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**SECOND MEETING OF SENIOR OFFICIALS OF THE EUROPEAN COMMISSION AND WHO  
WHO Regional Office for Europe, Conference Hall 2  
Copenhagen, 3–4 October 2002**

**MINUTES**

**3 October 2002**

**OPENING REMARKS**

1. D. Nabarro, Executive Director, Sustainable Development and Healthy Environments, WHO, opened the meeting and welcomed the participants.<sup>1</sup> He reiterated its purpose, which is to take stock of the collaboration between the two organizations and to identify areas where they can work together more effectively.
2. F. Sauer, Director for Public Health, European Commission, observed that the depth of the liaison between the two organizations has grown through the co-ordination meetings and the annual technical meetings. He referred to Commissioner Byrne's speech at the European Health Forum in Gastein the previous week, explicitly identifying WHO as the principal partner of the EC in planning and developing its future health activities.<sup>2</sup> The exchange of officials between the two organizations and the collaboration in areas, such as communicable diseases, health information and tobacco, are concrete examples of this co-operation.
3. A. Dumitrescu, Director, Division of Information, Evidence and Communication, WHO European Regional Office (EURO), welcomed the participants on behalf of M. Danzon, WHO European Regional Director, who was in Brussels with the WHO Director-General for the launching of the first World Report on Violence and Health.

**REVIEW OF ONGOING COLLABORATION**

**The New Community Public Health Programme<sup>3</sup>**

4. B. Merkel, Head of Unit, SANCO G1, European Commission, presented the new European Public Health Programme. This was adopted last summer, and the decision is expected to be published in the Official Journal in October. The new programme will run for a period of six years, starting on 1 January 2003, with a total budget of €312M. The work plan for 2003 is under preparation, and calls for proposals will be issued early in the new year.
5. The new programme, which will replace the eight existing programmes, is policy-driven, more comprehensive, coherent and integrated. It consists of three strands of action: (1) information and knowledge, (2) rapid reaction to health threats, and (3) action on health determinants. In addition, a fourth area of activities includes crosscutting themes, e.g. health impact assessment, inequalities in

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<sup>1</sup> Please refer to Annex 1 - List of Participants.

<sup>2</sup> The full text of Commissioner Byrne's speech "Common Challenges for Health and Care" can be found on:  
[http://europa.eu.int/rapid/start/cgi/guesten.ksh?p\\_action.gettxt=gt&doc=SPEECH/02/426|0|RAPID&lg=EN&display](http://europa.eu.int/rapid/start/cgi/guesten.ksh?p_action.gettxt=gt&doc=SPEECH/02/426|0|RAPID&lg=EN&display).

<sup>3</sup> Further information is available on the "New public health strategy" web page of DG SANCO:  
[http://www.europa.eu.int/comm/health/ph/eu\\_action/eu\\_action01\\_en.html](http://www.europa.eu.int/comm/health/ph/eu_action/eu_action01_en.html).

health, health in candidate countries. In order to ensure its effective implementation, the Commission will support work on monitoring and rapid response, co-ordinate networks, and boost technical resources. This will involve the externalisation of some functions, including the establishment of an executive agency by the end of next year.

6. WHO participants welcomed the new programme. D. Nabarro observed that the new programme is a major step forward, and WHO is ready to provide support to the Commission as necessary.

### **Health Information**

7. J. Ryan, Head of Unit, SANCO G3, European Commission, presented the Community health information and knowledge system, which falls under Strand 1 of the Programme. Activities under this strand of action include: (1) the development and operation of a health monitoring system; (2) the analysis and report on health issues relevant at EU level and advice on them; (3) the dissemination, transfer, and sharing of information at EU level; and (4) the development of an information system for the surveillance of health threats.
8. He explained that the EU Public Health Information Network (Euphin), which is built around several subsystems, would be integrated. He stressed that the EU health information and knowledge system will be realised only through strong partnerships with the Member States and other international partners, particularly, WHO and OECD. DG SANCO currently collaborates closely with Eurostat. The proposed categories of indicators were demographic and socio-economic factors, health status measures in terms of health and diseases, determinants of health, and health systems.
9. A. Dumitrescu presented WHO-EURO's Health Evidence Network (HEN) project, a framework for pooling, reformatting and disseminating information that will be useful to decision-makers responsible for the preparation and implementation of health policies. Among the potential partners for this project are: UN agencies, European Union institutions and agencies, the Council of Europe, OECD, and national agencies/institutions. However, there is as yet no formal agreement with potential partners.
10. HEN will enable its partners to access information that has been repackaged in a standardized format for greater ease of use. Priority topics are: policy aspects of health and options for solutions to public health programmes, and for the reform of health systems.
11. The components of the implementation of HEN for 2002-2003 are: (1) the identification, description, indexing and provision of simple tools for accessing information available in partner institutions; (2) the uniform reformatting of information on selected priority topics; and (3) direct assistance.
12. She cited WHO-EURO's close involvement in The European Observatory on Health Care Systems (OBS)<sup>4</sup>, which carries out country monitoring and information through its Health System in Transition (HiTs) profiles<sup>5</sup>. They also engage in comparative analysis and in studies on health system topics and intersectoral/health policy topics.
13. In the ensuing discussion, J. Ryan pointed out that there is a need to better integrate data collection and sharing between Eurostat, Member States, and the new public health programme. It is also important to encourage Member States to adopt common methodologies, work with which WHO is associated.
14. An important issue is the dissemination of health data to the public. F. Sauer pointed out that citizens have a right to information so that they can make informed decisions on their health. In this context,

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<sup>4</sup> The OBS website is: <http://www.who.dk/observatory>.

<sup>5</sup> WHO-EURO's web page for HiT country profiles is: [http://www.who.dk/epriase/main/WHO/Progs/OBS/Hits/20020525\\_1](http://www.who.dk/epriase/main/WHO/Progs/OBS/Hits/20020525_1).

the fact that a number of EU citizens have no access to Internet has to be taken into account. The Italian Ministry of Health, during its EU presidency, will hold a conference on how to communicate health messages to general public.

15. The need for common validation criteria for health websites was raised. C. Murray, Executive Director, Evidence and Information for Policy, WHO, enumerated five criteria of international organizations in dissemination of information:
  - Validity;
  - Quantified reliability;
  - Comparability;
  - Cycle of consultation with Member States; and
  - Explicit data audit trail -accountability to trace steps (scientific reproducibility; primary database should be available to public-broad implications).
16. F. Sauer mentioned a future Commission Communication on this matter due at the end of 2002. He also mentioned that this issue could be covered by the new public health programme. Therefore, there is a need for WHO and the EC to establish a common platform, share activities, and avoid duplication. It was agreed that this is a good example of an area where the two organizations can work together to great benefit.

## **Control of Communicable Diseases**

### ***Strengthening surveillance globally and in Europe***

17. M. Kokki, SANCO G4, European Commission, explained that the network for the epidemiological surveillance and control of communicable diseases in the EU<sup>6</sup> was established by Decision 2119/98/EC of the European Parliament and the Council. Its principal aims are to help prevent transmission of disease and to identify causes of outbreaks and control measures.
18. The Communicable Diseases Network consists of two pillars. The first is a surveillance network which was set up to monitor and track diseases, with 15 Disease Specific Networks (DSNs) in Europe. There has been collaboration between WHO and some of the DSNs, e.g. Euro TB, Euro HIV, and the European Programme for Intervention Epidemiology Training (EPIET). Collaboration has been positive and should be further enhanced, but procedures between different DSNs, the Commission, and WHO should be formalised.
19. The second pillar is an Early Warning and Response System (EWRS) to alert public health authorities in Member States and the Commission to outbreaks with greater than national dimensions. Early Warning (EW) messages are legally binding and, therefore, there may be hesitation in using the system. There is a need to enhance collaboration with relevant partners, including WHO. There has been a demand from WHO for a focal point at European Union level, in particular, when there is a need for help in global investigation teams. The Commission has started preparatory work to set up an EU team. This activity will be later taken over by a Centre. This is one area of possible collaboration with WHO and other UN agencies.
20. The Commission and experts from the Member States had carried out peer reviews in all the Candidate Countries, with the aim of assessing their administrative capacity to implement the Community legislation in this field. The ensuing action plan for each of the Candidate Countries is based on the experts' recommendations. This is an important area for collaboration with WHO's technical experts.

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<sup>6</sup> Further information is available on the "Network of surveillance and control of communicable diseases" web page of DG SANCO: [http://www.europa.eu.int/comm/health/ph/others/network/index\\_en.htm](http://www.europa.eu.int/comm/health/ph/others/network/index_en.htm).

21. G. Rodier, Director, Communicable Diseases Surveillance and Response, WHO, discussed the activities of WHO in this area.<sup>7</sup> The major objectives are: firstly, to strengthen surveillance and control systems for known risks such as tuberculosis, HIV-AIDS, and cholera; secondly, to detect outbreaks of unknown risks of epi-prone diseases, such as haemorrhagic fevers; and thirdly, to cooperate with the Member States to strengthen national preparedness. WHO, in line with its strategy for Global Health Security-epidemic alert and response, continuously monitors disease outbreaks and responds to countries' requests for assistance through the Global Outbreak Alert and Response Network (GOARN),<sup>8</sup> which links over 110 networks and institutions around the world. The WHO Office for Communicable Disease Surveillance and Response was established in Lyon as a special effort to strengthen countries' capacities for detection and response to infectious disease events.
22. All countries in the European Region have developed national surveillance systems to monitor diseases; however, their responsiveness to epidemic risks varies widely. Among the regional priorities of the WHO Communicable Disease and Surveillance programme are:
  - The strengthening of national surveillance systems and of national and regional early warning systems;
  - Consultations for the revision of the International Health Regulations, the surveillance of anti-microbial resistance, and the reduction of hospital-acquired infections; and
  - The improvement of disease control programmes, inter-country collaboration, capacity and communication among the Member States through Regional or Sub-regional Networks.
23. WHO-EURO's Computerized Information System for Infectious Diseases (CISID) website<sup>9</sup> is one of its communication tools for disease surveillance, including early alert and sharing of information and expertise.
24. He cited the ongoing collaboration and joint activities of networks: Euro HIV and Euro TB, on data collection; EPIET, on training; EUVAC, on vaccine preventable disease surveillance; advocacy among non-EU Member States to join some of the relevant EU disease-specific networks, where possible; and invitations to the EU to participate in WHO-EURO networks, e.g. CCEE-Baltic, Stability Pact.
25. In the ensuing discussions, it was confirmed that communicable diseases is one of the areas where there is a need for close collaboration between the two organisations, and the lines of this collaboration are very clear. Two key points in developing further collaboration are the exchange of officials and the involvement of the Commission in the revision of the International Health Regulations (IHR).<sup>10</sup> The detachment of Massimo Ciotti from WHO to DG SANCO is scheduled for 1 November 2002.

#### ***EC-WHO collaboration on Bio-terrorism***

26. F. Sauer presented the measures taken by the European Commission with regard to bio-terrorism.<sup>11</sup> A Programme of Cooperation on Preparedness and Response to Biological and Chemical Agent Attacks (Health Security) was initiated in December 2001 to coordinate and support the public health/health security preparedness and response capacity and planning of the member States against biological and chemical agent attacks. A Health Security Committee, consisting of fifteen high level representatives of EU Health Ministers, meets every two months. A Task Force on Bio-terrorism

<sup>7</sup> Further information is available on the "Infectious diseases" web page of WHO: [http://www.who.int/health\\_topics/infectious\\_diseases/en/](http://www.who.int/health_topics/infectious_diseases/en/).

<sup>8</sup> The GOARN website is: [http://www.who.int/emc/global\\_outbreak\\_network.htm](http://www.who.int/emc/global_outbreak_network.htm).

<sup>9</sup> The CISID website is: <http://cisid.who.dk/>.

<sup>10</sup> The WHO document on the revision of the IHR ("Global Crises – Global Solutions") can be found on: <http://www.who.int/emc-documents/IHR/docs/whocdsgar20024.pdf>.

<sup>11</sup> Further information is available on the "Bio-terrorism" web page of DG SANCO: [http://www.europa.eu.int/comm/health/ph/programmes/bio-terrorism/index\\_en.html](http://www.europa.eu.int/comm/health/ph/programmes/bio-terrorism/index_en.html).

was established in May 2002 to coordinate activities between the Member States and to carry out the technical work.

27. In the international context, the European Commission has been closely cooperating with the WHO and the G7+ states (USA, Canada, UK, France, Germany, Italy, Japan and Mexico) in an effort to ensure an optimal and coordinated level of global preparedness and response to the potential threats to public health. The EC had insisted on WHO observer status at G7 meetings.
28. F. Sauer stressed the importance of good co-operation between the two organizations in the area of bio-terrorism. The focal point for the Commission is G. Gouvras.
29. He recalled the Commission's concern that they would not have a role in the revision process of the International Health Regulations. However, it was noted that WHO has invited the Commission to join in that process, and R. Haigh, Head of Unit, SANCO G4, has visited WHO to initiate closer collaboration in the review process.
30. As mentioned at the June 6 High Level Meeting, the area of bio-terrorism does not strictly fall within the normal competence of the Commission, but of the Member States. The EC will issue a Communication in December on this subject. Furthermore, the EC will be providing funds in 2003-2004 for strengthening the surveillance capacities of accession countries.
31. G. Rodier noted that WHO has a specific working group on bio-terrorism.<sup>12</sup> Materials, such as guidelines for tularaemia and smallpox, are available. He agreed with the EC analysis of problems. There is a need for coordination between law enforcement and health authorities on both national and international levels.
32. The discussions concluded that this subject needs more discussion, collaboration and convergence between EC and WHO.

### **WHO Strategy on Diet, Physical Activity and Health**

33. P. Puska, Director, Non-communicable Disease Prevention and Health Promotion, WHO, presented WHO's global strategy on diet, physical activity and health. He cited various statistics on causes of death in 1999, and pointed out that non-communicable diseases contribute to 60% of deaths and 43% of the global burden of disease. Half of these are attributable to cardiovascular diseases.
34. The last World Health Assembly urged Member States to collaborate with WHO in the development of a global strategy on diet, physical activity and health for the prevention and control of non-communicable diseases, based on evidence and best practices, with particular emphasis on an integrated approach to diet improvement and increased physical activity.<sup>13</sup> The draft of the global strategy should be ready in November 2003, for discussion at the WHO Executive Board in January 2004, and discussion at the World Health Assembly in May 2004.
35. In early 2002, a WHO-FAO expert consultation on diet, nutrition and the prevention of chronic diseases was held, involving 30 experts in its preparation and another 30 in the consultation proper. A consensus draft report is available on the WHO website.<sup>14</sup> It contains recommendations on population nutrient goals, supported by evidence reviewed in background papers, and general

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<sup>12</sup> Further information is available on the "Health Aspects of Biological & Chemical Weapons" web page of WHO: [http://www.who.int/emc/deliberate\\_epi.html](http://www.who.int/emc/deliberate_epi.html) and the "Chemical Incidents and Emergencies" web page of The International Programme on Chemical Safety (IPCS): [http://www.who.int/pcs/chem\\_incid\\_main.html](http://www.who.int/pcs/chem_incid_main.html).

<sup>13</sup> The World Health Assembly resolution A55/16 of 27 March 2002 can be found on the WHO web page: [http://www.who.int/gb/EB\\_WHA/PDF/WHA55/ea5516.pdf](http://www.who.int/gb/EB_WHA/PDF/WHA55/ea5516.pdf).

<sup>14</sup> The draft report can be found on the Department of Noncommunicable Disease Prevention and Health Promotion web page of WHO: <http://www.who.int/hpr/nutrition/ExpertConsultationGE.htm>.

recommendations to WHO for action. Comments on the draft have been received, and the experts will finalise the report by the end of the year.

36. It was agreed that the Commission should be involved in the process of developing the WHO Global Strategy on Diet, Physical Activity and Health. The proposed region-by-region consultations would provide an appropriate framework. WHO agreed to provide the Commission with a copy of the latest draft of the WHO/FAO experts' report for information.
37. "Risks to health" is the theme of the World Health Report 2002,<sup>15</sup> to be published on 31 October. It contains new information on the magnitude of major risks to people's health, enumerating nutrition-related risks to health such as tobacco and alcohol consumption, high blood pressure, high cholesterol, physical inactivity, and inappropriate dietary patterns. It sets out options for reducing these risks, particularly through a healthy diet and physical activity, and stresses the importance of surveillance as part of public health and health promotion.

### **Enlargement of the European Union**

38. K. Karkkainen, SANCO G1, European Commission, reviewed the political background of the enlargement process, and the next steps involved.<sup>16</sup> The EU Council meeting in Brussels on 24-25 October will decide which of the accession countries are ready for integration with the EU in 2004. She then briefly presented the role of health and the EC in the accession negotiations and explained how the EC has supported the candidate countries in their efforts to improve their health situation within the framework of the formal accession process and beyond.
39. The support given to accession countries includes financial and technical assistance, involvement in Community health-activities, exchange of information and consultation, co-operation with international organisations, e.g. co-operation with WHO in producing the Highlights of Health on 10 candidate countries, and co-operation with civil society, in particular, in the framework of the Health Policy Forum.<sup>17</sup>
40. The new public health programme will provide a key tool for future work on health and enlargement. A strategy paper planned for next year will take stock of the situation and outline responses needed to effectively address problems faced by the candidate countries.
41. N. Menabde, Acting Director, Country Support, WHO-EURO, introduced the process for preparing a new WHO-EURO cooperation strategy, aimed at providing focused support to the individual countries acceding to the EU. Although accession, *per se*, is not WHO's business, it is the business of WHO to optimise opportunities for health and health systems, and to minimise eventual negative impacts in these rapid transition countries (RTCs).
42. The strategy will address each country's needs, demands and gaps in the areas of health policies, public health, and health care services. It will be based on country-specific missions and technical expertise. Of paramount importance are partnerships, particularly with the EC, based on the recognition of differences and common interests and focusing on mutually beneficial issues. The preparation of the strategy will also involve discussions with the European Commission. A report should be drawn up by end February 2003.
43. F. Sauer asked for the participants views with regard to the challenges that enlargement would bring both to the candidate countries and the Member States. As an example, he mentioned the potential

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<sup>15</sup> The World Health Report 2002 is available on the WHO web page: <http://www.who.int/whr/en/>.

<sup>16</sup> Further information is available on the "Enlargement" web page of DG SANCO: [http://www.europa.eu.int/comm/dgs/health\\_consumer/enlargement/index\\_en.html](http://www.europa.eu.int/comm/dgs/health_consumer/enlargement/index_en.html).

<sup>17</sup> Further information is available on the "EU Health Forum" web page of DG SANCO: [http://europa.eu.int/comm/health/ph/health\\_forum/index\\_en.html](http://europa.eu.int/comm/health/ph/health_forum/index_en.html).

problem posed by the migration of health professionals, which may have a serious impact on delivery of health services in their home country (e.g., the influx of Hungarian dentists in Austria).

44. N. Menabde voiced the view that there is a need to collect systematic evidence as the basis for information policy and decision-making. The European Observatory on Health Systems is currently doing a study on this subject.

### **Health systems performance in an era of globalisation**

45. C. Murray, Executive Director, Evidence and Information for Policy, WHO, gave a presentation at the informal dinner on the evening of 3 October.
46. Among the twenty leading risk factors attributable to the global disease burden are: unsafe sex, underweight, high blood pressure, tobacco, alcohol, iron deficiency, high body mass, zinc deficiency, low consumption of fruit and vegetables, vitamin A deficiency, and physical inactivity.
47. He cited statistics on the percentage of households enduring catastrophic health expenditure (i.e. when a household spends 40% or more of their capacity to pay on the health system) across countries, pointing out the large cross-country variation, and gave an analysis of the risk factors within countries responsible for catastrophic payment.
48. Cost-effective interventions are under utilised. WHO-CHOICE (CHOosing Interventions that are Cost Effective)<sup>18</sup> is an attempt to address this problem. There is a dearth of global data on the costs and effects of health care interventions with which to support investment decisions. The first efforts of the WHO Health System Performance Assessment (HSPA) will be published in the World Health Report 2002 “Risks to health”.
49. He concluded that concerted state action is required to implement interventions to change the risk factors (e.g. modifying the national diet, physical activity, tobacco advertising bans).

### **4 October 2002**

50. M. Danzon, WHO Regional Director for Europe (EURO), welcomed the participants to the second day of the meeting.

### **WORKSHOP 1 – TOBACCO CONTROL IN DEVELOPMENT POLICY**

#### **Tobacco control: Brief review of developments and future prospects**

51. M. Rajala, Head of Unit, SANCO G2, European Commission, presented the tobacco control activities of the Commission.<sup>19</sup> The EU is pursuing a coherent tobacco control policy at European Community level through:
  - Legislation, both binding and non-binding;
  - Participation in global tobacco control activities, e.g. the Framework Convention on Tobacco Control (FCTC);
  - Funding smoking prevention and cessation activities such as the cancer programme and the tobacco fund;
  - Ensuring coherence of the health policy in other Community policies, e.g. agriculture, development, enlargement; and

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<sup>18</sup> Further information on WHO-CHOICE can be found on the following WHO web page:  
[http://snow.who.int/whosis\\_stage/menu.cfm?path=evidence.cea&language=english](http://snow.who.int/whosis_stage/menu.cfm?path=evidence.cea&language=english).

<sup>19</sup> Further information can be found on the “Tobacco” web page of DG SANCO:  
[http://www.europa.eu.int/comm/health/ph/programmes/tobacco/index\\_en.htm](http://www.europa.eu.int/comm/health/ph/programmes/tobacco/index_en.htm).

- Reporting and information, e.g. a conference on tobacco information in 2003 and the Commission tobacco report in 2004.
52. He gave detailed explanations on the implementation of the new Tobacco Products directive, as well as on the proposals for an Advertising Directive and for a Tobacco Recommendation. The labelling legislation applies also to exports. Tobacco advertising in car racing will disappear by 2006. This raises the need to find out where the tobacco industry will channel their \$6 billion advertising funds.
  53. The collaboration between WHO and the EC in the area of tobacco control is well established. The EU is actively supporting the FCTC. Another example is the smoking prevention work with Health Promoting Schools Network. The comprehensive EC Tobacco report that will be issued in 2004 will require WHO's active participation, particular in providing evidence data.
  54. H. Nikogosian, Regional Adviser, Tobacco-Free Europe, WHO-EURO, presented data indicating a projected increase in tobacco use in the Europe in the period up to 2020. He recounted the background of FCTC negotiations and presented the new Chair's text. He reported on the various meetings on tobacco control since the beginning of the year (inter-sessional meetings in the WHO regions, International Conference on Illicit Tobacco Trade).
  55. The ECOSOC Ad Hoc Inter-Agency Task Force had recently reviewed submissions by a number of agencies. The World Bank presented evidence showing that tobacco control can reduce morbidity and mortality in almost every country without a net loss of jobs, without causing a major increase in smuggling, and without imposing an added burden on poor families. However, they stressed that the global market will not disappear in the foreseeable future, and governments should therefore implement effective tobacco demand reduction strategies without any delay. A tobacco consumption study conducted by FAO predicts that global production and consumption of tobacco will continue to grow until 2010 to 7.1 million tonnes if there is a continuation of present policies. In this scenario, tobacco consumption per person in developing countries will continue to rise, while it will contract in developed countries. WHO is currently working with ILO in developing a joint project on safe workplace tobacco policies.
  56. The WHO European Region, with only 15% of the world's population, faces nearly 1/3 of the worldwide burden of tobacco-related diseases. Nearly 30% of the adult population are regular smokers. A WHO European Ministerial Conference on a Tobacco-free Europe held in Warsaw in February 2002, was a significant step in promoting more effective action. This is summarised in the Warsaw Declaration,<sup>20</sup> which calls for a European Strategy for Tobacco Control, Europe's active participation for a strong Framework Convention, and the strengthening of partnerships. In September 2002, the Regional Committee of the WHO European Regional Office adopted the European Strategy for Tobacco Control.
  57. He described other activities on tobacco control undertaken by WHO-EURO,<sup>21</sup> such as the Global Youth Tobacco Survey, the European tobacco control report and database, and a strategy paper for the treatment of tobacco dependence.

### **Issues of tobacco control in the context of development policy: Preparation for the High Level Round Table on Tobacco Control**

58. D. Yach, Executive Director, Non-communicable Diseases and Mental Health, WHO, stressed that the Round Table should take place before INB6, and pointed out the potential political impact of the presence of Commissioners Byrne and Nielson at INB6. It is necessary to get agreement between the Commission and WHO on a clear, agreed course of action.

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<sup>20</sup> The full text of the Warsaw Declaration for a Tobacco-free Europe, 2002 is available on the WHO-EURO web page: [http://www.euro.who.int/eprise/main/WHO/AboutWHO/Policy/20020422\\_1](http://www.euro.who.int/eprise/main/WHO/AboutWHO/Policy/20020422_1).

<sup>21</sup> Information on WHO-EURO's Tobacco Free Initiative (TFI) Europe programme can be found on: <http://www.euro.who.int/eprise/main/WHO/Progs/TOB/Home>.

59. He then cited new and compelling data.<sup>22</sup> Of 4.9 M deaths worldwide, tobacco is the second leading cause of death. In the poorest countries, including Sub-Sahara, tobacco is the fifth leading cause of death. Projections to 2020 indicate that tobacco will be the cause of 70% of deaths in developing countries (currently 55%).
60. New data from the Global Youth Survey shows the high increase in smoking among young people. For example, in India, China, Eastern and Central Europe, 1 in 5 children aged 13-18 years smoke.
61. The report of the Commission on Macroeconomics and Health<sup>23</sup> found that tobacco-related diseases in developing countries are on the same level as AIDS and malaria. World Bank studies have shown the negative economic impact of tobacco in South Africa and India, where poverty is extreme.
62. There is inadequate utilization of effective tools, such as taxation, advertising bans, counter advertising and smoking cessation programmes. There is a suggestion for governments to use alcohol and tobacco taxes for health (AIDS, malaria, tobacco-related diseases). The new German Minister of Health is thinking along these lines. He mentioned the WHO support for the EC in its appeal case in the US, related to tobacco smuggling.
63. T. Niklasson, DG DEV/B3, European Commission, stated that the Commission fully recognises the relevance of tobacco control as a health issue that needs to be addressed in a number of developing countries.<sup>24</sup> He enumerated the three types of action that the Commission and the EU are willing to undertake to deal with this issue.
64. On the global level, the Commission is ready to cooperate with the WHO and the World Bank in organising a High Level Round Table on Tobacco Control and Development Policy. DG DEV, together with DG SANCO, will soon consult NGOs on their views on tobacco control and development policy, partly in preparation for the Round Table. In addition, DG DEV could look into opportunities for involving private enterprises (outside the tobacco sector) in supporting tobacco control, notably in the context of corporate social responsibility (CSR) of European enterprises operating in developing countries.
65. On the level of individual developing countries, the EU could discuss further with them opportunities for supporting their tobacco control activities through funding or provision of expertise. However, this would have to be initiated by the partner country – not through provision of earmarked funding or by launching a new initiative, but in the context of the Country Strategy Paper (CSP). In countries where tobacco control is agreed to be a priority, funding could be channelled as support to the health sector, either through macro-economic support or via European NGOs cooperating with NGOs in developing countries.
66. Thirdly, DG DEV is willing to consider the preparation of a policy document on Tobacco Control and Development Policy, which, however, could only be done after the Round Table. It has to be carefully studied whether there is a need for new policies on this issue, or whether it would be better, instead, to simply concentrate on the implementation of current policies and objectives that have already been agreed upon.
67. F. Sauer concluded the workshop by noting that facing a common enemy in a synchronized way multiplies the impact of our actions. Tobacco control is a clear example of how the staff of the two organizations can inspire each other.

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<sup>22</sup> WHO's "Tobacco Free Initiative" web page is on: <http://www5.who.int/tobacco/>.

<sup>23</sup> The full text of the report is available on the following WHO web pages: [http://www3.who.int/whosis/cmh/cmh\\_report/e/report.cfm?path=cmh\\_report&language=english](http://www3.who.int/whosis/cmh/cmh_report/e/report.cfm?path=cmh_report&language=english) (English) and [http://www3.who.int/whosis/cmh/cmh\\_report/e/report.cfm?path=cmh\\_report&language=french](http://www3.who.int/whosis/cmh/cmh_report/e/report.cfm?path=cmh_report&language=french) (French).

<sup>24</sup> DG Development's "Health in Developing Countries Homepage" can be found on: [http://www.europa.eu.int/comm/development/sector/social/health\\_en.htm](http://www.europa.eu.int/comm/development/sector/social/health_en.htm).

68. There is a sense of urgency for immediate action in this area. Between now and INB5, the EU has to appear as a strong partner on this issue. It was agreed that the High Level Round Table would be held before INB6, in order to get attention of decision-makers who are in the driving seat. The Chair's text should carry strong words so that the message is not diluted.
69. The success of the Convention should be measured by the reduction of youth smokers (aged 13-15). There should be a standardised polling of youth in order to obtain, not only the smoking rate, but also the brand-smoking rate. Children are the critical targets of tobacco manufacturers, and they are therefore the critical indicators of the success or failure of the FCTC.
70. It was agreed that the persons involved in the preparation of the event, from both sides, should hold a technical meeting immediately after this session a technical meeting to agree on the steps forward. The agreed recommendations are attached as Annex 2.

## **WORKSHOP 2 – CHILDREN'S ENVIRONMENT AND HEALTH**

### **Outcomes of World Summit on Sustainable Development (WSSD), Johannesburg/Fourth Ministerial Conference on Environment and Health (Budapest, 23 - 25 June 2004)**

71. R. Bertollini, Director, Division of Technical Support 2, WHO-EURO, cited the joint report of WHO and the European Environment Agency (EEA) on children's health and environment,<sup>25</sup> which contains striking data on risks. Children under the age of 5 are exposed to 40% of environmental risks. He noted that Dr Brundtland had launched the Healthy Environment for Children Initiative (HECI)<sup>26</sup> at the WSSD in Johannesburg in order to promote global action in this domain.
72. He reviewed the progress made since the First Ministerial Conference on Environment and Health in Frankfurt, and gave a status report on the preparations for the Budapest Conference.<sup>27</sup>
73. M. Seguinot, SANCO G2, European Commission, presented the new Community strategy for health and environment under the new Public Health Action Programme 2003-2008 and the Sixth Environment Action Programme (6<sup>th</sup> EAP)<sup>28</sup> covering the period 2001-2010.
74. With regard to the Budapest Conference, the list of priority topics in the draft agenda needs to be reduced and associated with concrete proposals for further political action, with guidelines and milestones. The agenda of the Budapest Conference will be further considered at the next EEHC session in November 2002.
75. Points of convergence
  - Environment and health is an area where strong collaboration exists between the EC and WHO. Good examples for fruitful joint activities are the areas of: children's environmental health, environmental health policy and action plans, air quality and chemicals, environmental health indicators, and electromagnetic fields.
  - Both organizations reconfirmed their support of the Budapest Conference's overarching theme of "The Future of Our Children".
  - Areas of common interest are: the evaluation of the impact of the previous ministerial conferences, the fulfilment of the political commitments made, and the national environmental health action plans.

<sup>25</sup> The joint WHO-EEA report "Children's health and environment: a review of evidence" is available on: [http://www.who.dk/childhealthenv/Publications/20020725\\_4](http://www.who.dk/childhealthenv/Publications/20020725_4).

<sup>26</sup> Further information on the Healthy Environment for Children Initiative (HECI) can be found on the WHO web page: <http://www.who.int/peh/ceh/heci1.htm>.

<sup>27</sup> Further information on the Budapest Conference can be found on the website of the European Environment and Health Committee (EEHC): <http://www.euro.who.int/eehc/home>.

<sup>28</sup> Details on the 6<sup>th</sup> EAP can be found on the DG Research web page: [http://europa.eu.int/comm/research/fp6/index\\_en.html](http://europa.eu.int/comm/research/fp6/index_en.html).

76. Areas requiring further action

- Both organizations are concerned about the involvement of Ministries of Health in fulfilling the commitments made at the previous ministerial conferences on environment and health. New ways of reinforcing the actions by the health sector should be explored.
- The Budapest Conference should seek to have a major impact on policy, with an emphasis on concrete actions. It was noted that the outcomes of the conference would include a ministerial declaration, an action plan on children's environment and health, and an information platform that would include a core set of environment and health indicators.
- WHO and EC will have a special meeting before the next EEHC meeting to discuss their collaboration in preparing for the Budapest Conference. This meeting will come up with a concrete catalogue of actions that will operationalise the EC's "co-organizer" role and develop a convergent position.

**CONCLUSIONS/CLOSURE OF MEETING**

77. M. Danzon, WHO Regional Director for Europe (EURO), thanked the participants. On behalf of WHO, he expressed great satisfaction with both the focus and spirit of partnership which had permeated the discussions. Clearly, coordination between the two organizations is improving, and the knowledge of each other's activities, priorities and perspectives is expanding. He underlined the need to maintain a strong focus on working with Member States and, thus, to ensure coherence between the statements and positions articulated by each partner. These bilateral meetings are an effective way to build a common understanding of priority public health issues and how they should be tackled through partnership.
78. J. Martin, Director, WHO Office at the European Union, noted the strong technical content and good collegial spirit of the discussions. He suggested that more technical meetings might be needed in the future to adequately cover the growing EC-WHO agenda.
79. F. Sauer noted that WHO and the EC have different mandates, different manners of executing their mandates, and different budgetary processes. The European Council and the Parliament define the mandate of the EC. WHO needs to inform its Member States' representatives on the outcome of this partnership with the EC. Similarly, the EC has to make its Member States' representatives and the public at large aware of their discussions and agreements with WHO. He agreed that more technical workshops may be needed, but cannot take place systematically. He therefore proposed that the conclusions of the important EC-WHO meetings should feed into the next Annual Meeting of Senior Officials. This would ensure a coherent and well-coordinated follow-up.

**SECOND MEETING OF SENIOR OFFICIALS OF THE EUROPEAN COMMISSION AND WHO  
WHO REGIONAL OFFICE FOR EUROPE, CONFERENCE HALL 2  
COPENHAGEN, 3–4 OCTOBER 2002**

**LIST OF PARTICIPANTS**

**WORLD HEALTH ORGANIZATION**

***WHO Headquarters***

David Nabarro	Executive Director, Sustainable Development and Healthy Environments (SDE)
Christopher Murray	Executive Director, Evidence and Information for Policy (EIP)
Derek Yach	Executive Director, Noncommunicable Diseases and Mental Health (NMH)
Pekka Puska	Director, Noncommunicable Disease Prevention and Health Promotion (NPH)
Guenaël Rodier	Director, Communicable Diseases Surveillance and Response
Jukka Sailas	External Relations Officer, Noncommunicable Diseases and Mental Health (NMH)

***WHO Regional Office for Europe (EURO)***

Marc Danzon	Regional Director
Yves Charpak	Senior Policy Adviser to the Regional Director
Roberto Bertollini	Director, Division of Technical Support-2 (Health Determinants)
Anca Dumitrescu	Director, Division of Information, Evidence and Communication
Gudjon Magnusson	Acting, Director, Division of Technical Support-1 (Reducing Disease Burden)
Nata Menabde	Acting Director, Division of Country Support
Anne Marie Worning	Acting Director, Division of Administration and Management Support
Massimo Ciotti	Medical Officer, Communicable Disease Surveillance and Response
Josep Figueras	Regional Adviser, European Observatory on Health Care Systems
Bernardus Ganter	Regional Adviser, Communicable Disease Surveillance and Response
Frank George	Regional Adviser, External Cooperation and Partnerships
Haik Nikogosian	Regional Adviser, Tobacco-Free Europe
Aileen Robertson	Regional Adviser, Nutrition and Food Security
Elke Jakubowski	Acting Regional Adviser, Futures Fora
Ivan Ivanov	Project Manager, Environment and Health Coordination and Partnership
Albena Arnaudova	Communication Officer
Claude Vilain	Short-Term Professional, Tobacco-Free Europe
Carlos M. Artundo Purroy	Adviser to the Director, Division of Country Support
Esteban de Manuel Keenoy	Adviser to the Director, Division of Country Support

***WHO Office at the European Union***

John Martin	Director
Carmelita Barnes	Technical Officer

## EUROPEAN COMMISSION

### *Directorate-General Health and Consumer Protection (DG SANCO)*

Fernand Sauer	Director SANCO/G – Public Health Directorate
Bernard Merkel	Head of Unit, SANCO G1 - Policy analysis and development; international questions
Matti Rajala	Head of Unit, SANCO G2 - Cancer, drug dependence and pollution related diseases
John Ryan	Head of Unit, SANCO G3 - Health promotion, health monitoring and injury prevention
Lourdes Chamorro	SANCO G2 - Cancer, drug dependence and pollution related diseases
Kirsi Karkkainen	SANCO G1 - Policy analysis and development; international questions
Maarit Kokki	SANCO G4 - Communicable, rare and emerging diseases
Antonis Lanaras	SANCO G1 - Policy analysis and development; international questions
Marc Seguinot	SANCO G2 - Cancer, drug dependence and pollution related diseases

### *Directorate-General Development (DG DEV)*

Tomas Niklasson	DG DEV/B3 - Human and Social Development
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**Recommendations concerning the organisation of the high level  
round table on tobacco control and development policy**

1. Preliminary objectives and related expected outcomes:
  - To present the link between tobacco control and development policy;
  - To raise the awareness of the importance of global action on tobacco control;
  - To share best practices in tobacco control;
  - To highlight key impediments to progress, especially related to capacity;
  - To identify appropriate development interventions for tobacco control
2. Date: First suitable date before mid-February 2003, i.e. before the start of INB6.
3. Structure and tentative programme:
  - Morning - High Level Round Table
  - Afternoon - Satellite technical workshops: “From Policy to Action”
4. Round Table Participants (speakers): Commissioners Byrne and Nielson, Dr. Brundtland, Senior World Bank representative, and representatives from selected countries and NGOs.
5. In addition, an invitation to attend the Round Table and to participate in the workshops will be extended to the following: UN system organisations, developing and donor governments, NGOs, development agencies, international research and development foundations, and private sector partners.
6. Background documentation for the High Level Round Table - Strategic papers on the following topics (not exceeding ten pages) will be prepared and distributed in advance:
  - Tobacco control in EC development policy (lead agency: Commission);
  - Burden of disease and best practices (lead agency: WHO); and
  - The economics of tobacco (lead agency: World Bank).
7. All parties should agree on any remaining details by the end of October 2002.