies on communicable and noncommunicable diseases, mental health and environmental health;
9. highlights on hospital reforms in the Region;
10. health impact assessment;
11. overview and reform of public health services in the Region;
12. financing of health systems;
13. health inequalities in Europe: concepts, trends, measurement;
14. medicines policies and health systems;
15. primary care: how the systems approach can help; and
16. human resources for health.

Each group was offered a mix of lectures, case studies and exercises. Breaking the theoretical work with sessions for working groups comprising a sample of different professional backgrounds and skills, helped the Greek trainees understand new topics. Each participant received a CD with all the training materials, including recordings of all the lectures and discussions, so that they could be further used in Greece for broader training in public health.

While grateful for the opportunity to receive the essence of the latest knowledge on public health policies and systems, the participants heated the debate with a range of questions. For example, how can WHO/Europe “push” governments to implement the policies and strategies that are proven to bring health gains? How best can European and Greek health data be compared? How can WHO/Europe “push” governments to implement the policies and strategies that are proven to bring health gains? How can a country such as Greece support WHO’s work in health crises? How can the usefulness of the training be maximized by provide similar training in Greece and perhaps to other EU Member States?

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