



**WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE**

ORIGINAL: ENGLISH

Implementation of the Regional Office's Country Strategy (2004-2005 period)

In line with resolution EUR/RC53/R2, requesting the Regional Director to report on the impact of implementation of the Regional Office's Country Strategy, the Regional Committee, in its Fifty-fourth session, in Copenhagen 6–9 September 2004, received for the first time such report from the Secretariat (EUR/RC54/Inf.Doc./2) covering the period of 2002-2003.

This document represents follow up and contains short country-specific reports outlining the main achievements of the Regional Office's work for the period 2004-2005 as well as the challenges to be addressed for the years to come.

Copenhagen, September 2006

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INTRODUCTION

Background

In September 2000 the WHO Regional Committee for Europe adopted its Country Strategy, “Matching services to new needs”.¹ Prior to this, in 1998, the Regional Committee had called for an evaluation of the EUROHEALTH programme to support countries of central and eastern Europe² and had subsequently asked the Regional Director to formulate approaches to working with the countries of the Region, and to make the necessary changes in the Regional Office to implement them. This evaluation has been conducted. Further evaluations were carried out in 2001 and 2002.³

In line with resolution EUR/RC53/R2, requesting the Regional Director to report on the impact of implementation of the Regional Office’s Country Strategy, the Regional Committee, in its Fifty-fourth session, held in Copenhagen on 6–9 September 2004, received for the first time such report from the Secretariat (EUR/RC54/Inf.Doc./2) covering the period of 2002-2003. This document represents follow up and contains short country specific reports outlining main achievements for the period 2004-2005 as well as the challenges for the years to come.

After analysis, the following conclusions were reached at RC54 (also included in the document EUR/RC54/12, *Follow-up to previous sessions of the WHO Regional Committee for Europe*):

- Achievements
 - better coordination of activities at all-WHO level
 - strengthened country presence
 - more competent staff at the service of Member States
 - country-specific strategies
 - country-specific work plans
 - relevance of the issues addressed for the Member States
 - improved partnership
 - more transparent and accountable management
- Issues for further development
 - country work performance indicators
 - direct customer satisfaction
 - sustainability.

This is the point of departure of the present report, which continues the response to the request of the Regional Committee and assesses in a transparent manner the activities of the past biennium.

Structure of the report

Like its predecessor, this report has three main sections:

- This introduction includes the background and the methodology;

¹ Resolution EUR/RC50/R5.

² *External evaluation of the EUROHEALTH programme - Report of the external evaluators*. Copenhagen, WHO Regional Office for Europe 2000 (document EUR/RC50/4).

³ *Office of WHO Internal Audit*, April 2001, and *Full report on the external evaluation of the WHO Regional Office’s Health Care Reform programmes*, Copenhagen, WHO Regional Office for Europe 2002 (document EUR/RC52/BD/2).

- Section II includes an evaluation of the activities of the Regional Office on country by country bases;
- Section III includes the main conclusions and recommendations

Methodological considerations

The main question guiding the preparation of this report has been whether the Regional Office has had an impact on and a leadership role in the entire field of public health while servicing the Member States. In addressing the question efforts have been made to identify:

- whether the desired results in terms of health, equity and responsiveness are being achieved;
- the main enabling and constraining factors of our work with each country;
- the key determinants in success stories that may be replicated in other locations; and
- any relevant unintended effects that may have been observed.

The document prepared by the Secretariat for reporting during RC54⁴ already contained a section on methodology, with extensive explanation of the meaning of the “impact” of country strategies, that is, the extent to which outcomes have been influenced by the Regional Office interventions. The key methodological challenge in the exercise was identified as defining the word “impact”, namely the final outcome as a consequence of a given intervention.

The document explained that in the health sector since the contributions of Archibald Cochrane on the evaluation of health services,⁵ impact is related to effectiveness, “a measure of to what extent health services contribute towards an improvement in length or quality of life”. That is the definition incorporated in the WHO Health for All⁶ strategy and in the three global (“final, final”) results of *The World Health Report 2000*⁷ and related documents, namely: health gain, fairness in financial contribution – a measure of equity – and responsiveness to the non-medical expectations of the population.

The report to RC54 also explained that although impact evaluations are considered the most comprehensive type of evaluation, they are rarely possible due to cost and time considerations. Admittedly, the impact of the Regional Office’s work on the stated final goals would be influenced by other factors, many beyond the reach of WHO or of any organization. Also, two cross-sectional measurements of each of the three parameters (before and after the Office’s intervention) would have been needed in each Member State, which would have raised extraordinarily complex methodological and operational difficulties, as in many countries such information was simply not available.

For the same reasons, defining impact in terms of intermediate results such as access (availability of services at the right place and time for patients), appropriateness (relevance to needs and conformance to standards), efficiency (the best results at the lowest cost) or quality was also rejected as unfeasible. The same reasons were invoked to rule out the possibility of defining impact as a measure of health system “functional adjustment”, of the four key functions, namely, service delivery, financing, resource generation and stewardship, as analysed in *The World Health Report 2000*. Unfortunately, measuring a health system’s adaptations to a new functional

⁴ EUR/RC54/Inf.Doc./2.

⁵ Cochrane A. *Random reflections on health services*. London, RSM Press, 1999.

⁶ *Health for All targets: the health policy for Europe*. Copenhagen, WHO Regional Office for Europe, 1993 (European Health for All Series, No. 4).

⁷ *The World Health Report 2000, Health systems: Improving performance*. Geneva, World Health Organization, 2000.

framework and its connection to the advice and support given by the Regional Office would in practice entail a very complex research endeavour.

Adopting a more pragmatic approach, RC54 agreed that input and process improvements could be seen as proxies for outcomes of the country strategies. Accepting that the products of both WHO and the country concerned, as well as the quality of the processes through which they are delivered, influence the final outcomes, the main approach used in this report is *process evaluation*, with some attention also paid to inputs and outputs (but little to outcomes, at least in measurable terms).

Other methodological aspects, such as time span, quantitative and qualitative analysis and information issues related to Member States with and without country offices were also explained. (See the document EUR/RC54/Inf.Doc./2 for more details.)

Baseline measurements

Unless otherwise stated, the measurement baseline in this report is constituted by the findings of the RC54 report.

Sources of information

As in the document EUR/RC54/Inf.Doc./2, the information used in preparing this report has come from various sources. While building on the Regional Office's general databases and on the records kept by technical units, specific attention has been paid to information generated by the Regional Office's Division of Country Support. Extensive use has been made of the documentation produced as a result of the Futures Fora programme's coordinating role and especially of reports related to the Biennial Collaborative Agreements (BCA).

The country-specific BCA evaluation reports for 2004–2005 in particular have been used as the basis of the present report. Through the performance evaluation of the new operational approach for country work processes within the Division of Country Support, the Regional Office assesses the work done during the biennium at the end of its second year, thus ensuring that necessary lessons have been learnt. These reports are non-judgemental and based on facts and figures. The BCA closure report, issued by the respective Country Offices, is an assessment of what has and has not been done during the entire biennium. Each BCA evaluation report also includes a review of the products delivered. It is thus an appraisal of the effectiveness (as against the stated objectives), efficiency, relevance, adequacy, etc. of the entire intervention, aimed at ensuring strategic consistency (and at preventing continuing commitment of WHO resources to products that have already been completed).

ESTONIA

Priority areas for collaboration during the 2004–2005 and 2006–2007 biennia

2004–2005	2006–2007
1. Health policy	1. Strengthening core health system functions
2. Health systems: health financing hospital reform pharmaceuticals	2. Development of recommendations for health financing reforms to improve equity and financial protection
3. Policy development for health system quality	3. Strengthening the stewardship role of the Ministry of Social Affairs with a focus on health intelligence
4. Environment and health	4. Streamlining the organizational model of public health services
5. STI/HIV/AIDS	5. Improving the quality of human resources for health management and public health services
6. Mental health	6. Restructuring the hospital system and strengthening primary health care with emphasis on improving quality of health care and patient safety
7. Children and young people's health	7. Reducing environmental and life-cycle related risk factors for population health
8. Support for Practical Approach to Lung Health (PAL)	8. Strengthening capacity for NCD prevention and control
	9. Development of national environmental health strategy
	10. Mental health promotion and anti-stigma strategies
	11. Scaling up response to HIV/AIDS and TB
	12. National commitment and increased financial resources to expand HIV/AIDS treatment and accelerate prevention
	13. Improving the supply of HIV-related commodities and medicines
	14. Adapting the national health system to sustainable control of HIV/AIDS and TB
	15. Strengthening the national reporting and surveillance system to improve detection and response to disease events

The WHO Regional Office for Europe conducted an update of evidence-based assessment for the country, which formed the basis for development of the 2006–2007 BCA.

Main results achieved in 2004–2005 with WHO support

- increasing capacity of local institutions and creating knowledge for public health policies and cost effective interventions to reduce the burden of disease – especially from alcohol, tobacco and mental illness;

- analysis of the health financing system and supporting policies to ensure protection against financial risk, increase solidarity, transparency and sustainability in the health insurance system;
- evaluation and policy suggestions for improving the primary health care and hospital sectors; assessment of health care quality improvement and support for a hospital performance measurement initiative;
- capacity building on pharmacoeconomic evaluations and reimbursement policies;
- development and publication of comparative evidence for health sector reforms (including *Health care systems in transition – Estonia* in English and Estonian) and launching the reports for the policy discussions;
- strengthened collaboration with neighbouring countries and international organizations in the Baltic Policy Dialogues and technical discussions among health sector specialists; and
- strategic health system analysis and finalized plan of European Union investments in the Estonian health sector during the financial period 2007–2013 by the Ministry of Social Affairs.

MDG-related results

- development of National HIV/AIDS Strategy 2006–2015; evaluation of the GFATM HIV/AIDS programme implementation over two years period with suggestions for further improvement.

Main products delivered and activities developed by the WHO Regional Office for Europe in the country in 2004–2005

- organization of the first Baltic Policy Dialogue on health financing and resource allocation in Tallinn with senior level participants from WHO, the World Bank, the European Union and all Baltic States;
- a report describing the health financing system, with suggestions for improvement;
- a working paper on financial risk protection, trends over time and diagnosis to find ways of improvement;
- capacity building and technical support for local institutions to carry out burden of disease, risk burden and cost effectiveness analysis of selected interventions; support for report preparation and launching;
- support for a report on how health improvement contributes to economic development;
- support for *Health care systems in transition – Estonia* in English and Estonian;
- launching of primary health care reform evaluations and policy discussions on further development proposals;
- a training course on pharmacoeconomics and pharmaceutical policy;
- organization of a Baltic conference on economic evaluation, reimbursement and rational use of pharmaceuticals;
- two seminars on hospital sector performance measurement to share international evidence and discuss current developments; support for implementing the PATH project;
- collection of human resources-related evidence for use in WHO regional reports;
- assessment of hospital sector restructuring;
- assessment of quality assurance systems in health care;
- technical support for preparing a health system strengths, weaknesses, opportunities and threats (SWOT) analysis to provide input to the EU structural funds planning process.
- collaboration on environmental health indicators and additional expert support for developing a national environmental health monitoring system and facilitating inter-country work;

technical and strategic support for national HIV/AIDS strategy development;

- organization of a meeting to facilitate intercountry discussions with participants from the Baltic countries and Poland; technical input to improve access to treatment for PLWHA;
- preparation of guidelines for a practical approach to lung diseases project; training for selected family physicians; implementation monitoring;
- a report on mental health services and links between public health, health care and the social sector;
- a report on cost-effective ways to reduce the burden from alcohol, schizophrenia and depression;
- organization of the WHO ministerial pre-conference on mental health and the workplace;
- support for the report “Health behaviour in school-aged children” and technical discussions of a child and adolescence-related health program;
- organization of national health-related conferences in partnership with national authorities;
- organization of a study visit for senior decision-makers from Bosnia and Herzegovina on primary health care reforms in Estonia;
- distribution of publications related to World Health Days, the *World health report*, etc.; and
- collaboration and material sharing with national health promotion networks such as Health Promoting Schools, Health Promoting Cities and Health Promoting Hospitals.

MDG-related products and activities

- mid-term external assessment and report on the GFATM programme (2003–2007) implementation; and
- a report on financing and service delivery of national HIV/AIDS and TB-related services.

Other relevant aspects of the Regional Office’s country presence

- special emphasis given to increasing the CO’s coordination and representation role, improving the involvement of all levels of WHO in the country work, facilitating discussions between WHO and national authorities on health-related policies, representing WHO on national commissions and upgrading the competences of the staff.

The WHO Country Office in Estonia consists of the head of office/liaison officer and one administrative assistant.