



WORLD HEALTH ORGANIZATION

MEETING OF INTERESTED PARTIES

GENEVA, 18 TO 29 JUNE 2001

Summary Meeting Report

This document presents brief summaries of the main discussions by area of work. If available, full summary reports by the clusters are on the MIP 2001 Web site under the respective area of work

EXECUTIVE SUMMARY OF MIP 2001

1. This year's Meeting of Interested Parties was the first to cover the work of WHO as a whole. It was a corporate exercise that involved all clusters and levels of the Organization, including the regional offices. MIP 2001 was also comprehensive, introducing donors to the integrated budget format and to the concept of areas of work, while linking financial targets both to the related activities and to the expressed priorities of the programme budget.
2. The organization of the MIP was "mainstreamed" for the first time as a formal consultative exercise, with standard rules and processes, so as to provide a forum for joint reports to all donors on programme progress and utilization of resources over the previous year, as well as to facilitate feedback to the Executive Board and the World Health Assembly. Notifications were sent to all Member States and United Nations system bodies, as well as to principal partners among development agencies, international organizations, nongovernmental organizations and foundations.
3. The agenda and discussions of the MIP were structured around the 26 technical areas of work listed in the programme budget for 2002-2003. The conduct of the different sessions was delegated to the responsible clusters, providing for a rotating and dedicated participation by the parties most concerned with the issues under discussion.
4. The main objectives of the MIP were:
 - to introduce WHO partners to the programme of work for 2002-2003, identifying the financial resources needed for each area of work;
 - to review WHO's programme as a whole, highlighting the priority areas;
 - to provide a forum for dialogue with WHO partners; and

- to report on achievements and on resources used during 2000.

5. Representation was diverse. Some 330 individuals from approximately 150 organizations registered as participants. Sixty-six Member States were represented, along with 13 United Nations and intergovernmental bodies, 42 nongovernmental organizations and 28 public and private sector institutions.

6. The Director-General opened the meeting by reviewing the current challenges in international health, revisiting WHO's corporate strategy within this context and highlighting elements of the 2002-2003 programme of work and strategic budget. She emphasized the need for WHO to secure additional voluntary resources, given the flat regular budget. She furthermore stressed the importance of the MIP and the opportunity it presented for WHO's interested partners to review achievements and to provide input into plans for future years.

7. Chairpersons were elected by the participants at the various sessions and provided valuable coherence to the debates. WHO presentations frequently highlighted action at regional and country level, often around case studies and by host officials. The discussions flowed easily, although with some discrepancies due to the changing levels of participation.

8. Participants praised WHO for the corporate approach, the technical quality of the presentations, the significant improvement in financial reporting, and the better involvement of regional offices. Reactions from some delegates suggested that resource mobilization should be linked to more strategic discussions on the utilization of those resources, including through greater incorporation into a programme planning perspective.

Health and Environment

1. There is still a variety of communicable and vector-borne diseases hindering sustainable development, with many of them having an environmental etiology or being linked to pollution. More multidisciplinary research and risk assessments are needed to enhance WHO's knowledge and the evidence basis for remedial action.

2. Indoor air pollution is recognized as an underestimated environmental risk factor leading to a high burden of acute respiratory infections (ARI), particularly among women and children living in poverty, who are exposed to cooking smoke, lead and passive smoking.

3. Exposure to toxic chemicals, all with a particularly heavy disease burden on children, is still a major environmental risk factor as demonstrated by arsenic in drinking-water, lead and cadmium in air, and pesticides in the home and occupational environment. Continuation of the International Programme on Chemical Safety is considered indispensable.

4. Cooperation at all levels with key international partners, especially the United Nations Environment Programme (UNEP), should be continued under the current cooperative agreements in the areas of air and water pollution, chemicals and other environmental health issues.

5. Children's environmental health (CEH) is considered an important component of the environmental burden of disease, which includes a variety of chemical, microbiological and physical hazards. WHO's comprehensive approach to this problem and the activities the Organization has initiated are supported by many Member States and groups such as the G8 and the European Union.

6. Bearing in mind the critical importance of the breadwinner's health in families living in poverty, the programme on occupational health is a welcome contribution to environmental health and to poverty reduction, particularly in periurban areas.
7. The new initiatives in the African Region on chemical safety and occupational health are appreciated as a promising step towards reducing the environmental burden of disease in a region suffering from a multitude of environmental health hazards.
8. Global environmental change, including climate change, global warming, ozone layer depletion and ecosystem changes, has direct and indirect effects on human health. Collaboration with partners such as UNEP and the World Meteorological Organization (WMO), will lead to improved global burden of disease predictions and to the development of suitable interventions for affected populations.
9. Bringing closer together the health sector and the environment sector for a comprehensive interdisciplinary approach is considered a prerequisite for successful policies in this area of work. Conferences on health and environment at ministerial level, already a tradition in Europe and recently started in the Americas, will now be extended to the African Region by UNEP and WHO in a joint undertaking, leading to the Rio+10 summit in Johannesburg, South Africa.
10. The expected results and associated indicators included in the WHO programme budget for 2002-2003 describe how the Organization will contribute to the overall goal of reducing the environmental burden of disease.

Food Safety

1. Food safety is an essential public health concern and a priority area in the programme budget for the coming biennium.
2. Although there is still room for improvement, collaboration with other international organizations has been enhanced, particularly with the Food and Agriculture Organization of the United Nations (FAO) directly and through the Codex Alimentarius Commission. There is a clear understanding that WHO cannot work without cooperating with the World Trade Organization (WTO), the *Office internationale des Epizooties* (OIE), UNEP and other organizations. Intersectoral collaboration with consumers and industry is encouraged.
3. There was agreement on the win-win situation in health and trade. Political awareness needs to be raised in this area and, in the long run, people will benefit from greater food trade.
4. In relation to trade issues, activities are being undertaken to promote rigorous food safety standards. Despite the Codex, the best standards are not always in place. Developing countries need assistance to develop standards that reflect the situation in their countries. The WTO Agreement on the Application of Sanitary and Phytosanitary Measures (SPS Agreement) notes this and assistance to developing countries will benefit both developing and industrialized countries.
5. The capacity of countries to address issues of food safety varies greatly. The approaches needed may differ among countries and data may be used differently. There is a need to strengthen training in laboratory-based surveillance in many developing countries and to support capacity-building programmes.

6. Initiatives such as Healthy Islands and Healthy Marketplaces catch the imagination of people and can help to engage them in the field of food safety.
7. There is a shortage of people in risk analysis; WHO Collaborating Centres should be strengthened and other centres established to fill the gaps.
8. Food safety standards are being adopted and applied with only partial or small representation of developing countries in the work of the Codex; the participation of developing countries should be promoted.
9. In relation to childhood illness, there is a strong interaction between water, child health and food safety. A combination of risk assessments on *Vibrio parahaemolyticus* and *Vibrio cholerae* is currently being carried out in the Microbiological Risk Assessment body (JEMRA).
10. In developing and industrialized countries alike, epidemiology and surveillance of foodborne diseases are not well covered. The link between pathogens in patients and in food is often not recognized, mainly because of shortcomings in data collection and laboratory capacity.
11. Risk analysis must be pushed forward for BSE and v-CJD. The intensified collaboration in this work between the Food Safety Programme and the Communicable Disease cluster is recognized as a significant example of intra-organizational collaboration.
12. The need to strike a balance between safety concerns and potential benefits of genetically modified foods (GMF) was emphasized. The positive impact of GMF is an evolving issue in the context of sustainable development. WHO is evaluating the technology being used through expert consultations.
13. Food safety systems need to interact with consumers. In this process good communication, credibility and honesty as well as suitable scientific data from the authorities are required.

Nutrition

1. The participants discussed the global enormity and consequences of the major forms of malnutrition, including: (a) intrauterine growth retardation; (b) protein-energy malnutrition; (c) iodine deficiency disorders; (d) vitamin A deficiency; (e) iron deficiency; and (f) obesity – a rapidly growing global epidemic in both children and adults.
2. Potential action areas that, if adequately funded, would result in a measurably increased impact on worldwide malnutrition include: (a) improved management of severe malnutrition; (b) a new strategy for infant and young child feeding; (c) micronutrient fortification; (d) accelerating the elimination of iodine deficiency disorders (IDD); and (e) a comprehensive initiative for reducing maternal malnutrition and low birth weight.
3. A new strategy for infant and young child feeding is needed to address the following aspects: (a) the very low rates recorded for exclusive breastfeeding at four months of age; (b) the recommendation of the recent World Health Assembly resolution (WHA54.2) to promote exclusive breastfeeding until six months of age; (c) the dilemma and risks faced by HIV-infected mothers; (d) the need for improved complementary feeding practices; (e) feeding malnourished children; (f) nutritional support to populations in emergency situations; and (g) low-birth-weight infants.

4. Participants discussed the growing problem of obesity in both children and adults, and the double burden of obesity co-existing with undernutrition, which exists in many rapidly industrializing developing countries – and even within the same families. The Body Mass Index (BMI) database – provided it can be kept up to date – is a unique and essential data set for tracking underweight and overweight adults worldwide. A series of global and regional expert consultations on the magnitude and significance of obesity and approaches to preventing and managing it is currently being undertaken by the departments of Nutrition, Health and Development and Noncommunicable Disease Prevention and Health Promotion.
5. Micronutrient fortification and its feasibility in least-developed countries was discussed. While iodization of salt has been successful in most countries, even the poorest, the same has not been true for vitamin A and iron fortification. The main difficulty is finding a suitable centrally processed food vehicle (flour, oil, sugar, etc.) that can be centrally fortified.
6. The importance of solid action at country level was stressed, particularly in countries with high burdens of malnutrition, e.g. as in the South-East Asia Region where two-thirds of the world's burden of malnutrition is found. Nutrition activities in Indonesia, for example, contributed to the building of a comprehensive and cohesive national nutrition strategy.
7. Two presentations were made on (a) the success achieved in fortifying flour with iron in countries of the Eastern Mediterranean Region; and (b) the framework of the new European Regional Food and Nutrition Policy.

Sustainable Development

1. The focus on understanding health in a broad development context and on making health a force for poverty reduction was welcomed as a crucial area of work for WHO.
2. To address the question of how to translate technical knowledge or “evidence” into action, it was suggested that an important part of WHO's role was to engage in political processes that would “put health at the top of the poverty agenda”.
3. Many participants took up the theme of competing development frameworks, e.g. Poverty Reduction Strategy Papers (PRSPs), sector-wide approaches (SWAPs), and the United Nations Development Assistance Framework (UNDAF). Representatives from developing countries in particular highlighted the practical difficulties of accommodating many different frameworks and ensuring complementarity between them. WHO's role was seen as twofold: (i) to work with the donor community to promote coherence; and (ii) to continue building capacity at country level, e.g. assisting ministries of health to produce the health component of PRSPs.
4. The relationship between international development frameworks and national development plans and policies was also discussed. WHO's role in ensuring that official development assistance (ODA) for health supports rather than undermines existing national strategies was regarded as particularly important.
5. WHO was asked to continue its work on the impact of globalization on health in developing countries. One representative suggested that WHO should look not just at how trade affects health, but also at how health – e.g. the health of the poor working in export industries – affects trade.

6. Participants asked about the progress of WHO's cross-sectoral work. WHO is currently conducting a number of case studies into how intersectoral action, particularly in the areas of housing and energy, is improving health outcomes. This work will feed into the Rio+10 process.
7. The relationship between the Department of Health and Development (HDE) and other WHO departments was debated. It was suggested that HDE should have a role in encouraging other parts of the Organization to adopt a greater poverty focus in their work, and to become more involved in the PRSP process.
8. The question of indicators to measure the success of HDE's work was raised. It was acknowledged that the nature of HDE's work made it difficult to quantify "outputs". HDE suggested that WHO's work on PRSPs should be judged in the same way that the overall effectiveness of health ODA was judged, through indicators such as increases in government health spending and a greater pro-poor focus in health systems.
9. Many participants supported a continuation of WHO's work on addressing health from a human rights perspective, and requested more information.
10. The role of gender and the environment in WHO's work was questioned. Participants were assured that both themes would continue to remain central.
11. In conclusion, the Chair suggested that three particular themes had emerged to guide HDE's work: focus, coherence and complexity. The Department needs to focus on those areas where it could best achieve results; it needed to support coherence – both within WHO and within the development community; and it needed to provide support to developing countries to respond to the complexity of competing development frameworks.

Women's Health

1. Work has focused on: (a) redressing inequities and promoting a rights-based approach to women's health; (b) incorporating women's views into health care service provision; (c) gender mainstreaming within WHO; and (d) monitoring of women's health. With regard to gender mainstreaming, there was wide agreement about the complexity of the issue and the importance of assuring that both male and female concerns were addressed. Further information was needed on institutional mechanisms for ensuring gender mainstreaming throughout the Organization.
2. The importance of gender was highlighted with regard to HIV/AIDS, where gender relations and women's often subordinate social and economic status render it more difficult for them to protect themselves from HIV infection. The need to address the interaction of biological and gender-based factors which render women particularly vulnerable to HIV infection was stressed.
3. With regard to female genital mutilation, a comprehensive approach with strong community involvement is essential. Additional technical support needs to be provided in the development of country programmes of action.
4. The high quality of research undertaken in the area of violence against women and its effective dissemination and use for advocacy purposes are commendable. There is now a need to capitalize on current momentum to move from research to action and to solicit funds for follow-up activities in the areas of policy formulation and programme development and implementation. However, the adequate provision

of resources is dependent both on organizational priorities as well as on the external support of donors. The indicators included in WHO's programme budget for 2002-2003 may need to be reviewed in the light of suitability for monitoring progress.

Child and Adolescent Health

1. There was strong endorsement of the inclusion of infant and young child feeding, child development, neonatal health, and adolescent sexual and reproductive health within the revised mandate of the Department of Child and Adolescent Health (CAH).
2. Adolescent sexual and reproductive health is critical. WHO must advocate for attention to this issue and should provide policy and technical guidance to countries and partners. While it is clear that adolescent health and development must be addressed from a comprehensive and broad-based perspective, this needs to be accompanied by special attention to the sexual and reproductive health of young people, particularly in relation to HIV/AIDS.
3. Child health is perceived to have slipped from the list of WHO priorities, despite the large unfinished agenda in child survival and an ongoing need for research into interventions that are feasible and cost-effective in resource-constrained settings. Child health must continue to be seen as a fundamental priority for WHO. New opportunities and increased interest in child and adolescent health will be generated by the upcoming United Nations General Assembly Special Session on Children.
4. Infant feeding in areas of high HIV prevalence is a vital issue, needing clear policy guidance from WHO. CAH must continue to work with countries to define this policy framework.
5. A considerable funding gap remains, exacerbated by an expanded mandate in the face of an overall decreasing regular budget. CAH will receive an additional US\$ 0.9 million regular budget for 2002-2003; the remaining funds will be sought through increased voluntary contributions.

Reproductive Health and Research

1. Reproductive ill-health is a substantial contributor to the global burden of disease, yet the achievement of good reproductive health need not be expensive. Moreover, reproductive health services provide a crucial entry point for the implementation of HIV interventions.
2. Key challenges in reproductive health include the demographic challenge of continuing population growth; the unfinished agenda in maternal health and safe motherhood; and the ongoing sexually transmitted infection (STI)/HIV/AIDS pandemic.
3. It is necessary to identify and implement key interventions that will make a difference in reproductive health for the world's poorest. Improving primary health care with reproductive health services in mind is important because the primary health care setting is where most reproductive health services are provided.
4. It was concluded that: (a) reproductive health depends on healthy sexual behaviours and reproductive health professionals need training in promoting sexual health; (b) an important first step is making sure that service providers are comfortable talking about sexual health; and (c) reproductive health should be placed in a more prominent position in international discussions on health and development.

5. The importance of close collaboration between departments within WHO addressing reproductive health, adolescent health and HIV/AIDS was highlighted and commended.

Making Pregnancy Safer

1. The Making Pregnancy Safer (MPS) Initiative represents WHO's contribution to the international Safe Motherhood Initiative. MPS focuses on the identification and implementation of cost-effective, evidence-based interventions, delivered through strengthened health systems with strong community level involvement and supportive action. The six key areas of action for MPS comprise: (a) technical support to country capacity-building; (b) advocacy; (c) partnership building; (d) establishment and dissemination of norms and standards and the development of programming tools; (e) research promotion and coordination and the dissemination of research findings; and (f) monitoring and evaluation.

2. A panel discussion on partnership emphasized the importance of building effective partnerships between global, regional and national constituencies to maximize resources and ensure better coordination of plans and activities. Panelists stressed the need to focus on skilled attendance at delivery, and appropriate and effective continuum of care. The importance of WHO's role in intensifying efforts to promote midwifery was emphasized, in line with the recent World Health Assembly resolution (WHA54.12). The Initiative needs to be integrated into national policies, sector-wide approaches, health sector reforms, and budgets.

3. Increased commitment and budget for maternal mortality reduction is needed from WHO and its partners. The estimated budget for this Initiative for the 2002-2003 biennium is US\$ 14.2 million, of which only US\$ 1.3 million will be provided by the WHO regular budget. WHO's important role in monitoring progress and evaluating the impact of selected interventions and activities was stressed.

HIV/AIDS

1. WHO's revitalized HIV/AIDS programme and the establishment of a strong team bringing together normative guidance and technical support for the design and delivery of an essential package of HIV/AIDS interventions in resource-constrained settings was welcomed.

2. There were calls for increased regular budget and UNAIDS funds to support the programme. Increased funding to regions, especially AFRO, was welcomed.

3. Strengthening health systems will be essential to the scaling up of interventions for HIV/AIDS prevention and care. Networks and linkages are required to integrate HIV/AIDS services into existing health programmes and ensure stronger linkages with relevant services and the community. WHO country offices should play a stronger role in assisting with country level implementation.

4. Injecting drug use is a continuing problem in some settings, and is emerging in others. Condom promotion can be constrained by sociocultural factors, limiting the use of condoms to family planning purposes only. The work towards an integrated package of prevention and care was welcomed. Improved human resource management and better monitoring of health workers focusing on HIV/AIDS who experience burnout and a higher risk of infection, are required. Guidance on interventions to prevent mother-to-child transmission of HIV is needed to permit scaling up of programmes to reach a wider population. More research is needed, especially on infant feeding issues. WHO must take a leading role in the continuing dialogue with industry on optimal drug prices and increased access. WHO's work to

support country capacity to provide treatment and the upcoming strategy for antiretroviral treatment management was welcomed.

5. Participants welcomed the Italian Initiative, designed to bring together all interested players at country level, facilitate technology and resource transfers, reinforce already active health systems, encourage ownership by national players, and enhance training.

Communicable Disease Surveillance

1. Global health security was recognized as a priority for all regions and all countries. The importance of rapid, accurate and easily accessible information in the event of outbreaks of global importance was acknowledged, and the vital link between epidemic alert and rapid response was emphasized. The importance of adequate tools for use in response activities was stressed, with special reference to the availability of drugs and vaccines during outbreaks of meningitis and yellow fever.

2. Participants noted the importance of the International Health Regulations (now being revised) as an enabling legal framework for global alert and response activities.

3. The need for improved surveillance at national and regional levels was endorsed. The role of WHO Collaborating Centres in responding to outbreaks, and as resources for training and technical assistance, was emphasized.

4. The link between natural disasters, complex emergency situations and outbreaks of communicable diseases was highlighted, and the importance of collaboration within WHO was recognized.

5. In the context of surveillance and response, there is a need for laboratory support as well as a need for additional resources and training to enhance laboratory capacity, specifically capacity-building in diagnosis of viral infections and monitoring antimicrobial resistance. Outbreaks of infectious diseases often represent opportunities for capacity-building at the national level.

Communicable Disease Prevention, Eradication and Control

1. Disease eradication can be especially problematic as a goal, but initiatives for prevention, elimination and intensified control pose fewer problems and are easier and more cost-effective to implement. However, maintaining the momentum to control diseases when the burden of disease begins to drop is difficult.

2. WHO's role in legitimizing an initiative and mobilizing energy and commitment was noted. Renewed hope has been generated by the availability of powerful control tools and the growing number of partnerships formed to make them available free of charge or at greatly subsidized prices.

3. There continues to be long-standing difficulty in engaging other sectors (e.g. sanitation, agriculture) which contribute to the success of health initiatives.

4. Schistosomiasis, soil-transmitted helminths and vector control have been given renewed attention, together with the need for better tools and adequate resources for Buruli ulcer.

5. The need to integrate control programmes for different diseases and to build on existing systems and structures was stressed. Control initiatives are helping to strengthen health services and systems, and the capacity created during elimination and eradication campaigns should be used.

Malaria

1. Concern was expressed about the grave malaria situation in sub-Saharan Africa, despite inputs of resources and efforts at country level. Additional mortality and morbidity data are needed to improve the effectiveness of malaria programmes.

2. Persuading communities to regularly retreat bednets with insecticide is difficult and greater clarity is needed on the role of price subsidies for insecticide-treated nets. The importance of insecticide-resistance monitoring and management was stressed.

3. It was suggested that other mosquito control interventions should continue to receive support, and interest was expressed in malaria vaccines.

4. Services for the treatment and prevention of malaria must be harmonized. There is a need to review the technical strategy for the prevention of malaria in situations where malaria transmission has been interrupted.

5. The reduction of the regular budget allocation for malaria in Africa in the 2002-2003 biennium was due to anticipated increases in voluntary funding. Additional funding is required to support country strategic plans to roll back malaria (RBM). The importance of linking RBM with the Global AIDS and Health Fund was stressed.

Tuberculosis

1. Tuberculosis control efforts should be intensified beyond the 22 high-burden countries since there is a lack of knowledge at the political level in general, and very few investments give such high returns as TB control.

2. In addition to financial and administrative challenges, the Global DOTS Expansion Plan presents challenges of a technical nature such as development of better diagnostic methods. Special projects such as the Tuberculosis Diagnostics Initiative have been established with this in mind.

3. Efforts should be intensified for DOTS expansion at all levels, through first-class technical assistance, building capacity of new technical staff, and the development of various activities to cover needs at the peripheral level.

4. The Global TB Drug Facility (GDF) was welcomed as an opportunity to provide a continuous high-quality drug supply to countries. It was noted that the Global AIDS and Health Fund and the GDF are closely related entities, and the nature of the relationship between the two was questioned.

5. Anti-tuberculosis drugs should be treated as though they were part of essential drugs programmes and access to drugs must complement activities to improve drug logistics and supply within countries. Issues relating to essential drug management as a whole (supply, storage, quality assurance) would benefit indirectly from GDF support to countries.

Evidence for Health Policy and Organization of Health Services

1. Participants welcomed the organizational priority attributed to health systems development as the backbone of all WHO activities. Lessons learned from hitherto “vertical” programmes such as the Integrated Management of Childhood Illness (IMCI) are being integrated into the health systems strengthening approach. The Enhancing Health Systems Performance Initiative (EHSPI) is WHO’s response to assisting countries interested in improving the performance of their health systems. This Initiative addresses issues of systems transition following the move of many countries towards increased public/private sector collaboration as well as the ensuing systemic changes which need to be addressed in terms of access, financing, universal coverage, inequality reductions, and the like. Analytical/policy development work should be fully synergized at country level.
2. The role of National Health Accounts (NHA) in an EHSPI exercise was explained. Involving poor countries of the region in NHA and financing exercises is important and helps countries to identify financing and policy options. The EHSPI application in Côte d’Ivoire was mentioned as a way to initiate health systems improvements.
3. Health systems resource requirements need to be met by effective stewardship. It was pointed out that policy makers could be advised relatively easily on basic elements of good stewardship such as financing issues, planning needs, data gathering and the legislative framework. Other factors of stewardship are more difficult to assess.
4. WHO will support subnational performance assessment. The link between social security systems and coverage is an empirical question, which needs more evidence-based research. If universal risk protection schemes provide better health outcomes, this needs to be substantiated.
5. Participants welcomed the WHO proposal to identify institutions to help increase the speed of knowledge dissemination and suggested that WHO Collaborating Centres be involved in this process. Building partnerships between countries, mentoring schemes, and increased multi- and bilateral cooperation could further enhance the speed of systems change towards enhanced performance.
6. Ongoing health reform efforts will be supported. Routine data collection to guide concrete policy development needs to be improved. Household survey data need to be collected to improve data quality. Data collection modules are being developed; those covering health finance are ready for application. Standardized household questionnaires will be shared with countries in the hope that essential elements will become part of a routine application of data collection.
7. National capacity-building is achieved by transfer of performance assessment methods. Performance assessment indicators will be developed with WHO’s regional offices. This should also reduce the cost of household surveys as approaches are integrated into routine data collection efforts.
8. The coordination of health systems work at country level is being addressed and ongoing reform efforts, such as decentralization of administrative structures, are being integrated into the EHSPI application.
9. Countries undergoing decentralization efforts are seeing performance monitoring as a tool for assessing impact. This also allows for an assessment of the shift in resources due to decentralization and its effect on health. In turn, this will help to define the role of various government levels during the

process of decentralization. The goal is to streamline country approaches while working closely with all local actors.

10. Assessment of needs as part of an EHSPI exercise should be on the basis of target populations. Practical tools should be the outcome of this methodological development. This work should be undertaken in close collaboration with bilateral partners.

11. The problem of financing services in low-income countries was addressed. The work of the Commission on Macroeconomics and Health is supportive in this respect, and the role of international financing for health such as the Global AIDS and Health Fund was underlined.

12. As a further issue, differences in international classification systems were noted. WHO's efforts to provide harmonization were welcomed.

13. The high projection of funding requirements for the 2002-2003 budget was based on an expected increased need for health systems development support at all levels of WHO. A survey of existing donors has already indicated that the goal of raising US\$ 158 million could be reached.

14. Finally, the "evidence approach" was recognized as being firmly established throughout the Organization. As an example how the Organization is moving towards evidence-based approaches, it was explained that "Guidelines on the preparation of guidelines" have been issued to improve streamlining and standardization throughout WHO.

Research Policy and Promotion

1. Participants commended WHO for its visionary perspective in this area and welcomed the approach to enhance research throughout WHO and its Member States. The membership of the Advisory Committee on Health Research has been expanded to represent a wider spectrum of the global research community. The meeting noted the proactive stance taken by WHO's involvement in introducing an international forum for discussion of scientific and ethical issues in the human genome debate.

2. WHO's close working relationship with the Global Forum for Health Research was noted. As a part of this collaborative effort, a meeting was held in Bangkok in October 2000.

3. Participants recognized the under-representation of large bodies of research in the international debate due to language barriers.

Health Information Management and Dissemination

1. Participants welcomed the directions taken in Web development. The current trilingual WHO site was noted and efforts to expand the web site to other languages were requested. Continued efforts are under way to link up with academic institutions, health information providers, libraries, and other interested parties as active partners in information management and dissemination.

Emergency Preparedness and Response

1. Discussion focused on:
 - (a) the potential impact of humanitarian crises on diseases of poverty and health systems development;
 - (b) the importance of partnerships with United Nations and nongovernmental organizations;
 - (c) the crucial role of local capacity-building to prepare for and address the health consequences of disasters, reflecting WHO's emphasis on cooperation with recipient countries;
 - (d) the consideration of staff security issues, in line with the overall WHO policy of improvement of working conditions; and
 - (e) the complexity of emergency funding mechanisms and related administrative procedures.
2. Appreciation was expressed for the presentations on the WHO response to the Gujarat earthquake in India, and on the WHO interventions in Kosovo and East Timor, particularly the lessons learned based on evaluations.
3. The complexity of the financing structure for emergency activities, between humanitarian aid and health development, was recognized as a major issue to be addressed to ensure the necessary levels and continuity of funding.
4. The multi-donor revolving fund and institutional funding concepts were thought to be innovative and it was recommended that they be further pursued.
5. WHO was encouraged to strengthen its personnel/consultant roster and logistic capacity to support quick response teams.
6. The primary function of WHO continues to be normative. In disaster-related matters, this is best realized through technical presence, production and dissemination of guidelines, setting up of country-focused procedures, and planning for public health priorities.
7. Research on health in emergencies, early warning, and transition strategies should also be given special emphasis.
8. The work of the donor contact group on health in emergencies was commended. It was stressed that the issues raised in this meeting would be followed up within the framework of the contact group.

Essential Medicines: Access, Quality and Rational Use

1. Discussion on Modernizing the Essential Drugs Concept focused on: (a) the composition of the WHO Expert Committee; (b) a transparent and evidence-based approach; (c) the linkage with WHO clinical guidelines; (d) ensuring drug quality; (e) development of the WHO Model Formulary; and (f) safety and cost-effectiveness criteria.

2. WHO and WTO are now working closely together. Member States want WHO to continue assisting developing countries on TRIPS (Agreement on Trade-Related Aspects of Intellectual Property Rights) issues, recognizing its expertise and public health approach.
3. Some participants favoured promoting the development of domestic industries and quality control of generic drugs.
4. Discussion on traditional medicine focused on: (a) integrating traditional medicine into national health systems; (b) licensing practitioners; (c) regulating herbal medicines; (d) developing an evidence base; and (e) rational use.
5. Participants encouraged the Health Technologies and Pharmaceuticals cluster to expand its collaboration with other clusters.
6. WHO should acknowledge the contribution made by nongovernmental organizations to the area of medicines, and civil society's increasing role in seeking to ensure that consumers' health rights are met.

Immunization and Vaccine Development

1. Measles continues to be of major global concern. The joint WHO and United Nations Children's Fund (UNICEF) global plan of action for measles mortality reduction was welcomed.
2. Lessons from the polio eradication initiative must be applied to strengthen routine immunization and other accelerated disease control initiatives. The success in micro-planning, surveillance, reaching the unreached and collaborating with UNICEF and other partners was commended.
3. The relationship between the Global Alliance for Vaccines (GAVI) and the polio eradication initiative was clarified. GAVI's role in facilitating the introduction of new vaccines and strengthening of routine immunization was recognized. Concerns remain on the financial sustainability of GAVI activities, particularly for countries unable to afford new vaccines, as well as GAVI's role in, and contribution to, health sector development in general.
4. Health systems and immunization programmes in many countries were found to be well linked but could be taken further. Regional and national activities and the new tools (assessment, multi-year planning and Interagency Coordinating Committee mechanisms) developed were appreciated. Additionally, immunization is recognized as a relevant tool for health systems development.
5. The new public-private partnership initiatives were welcomed. WHO was particularly encouraged to pursue its activities on research and development in close collaboration with other actors, including the private sector, developing countries and UNICEF.

Blood Safety and Clinical Technology

1. Effective collaboration with WHO regional offices was noted.
2. Collaborating Centres exemplified WHO's role in building capacity to improve blood safety through the Quality Management Project.

3. Examples of progress regarding access to affordable diagnostics and safe blood included the WHO Bulk Procurement Scheme for HIV test kits, recommendations on the effects of illegal sales of blood, and distance learning materials.
4. National laboratory services are vital. WHO facilitates training courses and the WHO External Quality Assessment Scheme includes 460 laboratories from 120 countries.
5. WHO applauded progress in blood safety by several Member States, despite difficulties to recruit voluntary, non-remunerated donors, especially in countries with high HIV prevalence. Regular donors from low-risk population groups and inclusion of youth in education campaigns are key.
6. The Blood Transfusion Safety breakout session reviewed patient care, quality laboratory services and government commitment. The session on Injection Safety focused on the Safe Injection Global Network (SIGN) toolbox and the Global Burden of Disease study.
7. In the area of blood safety, WHO should: (a) increase implementation; (b) set goals; (c) produce more data to measure impact at country level; (d) strengthen surveillance in the neediest countries; (e) identify priorities; and (f) provide guidance for maintenance of equipment. Developing countries' demand for blood products such as albumin and coagulation factors must be addressed.

Surveillance, Prevention and Monitoring of Noncommunicable Diseases (NCD)

1. The relationship of NCD and poverty is often misunderstood. There is a need to further emphasize these relationships, considering both the rural and urban poor. In developing cities, in particular, major NCD risk factors such as tobacco, alcohol, physical inactivity and nutrition are changing rapidly and this needs to be communicated widely.
2. More extensive and better quality surveillance data, with a primary focus on NCD risk factor data, is needed. Such information is lacking in large parts of the world, particularly in low- and middle-income countries. All too often the absence of such information is misinterpreted as the absence of a problem. The focus on NCD risk factors will provide an early warning system for future disease burdens (*The risk factors of today are the diseases of tomorrow*). Effective surveillance of the major, modifiable NCD risk factors is the key first step to action.
3. Recognizing that health systems have not been designed for chronic illness or frailty, and in view of the rapid epidemiological transition, participants agreed that there are compelling reasons to develop innovative approaches to chronic care and adherence.
4. For effective global action, primary prevention efforts need to be put into a larger perspective. Comprehensive approaches should be multisectoral and should include stakeholders from civil society and the private sector. Regional and national networking has proven to be an important vehicle for national capacity-building in areas such as best practices, mobilization of resources, and effective information dissemination. Demonstration projects need to be linked with the development of national NCD prevention policies. Primary prevention efforts are most effectively communicated through simple messages that reach substantial parts of the target population. Simple effective tools for best practices need to be developed and shared.
5. The need for a coordinated approach to the management of NCDs was recognized, including aspects of primary prevention, primary health care and health promotion. There is also a need to develop policies

and programmes specific to a country's infrastructure and capacity. Developing countries face the particular problem of health professionals not being adequately trained for the management of NCDs, compounded by the unavailability of essential drugs for the treatment of major NCDs.

6. It was recommended that WHO:

- further raise awareness of the emerging epidemics of NCDs worldwide, thereby focusing more global attention and resources;
- build on the experience of tobacco prevention, using innovative global initiatives to move the public health agenda toward other major NCD risk factors (alcohol, physical inactivity, nutrition);
- expand experience in the development of major networks, such as MONICA, CARMEN and CINDI, to strengthen capacity-building at local, national and regional levels;
- place more emphasis on educating and training health care professionals in NCDs and improving access to essential drugs for NCDs to address the particular needs of low- and middle-income countries;
- develop models of national NCD policies and programmes to further strengthen country capacity for NCD prevention and control; and
- develop surveillance tools to measure the impact of these preventive efforts on population health.

Tobacco

1. Participants noted that tobacco spans many sectors, including economics, agriculture, and finance. Therefore, strong collaboration between WHO and other United Nations agencies is essential, particularly in the areas of agriculture and crop substitution (FAO) and economics (World Bank).

2. The excellent progress of the framework convention on tobacco control (FCTC) negotiations was noted. Funding for the FCTC process, preferably from WHO's regular budget, needs to be ensured.

3. Ratification of the FCTC is only the first step. Countries must also be able to implement and monitor the convention once it has been adopted, and to use it as a lever to push through strong national legislation. It is also important that the Tobacco Free Initiative (TFI) sets up adequate mechanisms to monitor and disseminate information about the FCTC process.

4. Participants stressed the importance of addressing the issue of youth in the FCTC, and mentioned the pernicious tactics of the tobacco industry, which included supplying free cigarettes to youth and children in order to lure them into smoking at an early age. Concerns were expressed about the FCTC focus only on regulation of tobacco sales but not on regulation of supply of tobacco to minors. Therefore, the FCTC needs to equally address the regulation and enforcement of the supply of tobacco products by prohibiting sales to youth.

5. The need to strengthen media and public awareness of the dangers of tobacco and of the FCTC process was emphasized. It was noted that the tobacco industry continues to pour millions of dollars into advertising and sponsorship of sporting events.

6. More legislation on tobacco control, in particular on smoking in public places, is needed.
7. Participants noted the need to link smoking risk factors to other risk factor behaviours.
8. The need for a central database with TFI taking a leading role in the surveillance process was stressed.
9. It was recommended that TFI:
 - strengthen its collaboration with other United Nations agencies, with a particular view to implementing a smoking ban in all United Nations agencies;
 - continue its efforts to secure funding for the FCTC process, preferably from WHO's regular budget;
 - strengthen its capacity-building efforts at country level, to ensure countries are in a position to implement and monitor the current FCTC process as well as after its ratification;
 - take a leading role in coordinating and reporting all existing tobacco surveillance systems to ensure harmonization and standardization of data for comparability purposes. Some of these tobacco surveillance systems include those developed by the European Union, Organisation for Economic Co-operation and Development, the American Cancer Society, etc.;
 - encourage measures to restrict the sale and access of children and youth to tobacco products;
 - work with the International Olympic Committee and other major sports committees to introduce a ban on sports sponsorship by the tobacco industry, as well as a ban on tobacco advertising in all sports; and
 - ensure that tobacco surveillance data are integrated into the overall risk factor surveillance system that is being coordinated by the surveillance team of the Noncommunicable Diseases and Mental Health cluster.

Health Promotion

1. Participants called for greater mainstreaming of health promotion. Across sectors and across clusters, the need still exists for clarification of the functions of health promotion and for definition of the roles of those involved in health promotion. It is also necessary to clearly identify the constraints and barriers, as well as the relevant approaches, to cross-sector collaboration. In WHO, every cluster has a health promotion component to be identified and adequately planned. Outcome indicators need to be developed with WHO clusters and regional offices and other bodies.
2. Healthy Schools were highlighted as being of special importance for health and development. To be effective, School Health Initiatives required community support.
3. Well planned communication as a core element of health promotion was emphasized. It is essential to have all relevant documents in the language of the policy-makers and the local language of practitioners.

4. Participants recognized the importance of documenting best practices in health promotion. Based on sound evidence, interventions must be identified which hold valid for all situations and have globally valid approaches, such as the direct relationship between the increase in tobacco tax and the decrease in tobacco use. Many lessons can be learned from the TFI, as well as from the success of the input to the Rio+10 meeting, which was recently held in London. The global effectiveness study on health promotion will be a priority item on the agenda of the upcoming Global Forum for Health Promotion Dialogue.

5. The need to know what does and does not work in different settings was stressed. Health promotion is sometimes mistakenly seen as only health education, or as a one day promotional event. Campaigns of limited duration serve a useful purpose when they are part of a coherent plan with clear objectives.

6. The institutional framework for health promotion needs to be strengthened, and countries' capacity-building in health promotion developed. Some of the requirements to strengthen health promotion include: a strong surveillance system, secure financing, appropriate training of professional staff, communication and social mobilization, as well as programme management at all levels. There are many variations between countries, thus there is a need for health promotion to be adaptable to multiple situations.

Disability/Injury Prevention and Rehabilitation

Violence and Injury Prevention

1. Violence and injuries are major health problems with many health consequences, for which effective prevention strategies exist.

2. The health sector has an important role in collecting better data about the magnitude of the problem and the underlying risk factors. The occurrence and causes of violence and injuries are predictable and are, therefore, preventable, but good data are essential.

3. The role of the health sector as a catalyst for promoting multisector prevention activities was underlined. WHO is in a unique position to stimulate and integrate prevention contributions from other sectors such as police, justice, transport and education.

4. It was suggested that advocacy for injury prevention would be strengthened by improved data on the economic costs and the benefits of prevention.

5. Participants requested that increased attention be paid to measuring the psychosocial dimensions of suffering due to violence and injuries. The psychosocial consequences are especially severe, and are underestimated by the present approach to measuring Disability Adjusted Life Years (DALYs), which focuses only on physical effects.

6. It was noted that alcohol is a risk factor for violent and unintentional injuries as well as other NCDs and therefore should be addressed in an integrated approach.

Blindness

1. Participants noted that "Vision 2020 - the Right to Sight" was born out of a concern for the current and projected global burden of blindness despite the availability of knowledge and technology to eliminate such blindness.

2. There is an urgent need to monitor and evaluate the progress of Vision 2020 at all levels of the Organization as well as in the Member countries.
3. It was underlined that while efforts are needed to address the common causes of blindness, emerging problems such as diabetes-related blindness call for immediate action.
4. The public-private sector cooperation that has developed around Vision 2020 is a good example of such partnerships not only for drug donation programmes, but also for the development of appropriate technologies.
5. The importance of finalizing a business plan by the end of 2001 to mobilize resources was highlighted.

Disabilities

1. There is a need for strategies that focus on disabilities in developing countries and that are aimed at building community-based rehabilitation capacity.
2. Cooperation with other United Nations agencies was highlighted as well as the importance of setting up ways to monitor and evaluate the effectiveness of community-based rehabilitation.
3. Participants noted the importance of adopting the perspective of the disabled when developing rehabilitation strategies.

Mental Health and Substance Abuse

1. Attendees congratulated WHO on the success of its 2001 mental health activities to raise the profile of mental health internationally and reduce the stigma associated with mental disorders.
2. It was recommended that WHO: (a) optimize and build upon the momentum of the 2001 advocacy activities; (b) examine the main findings and lessons learned from the World Health Assembly 2001 ministerial round tables; and (c) translate these into a comprehensive and harmonious long-term strategy to guide future work in the area of mental health.
3. The importance of integrating and mainstreaming mental health into the general health sector was noted, recognizing that the sustainability of integration programmes relies on strong public health infrastructures, mental health policies, government commitment, and a shift in resource allocation to mental health by donors. Participants further noted the need to move away from institutional care and to strengthen and improve mental health community and home-based care.
4. Participants highlighted the key role played by consumer and family organizations and the need to actively involve them in the development of mental health services, and stressed the importance of strengthening intersectoral collaboration at national and local level.
5. The importance of mental health promotion was recognized and WHO was encouraged to continue its work in reducing the stigma and in identifying best practice promotion strategies and programmes.

6. WHO needs to expand its work in the area of co-morbidity, looking in particular at links between alcohol as it relates to injury, depression and HIV/AIDS as well as the relationship between depression and HIV/AIDS.

7. Participants emphasized WHO's crucial role in ensuring that alcohol and drugs are included in the global health agenda and in assisting Member States to reduce the health and social consequences of substance use.

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