Over 250 health officials from the WHO European Region, attending the annual session of the Region's governing body, the Regional Committee, considered critical health issues: the governance of health systems, health promotion, the social determinants of health, noncommunicable diseases, child and adolescent health, and climate change. Many items on the agenda focused on health systems. Priority was given to making health services accessible to all, particularly those who cannot afford to pay for them, and to increasing health systems' capacities to respond to health emergencies. Representatives of the WHO European Member States explored the driving forces in improving health systems' performance and the difference good governance can make. A wealth of information and insight was presented also in response to the question whether health systems have a role for setting behaviour change strategies. Discussions affirmed the health sector's role in encouraging people to adopt healthier behaviour, including smoking abstinence, weight management, blood pressure control and regular exercise.

(Read more on pp. 6–7.)
CZECH REPUBLIC – Together towards better health: 60th anniversary of WHO

As WHO is celebrating its 60th anniversary in 2008, the WHO Country Office, Czech Republic organized an event in Prague called “Joint Way for Better Health: 60th Anniversary of WHO”. Discussions focused on the different aspects and dimensions of WHO’s cooperation with various Czech actors. A look back into WHO’s history shows that Czech epidemiologists have played an important role in fighting infectious diseases globally. One striking example is the eradication of variola; Czechoslovakian experts’ work changed global medical history. A Czech professor working at WHO headquarters led the variola eradication project.

Another focus of the event was tobacco control: a key priority for WHO in Europe and globally. A World No Tobacco Day seminar was held on the same day as the anniversary celebration, with representatives from corporations, experts and politicians. The Czech Republic faces some challenges in tobacco control: ratification of the Framework Convention on Tobacco Control, creating and respecting nonsmoking public spaces, and ensuring wide access to medical treatment for tobacco addiction.

The Prague celebrations of WHO’s 60th anniversary were attended by members of the diplomatic corps, politicians, mayors, deans of universities, staff of United Nations agencies, members of specialized medical societies, directors of medical institutions and health insurance companies, and staff from a range of Czech ministries.

Acknowledgments
This issue of The BRIDGE was prepared with the contributions, ideas, comments and support of the following staff of WHO/Europe: Tanja Calleja-reina, Sally Charnley, Cristina Comunian, Mary Stewart Burgher, Oluf Christoffersen, Enrico Davoli, Manuela Gallitto, Birthe Havn, Tina Xiae, Hilde Kruse, Lucianne Licari, Shouka Pelaseyed, Cristina Salvi, Cristiana Salvi, Darina Sedlikova, Dinesh Sethi, Alena Šteflová, Nicoletta di Tanno, Viv Taylor-Gee, Trudy Wijnhoven, Francesco Zambon.

For more information, contact Dr Alena Šteflová (tel.: +420 257 199881; e-mail: steflova@who.cz) at the WHO Country Office in Prague or visit the WHO/Europe web site (http://www.euro.who.int/countryinformation/).
THE UNITED KINGDOM – Mental health

“Policies and practices for mental health in Europe. Meeting the challenges”

The Department of Health in London, United Kingdom hosted the launch of this new report, published by WHO/Europe and co-funded by the European Commission, in October 2008. The report provides previously unavailable data on mental health policy and practice across 42 WHO European Member States. It presents country-to-country comparisons on indicators such as numbers of psychiatrists, financing, community services, workforce training, antidepressant prescription and representation of users and carers in decision-making. The data were obtained from health ministries. The report reveals large gaps in treatment and services. It also shows that many countries, but not all, are making some progress towards implementing community-based mental health services. Treatment – or lack of treatment – depends on where one lives. The report calls for greater clarity and consistency, and sharing of knowledge and experience.

Countries in the WHO European Region are committed to transforming their mental health programmes and activities, aiming to shift from institutional practices to person-centred community-based care. This report indicates the need for action. It reveals the lack of reliable indicators and valid information that should support the shaping of progressive mental health programmes and the creation of a competent workforce. The challenge is now to address this need in partnership with Member States and other intergovernmental agencies. For more information, contact: Dr Matt Muijen (tel.: +45 39 17 13 91; e-mail: mfm@euro.who.int) at WHO/Europe or read the report on the WHO/Europe web site (http://www.euro.who.int/datapublications/Publications/Catalogue/20081009_1).

GLOBAL STATUS REPORT ON ROAD SAFETY

The Global Status Report on Road Safety will assess road safety on a country-by-country basis, and serve as a key tool for advocating increased focus on and investment in road safety at the national and international levels. National data coordinators, appointed by their governments, collect the data using standardized methodology and tools. In the WHO European Region, 49 out of 53 Member States have identified such coordinators. WHO/Europe organized training for them at WHO headquarters in Geneva, attended by 43 participants from 42 countries. Most of the coordinators are also WHO/Europe’s focal people for violence and injury prevention, nominated by health ministries. Several were specifically appointed as national data coordinators for the global safety status surveys, and several were from the transport sector. Nine participants were from Russian-speaking countries. The training was held in English with Russian interpretation.

After briefing and training, the coordinators were required to complete the national surveys by June 2008. Currently, in 42 countries the governments have already approved the reports and the last few are being prepared. The national data coordinators shared the observations that the exercise brought many benefits for participating countries and the national experts involved: fully mapping national mortality from road traffic injury, and standards and programmes for road safety will provide an important baseline for future activities. In addition, intersectoral work is strongly promoted and a defined methodology for building consensus between the different sectors – broadly agreed. Overall, this work is a catalyst for change and provides experts with experience in conducting an international survey using a standardized methodology. A Global report and a European report are being prepared and will be forthcoming in June 2009.

For more information on the project, contact Dr Francesco Zambon at WHO/Europe, Moscow e-mail: zambon@who.org or Dr Dinesh Sethi (tel.: +39 06 487751; e-mail: violenceinjury@cc.euro.who.int) at WHO/Europe or see the WHO/Europe web site (http://www.euro.who.int/violenceinjury/injuries/20080229_1).

SLOVAKIA: road safety

The Ministry of Health of Slovakia, in cooperation with the WHO Country Office, held a consensus meeting on the reports attended by all members of the working group from the Ministry of Health, the Environmental Health Department of the Public Health Authority, the Presidium of the Police Force, the Ministry of Internal Affairs and the Governmental Council for Road Safety (GCRS) and the Ministry of Transport. The participants analysed all questions about the national survey as part of the global project were analysed, and adopted and approved solutions by consensus. Apart from the information and knowledge gained from the questionnaire, the added value of this exercise was that the participants decided to continue to collaborate closely on road safety in Slovakia. They greatly appreciated WHO/Europe’s support for this. Since the consensus meeting in April 2008, the Health Committee of the GCRS is involved in drafting a new Road Act. When adopted this Act will introduce a range of global recommendations, such as mandatory lights on during the whole year, speed limit 50km/hour on urban roads, mandatory helmets for cycling children 0-14years on all roads, and on rural roads for all cyclists). A National Programme for Health and Development of Children, adopted by Slovak government in January 2008, has a special chapter on injury and violence prevention; WHO/Europe provides technical and financial assistance on the issue of road safety, through its 2008-09biannual collaborative agreement with the country. For more information, contact Dr Darina Sedláková (tel.: +421 2 5937 3140; e-mail: dse@euro.who.int) at the WHO Country Office in Bratislava or visit the WHO/ Europe web site (http://www.euro.who.int/countryinformation/).
**Perspective**

**EUROPEAN COMMISSION AND WHO:**

mapping the joint work ahead

Seventh meeting of senior officials from the European Commission (EC) and WHO (Headquarters and WHO/Europe)

Brussels, Belgium October 2008

Health is part of a range of European Union (EU) policy areas, so the EC came to this meeting with about 50 representatives from directorates-general (DGs) responsible for health and consumer protection, external relations, development, implementation of development cooperation, humanitarian aid, trade, agricultural policy, research, the environment, the internal EU market, and employment and social affairs. They discussed with high-level WHO officials and technical experts (both from Headquarters and the Regional Office for Europe) the issues at stake and the opportunities for joint action, already taken or lying ahead.

**Topics**

WHO has rich expertise and experience in food security, food safety and nutrition, both globally and in the WHO European Region, and so is a key partner for EC in this area. Discussions of food security focused on malnutrition and food aid, distribution and prices. A second part of the exchange addressed food quality and nutrition, joint action at the European level on nutrition, obesity prevention, schemes to provide fruit in schools and product labelling. A separate debate covered food safety and the many platforms, networks and actions in which EC and WHO join forces.

Both partners are strongly interested in cooperation within countries. At the 2007 meeting of senior officials, EC and WHO launched a one-year brainstorming exercise, whose results were reported at the 2008 meeting. In the course of an year, EC and WHO analysed their practices in country-level collaboration, and identified opportunities to improve them. WHO/Europe can contribute to EC’s work in the countries in the WHO European Region, including the EU accession and candidate countries (with which DG Enlargement is involved), the geographical neighbours of the EU (DG External Relations) and the central Asian republics (DG Development), as well as the 27 common Member States and the countries in the European Economic Area and the European Free Trade Association the (for which all other DGs present at the meeting have a role). EC and WHO participants also discussed more technical issues: health information, communications, health systems, and communicable and noncommunicable diseases.

The meeting mapped the main areas of joint interest, shared concerns and therefore action for 2009.

**Mandate and context**

At its fifty-sixth session, the WHO Regional Committee for Europe endorsed enhanced partnerships as a strategic direction for WHO/Europe to 2020, and identified the EU as a unique partner, urging that cooperation between the two move towards better task sharing and synergy. The Treaty establishing the European Community explicitly envisages a high level of health protection for EU citizens in all Community policies and activities.

EC–WHO collaboration dates back to the 1970s, based on EC competence related to public health in EU Member States, as well as the EC global health agenda. Since 2000, in a formal exchange of letters between the WHO Director-General and the EU health commissioner and the consequent memorandum of understanding, WHO and EC agreed to work together “not only for the Member States of the EU (all members of WHO), but also for other countries”. Thus WHO–EC cooperation today is based on two main strategic objectives: better serving the needs of common Member States and seeking more strategic and comprehensive responses to global health challenges.

**Action**

EC–WHO/Europe cooperation currently encompasses:

- policy dialogue and strategic cooperation on public health issues of European and global importance, particularly health security and health and the environment;
- technical cooperation at the global, regional and country levels on themes of mutual interest where joint work can add value; and
- financial support to scale up and accelerate research and action on common priorities.

The annual senior officials’ meeting is the platform from which the EC and WHO review the areas where they work together, complementing each other’s actions. The cooperation is large scale, covering both global and European affairs, in the context of both EU’s external and internal policies.

For more information, contact Dr François Decaillet (tel.: +32 2 5064662; e-mail: decailletf@who-eu.be) at WHO/Europe.

Coming: Read in the next issue of The BRIDGE an overview of the joint EC-WHO/Europe projects for the period 2006-2008.
The WHO/Europe programme on emergency medical services (EMS) supports Member States in reforming, developing and maintaining their EMS in pace with the population’s needs, and ensuring the provision of the best attainable quality of care, preserving a maximum level of equity and accessibility. The programme develops common instruments such as tools for assessing the capability of EMS in meeting needs, instruments for better planning and management of EMS and guidelines on crisis preparedness for hospitals. In addition, it provides ad hoc expertise to countries, including a training package on triage in EMS, as well as reviews of national policies and structures.

**Hospital crisis preparedness plan**
The plan is a practical tool for planning appropriate measures to be adopted by a hospital and/or other health facility to be better prepared to face a critical situation (http://www.euro.who.int/Document/e89763.pdf). It includes specific measures and tips for preparedness for an epidemic, such as an influenza pandemic.

**Assessing needs**
An assessment tool can be used for a detailed analysis of the current utilization and capacity of EMS in countries. Valuable and reliable data on the current situation form the baseline for estimating development costs and planning a financing strategy to strengthen EMS.

**Supporting countries in strengthening and reforming emergency care systems**
To streamline the main aspects of EMS, WHO/Europe provides practical advice for policy reforms. This approach relies on the full involvement of local authorities and stakeholders and the standardization of health care, to ensure that it creates the background for ensuring a universal basic package accessible to all. Projects are being implemented in Albania, Kyrgyzstan, Tajikistan and the former Yugoslav Republic of Macedonia.

**Health and migration**
In Europe, EMS are the only site of universal health care where access is unrestricted. Given their importance in providing health care to immigrants, WHO/Europe proposes that countries comprehensively analyse how the immigrant and the host populations use EMS.

---

**Crossroads**

**EMERGENCY MEDICAL SERVICES**

The WHO/Europe programme on emergency medical services (EMS) supports Member States in reforming, developing and maintaining their EMS in pace with the population’s needs, and ensuring the provision of the best attainable quality of care, preserving a maximum level of equity and accessibility. The programme develops common instruments such as tools for assessing the capability of EMS in meeting needs, instruments for better planning and management of EMS and guidelines on crisis preparedness for hospitals. In addition, it provides ad hoc expertise to countries, including a training package on triage in EMS, as well as reviews of national policies and structures.

**Hospital crisis preparedness plan**
The plan is a practical tool for planning appropriate measures to be adopted by a hospital and/or other health facility to be better prepared to face a critical situation (http://www.euro.who.int/Document/e89763.pdf). It includes specific measures and tips for preparedness for an epidemic, such as an influenza pandemic.

**Assessing needs**
An assessment tool can be used for a detailed analysis of the current utilization and capacity of EMS in countries. Valuable and reliable data on the current situation form the baseline for estimating development costs and planning a financing strategy to strengthen EMS.

**Supporting countries in strengthening and reforming emergency care systems**
To streamline the main aspects of EMS, WHO/Europe provides practical advice for policy reforms. This approach relies on the full involvement of local authorities and stakeholders and the standardization of health care, to ensure that it creates the background for ensuring a universal basic package accessible to all. Projects are being implemented in Albania, Kyrgyzstan, Tajikistan and the former Yugoslav Republic of Macedonia.

**Health and migration**
In Europe, EMS are the only site of universal health care where access is unrestricted. Given their importance in providing health care to immigrants, WHO/Europe proposes that countries comprehensively analyse how the immigrant and the host populations use EMS.

---

**WORKING TOGETHER FOR 27 COMMON MEMBER STATES**

**Emergency medical services in the European Union**

WHO/Europe and the European Commission (EC) co-finance a project to assess EMS preparedness in the framework of national crisis management structures in European Union (EU) Member States. In March 2007, it started to map and compare the EMS systems in the 27 countries that belong to both the EU and WHO. They, as well as the EU collectively, are exposed to many potential health threats that challenge the preparedness and response capacities of health services and particularly EMS. The effectiveness of national and international crisis management systems needs to be increased.

The project is mapping the current EMS arrangements throughout the EU (institutional, educational, operational and human-resources capacity) and collecting data on existing crisis-management mechanisms to manage health threats. These data will identify international best practices, as well as crucial gaps, needs and weaknesses, helping the decision-making process. The project creates space and momentum for intercountry collaboration.

At the start, the 27 health ministries appointed national representatives to act as counterparts to WHO/Europe in this work. Through the EU interministerial panel on emergency care, these 27 national experts meet regularly. One of their first activities was to share information about the standards and organization of EMS in each country, focusing on legislation and financing, EMS within and outside hospitals, education and crisis management.

**Step by step**

**Bratislava, June 2007**: The first panel meeting was held to discuss a future tool for EMS assessment in the EU. A standardized template was developed for gathering data on organizational arrangements of pre-hospital and hospital EMS, and the educational background and licensing procedures of medical professionals, paramedics and other first responders. This template was aimed at collecting data on the links between the systems for EMS and crisis management. All national representatives gathered at the Lisbon, December 2007 workshop, hosted by the Portuguese Presidency of the Council of the EU. They reviewed the analysis which WHO had made on the EMS questionnaire results, revised the country reports to ensure their accuracy and agreed on the conclusions of the final report of the project. The panel also made recommendations for improvements in EMS. The conclusions and report were completed in the early months of 2008.

At the last meeting in Turin, October 2008, the 27 national representatives worked with international and EC experts to review and comment on a document on EMS systems in the EU. Then the participants suggested future activities for WHO/Europe in the area of EMS, and proposed the formal establishment of the European Interministerial Panel on Emergency Health Care, identifying its role and potential capacity.
**Upfront**

**FIFTY-EIGHTH SESSION**

of the WHO Regional Committee for Europe

Tbilisi, Georgia, 15–18 September 2008

**WHAT THEY SAID IN TBIISI**

Without effective stewardship, managing the health system is like having a ship without navigation.

**Moldova**

**Much to do for the health sector to carry out its mission**

Governments made important achievements by signing the Tallinn Charter in June this year. When a crisis happens, the malfunctioning of a health system is a major concern of the world in danger. But health system performance means so many things. Already, from what is being said by delegations, we see the sheer scale of the diversity of issues discussed, and it is obvious we need to look at new subjects. … We shall learn by doing it. We need health ministers to be strong to fulfil the entire scope of their stewardship role. Their responsibility is so wide – it is increasing not only the level and amount of action but also the quality of impact. There is a long way ahead to which we jointly commit.

Marc Danzon, WHO Regional Director for Europe

**You have shown how health systems can offer a better option**

Efforts to improve the performance of health systems have a long history, and patchy success. This is a history of decades of experiments, shifting policy advice, huge and costly errors and an almost incomprehensible failure to learn from successes and mistakes. I applaud your courage in tackling these problems. The European Ministerial Conference on Health Systems sent a clear message to the rest of the world. The achievements behind the Tallinn Charter take the international debate on health development a step forward. This time around, we have a better chance to get things right. The problem is recognized, and the motivation and momentum for change are stronger than ever before.

Margaret Chan, WHO Director-General

**Data, information and knowledge**

For ensuring successful stewardship, each country should build a common stock of knowledge, summarizing the available data, information and evidence. However, it is not only about collecting data but also about giving each stakeholder the relevant information, with relevant indicators. Cross-sectoral indicators should not be forgotten. Many health information systems need to be revised and improved. A common culture for sharing experiences among European countries would benefit everybody. In regard to regulation and safeguarding public health, more attention should be given to preserving and enhancing the standards of public health.

Bulgaria

**Societies are influenced not only by gross domestic product and growth but also by health and well-being**

Decisions should be driven by health or the lack of health in a given society. It is not true that economic development automatically improves health – if there is no proper governance, no health gain will come. The way ahead is not easy. Implementing good governance and effective stewardship encounters many difficulties: lack of structures, too much involvement of health ministers in health services issues, quality of personnel … . Measuring performance is of central importance. This is not an easy concept and not without political risk. Member States are willing to go much further down the road, as measurement is not necessarily for ranking countries; it is for comparing with and learning from others. WHO facilitates this and ensures cross-country cooperation.

Nata Menabde, Deputy Regional Director, WHO/Europe

**Citizen participation is vital**

The role of citizens in the new design of health systems cannot be overestimated. Depending on the level of health care in a given country, citizens are less or more mature in participating. WHO helps a lot in the process of helping people understand how they can best utilize hospital functions, how to benefit from primary care, how to advocate for themselves. WHO also supports countries in improving legislation for better participation. Finally, its advice is valuable in regard to dealing with diversity, with people from different cultures and backgrounds.

Sandra Elisabeth Roelofs, First Lady of Georgia

**Health should be a corporate issue for a government as a whole**

Often an opposition is perceived between primary health care and the positioning of social determinants of health. For me, they need one another, and reinforce one another. Our Commission is not in opposition to the WHO Commission on Macroeconomics and Health; in my view, we were doing the same thing, with the difference that what [the Commission on Social Determinants of Health does] is about social justice. A cynical journalist asked me once, why a health minister should take our work seriously. Two reasons come to mind: everybody cares about health, to the degree that a government sees it as part of its role and function; although health is not the aim of social policies, it is in fact their outcome. It is not good enough for a health minister to say he/she is in a weak position. Who else would be strong? Nobody else has the function of advocating health.

Michael Marmot, Chair, WHO Commission on Social Determinants of Health

**Equity**

Health systems are and should always be based on equity and strong primary health care. Disease prevention is an indispensable part of them. Since [the 1978 Declaration of Alma-Ata], the world has changed dramatically, and we now know that a health-systems approach is key to addressing the causes of ill health. We are committed to ensuring equity – in access, in process and in outcomes, in the health attained.

Finland, on behalf of the five Nordic countries

**Health-system focus important for developed and developing economies**

We warmly welcomed the focussing on health systems. We see a potential to work on this by balancing the central and regional levels. Our canons are often laboratories for new approaches for health-system improvement. With good governance, health does not necessarily link directly to income; we are looking at increased, equitable access to services.

Switzerland
The challenge is to have all the data and package them well
We in health will fail if we are unable to be very open across all sectors of government and with the population at large. A major weakness of a health ministry is the lack of data. We started collecting data on insured people three years ago, and it is only now that we have real, high-quality data to use in decision-making. With WHO’s support, we have made an enormous effort to shift from a centralized, medicalized health system to one centred on patients. Being consistent with implementation of the reforms enables us to learn all the time. Yet we also keep in sight the long-term direction, especially to ensure financial protection from falling into ill health because of poverty.

The challenge now is implementation
We share the conviction that primary health care is essential for ensuring health services and for health promotion and disease prevention. We also share the desire to ensure better access to high-standard health care. How to implement these beliefs, however, is the enormous task now.

Commitment to act
Having transformed our primary health care system, we have now a sustainable health system in its broadest meaning. Estonia approved a new health-system strategy that was prepared in cooperation with all sectors and stakeholders. But it is not approving a strategy that matters; it is acting on what you have approved. The Estonian commitment is to act.

A country’s success can be measured by its level of health
In Europe, we may agree or not on a range of strategic matters, economics, finance … but, when it comes to health, we have a common denominator; we (in Georgia) have health problems similar to those in any countries in Europe. With the support of WHO, a lot has been done to improve the health situation in our country. My personal aim is also to ensure genuine equality among citizens, so that people can enjoy health. If we have a healthy population and are able to control diseases, this will be a contribution to health in Europe. We shall be committed to do that, cooperating with each of the countries present here.

Mikheil Saakashvili, President of Georgia

Good governance of health systems transcends national levels
It requires international cooperation. The common (European Union (EU)) and WHO Member States are concerned about issues such as patient mobility, migration of health workers and providing health services across borders. The EU looks forward to WHO launching a consultation on [its draft] code of conduct for recruiting international workers. The EU has enshrined in its Amsterdam Treaty that the health of citizens should be made a national priority. Effective health systems require sustainable health financing, and often the credibility of health ministers depends on ensuring that. WHO/Europe supports each of our countries in this work. At the ministerial conference in Tallinn, all states recognized that good governance involves cooperation between the public and private sectors and civil society. The capacity to establish this dialogue with all the relevant stakeholders is essential for better primary health care. The EU believes we can be an engine for the implementation of the Tallinn Charter and the Millennium Development Goals.

Presidency of the Council of the EU (France, on behalf of the 27 EU Member States, the countries in the European Economic Area and the European Free Trade Association, and candidate and accession countries)

Private-sector involvement
The private sector’s share in health policy-making should be explored, directed, regulated and used, because of its indispensable role in finding solutions that no separate actor can find.

Turkey

New risks and threats facing Europe
Aging, climate change … a range of new concerns has become prominent; that’s why it is essential what we say about the key role of the health systems around the world. Health systems need to be given the chance to utilize the optimum model for financing and development — and this is not only a matter of money.

Health is not everything. But without health, everything is nothing.
This phrase of Schopenhauer reminds us that, without a universal health system, without an integration of health, prosperity and stability are not possible. No reform of a health system is easy; we face the same issues as in other countries. Such a reform is comparable only to a heart surgery — when everybody knows what the target is, everybody is ready and everybody shares the same principles. We are there now, after Tallinn. We have to use the experience gained and now face the difficult work at home: to organize ourselves with different experts and involving all other ministries and sectors.

Germany

Safeguarding solidarity both at the political level and among citizens
As a result of the Tallinn Conference, we started a long process of developing a national health policy, to include the main principles of the [Tallinn] Charter. The key challenge is how to focus on shared interests in order to share responsibilities. We want to link prevention and curative care. As to resources creation, we want to stimulate all actors to be innovative and develop. International solidarity will be decisive in meeting the Tallinn Charter commitments. Cross-country collaboration helps us meet our collective responsibility to assist countries with low resources.

Netherlands

Treat everybody equally but also fairly
In the domain of health care, we should also worry about those areas that we cannot control. There is a responsibility for the health of vulnerable people; the aged, disabled, marginalized, mentally handicapped, migrants. If we want to establish programmes to achieve fairness, we need to have them for each of those groups. Health has to be a joint and coordinated effort of health and social affairs.

France

Gratitude for guidance and vision in health system strengthening
WHO/Europe supported us when we were preparing the national health plan as the central governmental tool for improved input to health. We are undergoing a process of a complete review of the national health system, so that we can incorporate standards — i.e. introduce benchmarking against other health systems. We aim to use that for the long-term planning of health policy.

Portugal
The next milestone in the European environment and health process, the Fifth Ministerial Conference, will take place in Parma, Italy in March 2010. It will assess countries’ progress in implementing the commitments they made at the Fourth Ministerial Conference in Budapest, Hungary in 2004. The health effects of key environmental risk factors form the basis of the four Regional Priority Goals of the Children’s Environment and Health Action Plan for Europe (CEHAPE) adopted in Budapest: inadequate water and sanitation, unsafe home and recreational environments and lack of spatial planning to promote physical activity, indoor and outdoor air pollution, and chemicals. These are still major concerns for children’s health today.

While the Fifth Conference will maintain continuity by keeping the focus on children, it will also address emerging threats such as climate change, and cross-cutting issues including socioeconomic and gender inequities, the involvement of new stakeholders and the specific needs of the countries in eastern Europe, the Caucasus and central Asia.

**The facts**

Well-tested environmental health interventions could save nearly 1.8 million lives a year in the 53 countries in the WHO European Region. As children are among the most vulnerable members of society, action targeting them would benefit the entire population. Tackling air pollution, unsafe water, injuries and harmful chemicals would save 100 000 young lives. Emerging threats that magnify the impact of the environment on health are a new challenge: the most important of these is climate change.

While concern in western countries focuses mainly on chronic diseases associated with exposure to pollution, a significant part of the Region still struggles with traditional environmental health problems, such as access to safe drinking-water. In central and eastern Europe, only 30–40% of households have access to safe water. Evidence shows that provision of safe water and adequate sanitation reduces morbidity from diarrhoeal diseases by 26%. Recognizing this, many European countries are already taking action to strengthen their health systems and providing guidance on detecting outbreaks of water-related diseases.

This should accompany action to reduce damage to health from, for example, air pollution, climate change and injuries, which recent research has shown to have a far bigger impact than initially thought. Reducing emissions of air pollutants could save over 1 million years of life in the European Union (EU) each year. Many of the 70 000 excess deaths due to the 2003 heat-wave could have been avoided by ensuring health systems’ preparedness and ability to respond. If all countries in the Region had the same death rate from injuries as the country with the lowest rate, some 500 000 deaths could be prevented each year.

**Country examples**

A range of European countries have taken measures to safeguard children’s future through ensuring healthy environments:

**Albania and Armenia:** Reinforcement of regulations and awareness raising among young people to protect health from chemical pollution

**France:** Regulations to reduce mortality from accidents by 50% in children aged under 14

**Netherlands:** Projects to ensure clean indoor air in primary schools through improved ventilation

**Uzbekistan:** Prevention and treatment of infectious diseases in children including improved access to safe drinking-water at school

Further, **Italy** is one of the countries in the Region that has assessed the health impact of environmental risks in detail. It also fully adopted the concept of including consideration of health in all policies: all ministries and many social and corporate associations have formally committed themselves to the programme “Gain health – Make healthy choices easy”.

**Preparations taking off**

At three high-level meetings, the new members of the European Environment and Health Committee (EEHC) – representing countries, intergovernmental and nongovernmental organizations – have shaped the agenda of the 2010 Conference.

A call for stronger commitment to protect children’s health and their future from environmental threats came right from the start of the preparations: at the first EEHC meeting, in **Milan, Italy in March 2008**. Hosted by Italy and organized by WHO/Europe in collaboration with EEHC, this meeting reinforced the partnership between the health, environment and other sectors, to ensure better health for all Europe’s people, with special emphasis on the younger generation. It also involved debate on some priority goals for Europe – water and sanitation, injuries and physical activity.

The second high-level preparatory meeting took place in **Madrid, Spain in October 2008**, organized by WHO/Europe with EEHC and the Spanish Ministry of Health and Consumer Affairs. Defining the theme of the next ministerial conference as protecting children’s health in a changing environment, the meeting aimed to ensure that action on identified priorities, particularly the implementation of the CEHAPE and the need for measures for preparedness, mitigation and adaptation in relation to climate change. The committal document of the conference would reflect these two main commitments. The participants shared relevant country experience and lessons learnt, and a coordination meeting for the youth-involvement process was held to plan activities. Special emphasis was placed on two of the four regional priorities for action: clean air and chemical-free environments.

The third preparatory meeting will be held in **Bonn, Germany in April 2009**.

**Resources and partners**

The Government of Italy generously agreed to host the Conference and close coordination has been established between WHO/Europe and the Ministry for the Environment, Land and Sea and the Ministry of Labour, Health and Social Policy.

The governments of France, Germany, Kyrgyzstan, Luxembourg, Spain and Tajikistan have provided in-kind or financial support for preparatory meetings, research and publications. Andorra and Serbia have also offered help.

Particular efforts are made to engage relevant partners from both the health and environmental fields, including the European Commission, other United Nations agencies, intergovernmental and nongovernmental organizations, and the private sector. The special involvement of young people, based on the United Nations Convention on the Rights of the Child and launched in Budapest with a parallel youth parliament, aims to include young people in countries’ delegations and to enable them to contribute to the main committal documents.
did you know

Linking research evidence to policy-making

WHO/Europe organized an *International Public Health Symposium on Research and Policy-Making in Environment and Health* in October 2008, back to back with the second high-level meeting, in Madrid, Spain. Experts from the international environment and health research community met with key European decision-makers and public health professionals to discuss the latest evidence on the most important issues in the European Region, advised on ways to bridge the gap between science and policy-making and thus contributed directly to preparations for the Conference. The Symposium also helped set priorities for future policy-oriented environment and health research within the European Union’s seventh framework programme for research and technological development.

**Issues from before and anew**

While understanding of the health risks of air pollution has significantly improved, new topics need much more study, such as climate change and the current economic crisis, the health effects of nanoparticles, changes in the risk of infectious diseases and allergies, and new energy sources. These new challenges are complex and need to be tackled proactively; thus, early warning mechanisms and the application of the precautionary principle are more and more essential.

When scientific evidence is missing or insufficient, cost–benefit studies and cost–effectiveness analysis could be given a greater role in policy development. More comprehensive studies are needed to disclose the effects of new and existing policies on human health. At the national level, support for environment and health research and monitoring needs to be maintained, to preserve capacity for both regular work and responses to crises. Despite the need for cooperation, communication between research disciplines remains poor.

**Conclusions and recommendations**

- Better frameworks and optimal human and financial resources are needed to improve collaboration between the different ministries, disciplines, sectors and countries involved in decision-making on the environment and health.
- Stakeholders in environmental health issues – including civil society, nongovernmental organizations and the mass media – should take part in appraising the health effects of policies.
- Information on risks and research outcomes should be communicated clearly to policy-makers and the public, making the policy-making processes more transparent.

*WHO/Europe should act as a knowledge broker in this work, facilitating access to the best research available and working directly with national policy-makers and scientists to support decision-making.*

For more information, contact Ms Sabrina Bijlsma (tel.: +45 39 17 1334; e-mail: sab@euro.who.int) at WHO/Europe or see the WHO/Europe website (http://www.euro.who.int/mediacentre/pr/2008/20081017_1).

Rewind

The process at a glance

In 1989, concerned about the growing evidence of the impact of hazardous environments on human health, WHO/ Europe started the environment and health process to eliminate the most significant environmental threats. A series of ministerial conferences has marked progress towards this goal. As the issues are cross-sectoral, the conferences bring together different stakeholders to shape the European agenda on health and environment.

Steering the process

The European Environment and Health Committee (EEHC) brings together representatives from health and environment ministries, intergovernmental and civil-society organizations. It monitors and reports on Member States’ work to implement their commitments, as well as sharing experience and best practice and building partnerships with a range of stakeholders.

Ministerial conferences: the pillars of the process

Three ministerial conferences on environment and health were held in *Frankfurt*, Germany in 1989, *Helsinki*, Finland in 1994 and *London*, United Kingdom in 1999. The fourth took place in *Budapest*, Hungary in 2004 with the theme “The future for our children”. It highlighted the measures that Member States could take to address the impact of harmful environment on children’s health and launched the Children’s Environment and Health Action Plan for Europe (CEHAPE) to improve the protection of future generations.

In June 2007, WHO/Europe held an *intergovernmental mid-term review* in Vienna, Austria to assess countries’ progress in carrying out the Budapest commitments. Countries reported on their work to address priorities on water, injuries and physical activity, air quality and chemicals. The discussion contributed to developing the agenda for the fifth conference, to be held in 2010, and the participants made recommendations to the EEHC on its steering of the European process on environment and health.

For more information, contact Dr Lucianne Licari (tel.: +45 39 17 12 89; e-mail: lul@euro.who.int) or Ms Cristina Salvi (tel.: +39 06 48 77 51; e-mail: csa@ece.euro.who.int) at WHO/Europe, or see the WHO/Europe website (http://www.euro.who.int/eehc/conferences/20021010_1).

More on the upcoming conference in the next issue of The BRIDGE

- Policy dialogues in central Asian, Baltic and south-eastern countries
- World health youth (WHY) communication network, engaging young journalists from major European media outlets a year ahead the conference
- Drafting group, composed of 11 Member States, the European Commission Directorate-General for Health and Consumers, and official youth representatives, tasked with writing the main committal document for the conference.
Quick progress in food and nutrition

In the last week of September 2008, Brussels, Belgium was the host for three related meetings on food safety, nutrition and physical activity, organized by WHO/Europe. They were hosted and supported by the Belgian health ministry and the European Commission (EC), and attended by 94 participants from 43 countries. Both European and headquarters WHO staff were involved, and the EU presence included experts from the EC and the European Food Safety Authority (EFSA).

Nutrition and food safety counterparts

Country representatives reported on their achievements in implementing the Second WHO European Action Plan for Food and Nutrition 2007–2012. Overall, many countries have made progress, but numerous challenges remain. WHO/Europe supports many of its Member States in this work through its biannual collaborative agreements with them for 2008–2009. Cross-country networks of experts have been established on several topics, which is useful for increasing awareness, interaction, motivation and influence.

Some of the action taken across the WHO European Region includes:

- establishment of European networks to reduce populations’ salt intake and marketing pressures on children;
- the nutrition-friendly schools initiative;
- the International Food Safety Authorities Network (IFOSAN) developed by WHO and the Food and Agriculture Organization of the United Nations (FAO);
- the 5 keys to safer food, to prevent foodborne disease; and
- the WHO European Childhood Obesity Surveillance Initiative.

The participants also discussed initiatives for flour fortification and salt iodization, food security and the impact of environmental changes on food safety, the hospital nutrition network and the south-eastern Europe food safety and nutrition network. The panel discussion on the consequences of food prices on food policies and inequalities in health sparked some of the most intensive debate. Informal group discussions covered these and other topics, including systems for surveillance of foodborne disease and monitoring of food contamination in the food chain.

Both partners – the EC and WHO/Europe – presented their activities for nutrition and food safety. They also presented their work plans, particularly for areas where complementary work could maximize its results and usefulness.

Stepping up work on a joint WHO–EC project

A 2008–2010 project, led by WHO/Europe, aims to monitor progress on improving nutrition and physical activity and preventing obesity in the European Union (EU). Each of the 27 common WHO–EU Member States has appointed national information focal points – experts chosen by the health or other relevant ministries, such as sports, or technical agencies dealing with diet, nutrition and physical activity. Their work is key to ensuring the high quality of the project. They met for the first time in September 2008 in Brussels, joined by the advisory group of the project, EC representatives, some members of the EU High Level Group on Nutrition and Physical Activity and WHO experts.

The project aims to develop an information and reporting system to describe the progress in strengthening the promotion of healthy nutrition and physical activity, to reduce obesity and to illustrate good practices in Europe. Member States will officially endorse its results and the contents of the databases.

At this first meeting of the network, WHO/Europe presented in detail the project’s work packages.

1. Surveillance of nutritional status, dietary habits and physical activity patterns;
2. National policies and actions;
3. Good practice in regional and local initiatives;
4. Database establishment and management;
5. Support to national surveillance and policy intelligence;
6. Coordination, management and reporting; and
7. Dissemination of results.

The terms of reference of the national information focal points were thoroughly discussed. Focal points are asked to involve appropriate experts at the national level and to identify key national stakeholders and information sources, such as government agencies, public health institutes, academic institutions, nongovernmental organizations, charities and municipal governments. Other key tasks are to coordinate national efforts to collect relevant information and to ensure its validation and approval. The information serves as a basis for an annual report and updates.

Focal points will also be asked to support this project by providing feedback on the web-based information platform and appraisal tools. Their contribution can help to ensure the adequacy and
The project's contact with them. WHO with a list of national platform members to enable focal points to make activity and health and welcomed a link to the present project. The EC will provide about their monitoring tool to assess progress in the platform on diet, physical closely with WHO/Europe to achieve its objectives. EC staff informed participants the network now understands much better the database architecture, information retrieval procedures and main data sources. 

Part of the data for this project will be collected through networking and integration with other systems and projects, especially those of the EU. Almost all work packages have synergies with such projects, so WHO/Europe has already established contacts with the teams of some of them and is establishing links with the others. WHO will also find out whether the directorates-general responsible for agriculture and transport and energy have relevant projects. 

The meeting's outcome is a planning framework with action steps. Everyone in the network now understands much better the database architecture, information and transport and energy have relevant projects.

For more information, contact Mi Trudy Wijnbooren (tel.: +39 39 17 12 48; e-mail: twi@euro.who.int) or Ms Hilde Kruse (tel.: +39 06 487751; e-mail: hik@ecr.euro.who.int) at WHO/Europe or see the WHO/Europe web site (http://www.euro.who.int/Nutrition).
The sixteenth annual conference of the Regions for Health Network took place in Varna, Bulgaria, in October 2008. The topic was health in all policies with a focus on health and the environment.

The 2008 Regions for Health Network conference brought together policy-makers to address the health-in-all-policies approach from a governance perspective by examining:

- cross-sectoral and interministerial collaboration (with a focus on health and environment);
- coordination of decision-making at different levels: from supranational/international to regional (looking at policies on environment, transport); and
- making of health impact assessments of strategies and policies.

Some of the concrete thematic topics were: health and the environment; the relationship between policies, determinants and health effects; 10 theses on regional health and wealth; and health impact assessment. The conference strengthened the evidence base of the regions in Europe, and participants took advantage of this unique forum to share a wealth of experience and best practice from sectors such as transport, education, health and employment.

In the WHO European Region, several frameworks exist in complementarity – the WHO vision for Health for All, the Lisbon Strategy of the European Union (EU) and the health-in-all-policies initiative of the Finnish EU Presidency. All stress the importance of placing health in the framework of human rights, and the common European values of equity, solidarity and participation.

The concept of health in all policies addresses health and wealth issues, linking human and social rights. It highlights the importance of health for the non-health sectors. Health in all policies also means an enhanced role for governance in policy-making at all levels, including the European, national, regional and local. This approach is closely related to other concepts, such as healthy public policies and intersectoral action for health, developed under the WHO European framework Health for All.

The network’s projects: region-led, involving several members regions

Migrants and health care: the responses by European regions

The RHN project on migrants and health care aims to describe strategies and actions adopted at the regional level on the health of and health services provided to migrants, in order to make this phenomenon visible. The research addresses several main questions.

- What data best describe the health situation of migrants?
- Which interventions best improve access to health services, appropriateness of health care and the health of migrants?
- Which approaches and interventions are the most efficacious in particular cases, such as services for children and women, problems with access to primary care and linguistic and cultural mediation, and health problems due to living and working conditions?

A feasibility study is being carried out to identify participating regions and define investigation topics, activities to be implemented and operating conditions.

Health indicators in European regions

The indicators project was carried out on the initiative of the Fédération Nationale des Observatoires Régionaux de Santé within the framework of the health monitoring programme of the European Commission.

The first phase, Isare I (1999–2001), made it possible to identify the most appropriate subnational level (health region) for the exchange of health indicators for each country within the EU and to assess data availability.

The second phase, 2002–2004, made it possible to test the feasibility of collecting regional data in each European country. The third phase, Isare III (2005–2007), widened the research to new countries, enabling them to reflect on the use of data, test the different ways of presenting information at regional level and think about effective means of dissemination.

Benchmarking regional health management

This EU-funded project aims to achieve more transparency among the different regional health systems in Europe, and to offer a means through which regions can learn from each other, using the variations in regional health care regulations and activities to improve health governance and public health. Regions that took part in the first part of the project form the core project group and will work together with an institute experienced in benchmarking and health policy (systems) research in the second part.

Three tracers (measles, breast cancer and diabetes) have been chosen to look at aspects of regions’ health systems such as prevention, screening and health care services. A reference framework for the analysis of management procedures is being developed. This will include different stages of intervention: for example, early or late intervention, action levels from individual settings to social systems, financial sustainability and quality assurance. The construction of gold standards for health strategies and policies will allow identification of good practice modules in regions’ health systems.

As many European regions as possible will be involved in this project, as this will enable the building of clusters of different regions according to their political and sociodemographic backgrounds, as well as their epidemiological development.

For more information, contact Ms Shouka Pelaeyed (tel: +45 39 17 12 25; e-mail: spe@euro.who.int) at WHO/Europe or see the WHO/Europe web site (http://www.euro.who.int/en/healthsystems).