



# Network Note 11

WHO EUROPEAN HEALTH COMMUNICATION NETWORK  
July 2000

## The Verona Initiative

### Calling all health communicators throughout Europe

*Network note* provides background materials to support the mass media in covering key health and environment topics. It is part of the European Health Communication Network's (EHCN's) health in Europe broadcast series of public service announcements, video news releases and feature material, as well as being EHCN members' space for sharing stories, contacts and ideas about current health issues. *Network note* is full of hooks for stories; copies of earlier issues and a supplementary file of images are available on the WHO Regional Office for Europe Web site [www.who.dk/cpa/cpa.htm](http://www.who.dk/cpa/cpa.htm). Please let us know when and where your stories are published.

***Network note 11* was produced by the Communication and Public Affairs unit, WHO Regional Office for Europe. Send your feedback, stories, contacts and ideas to: [jla@who.dk](mailto:jla@who.dk)**

The views expressed in *Network note* do not necessarily reflect WHO policy, and reference to Web sites should not be taken as WHO endorsement of their content.

Future issues of *Network note* will cover: the Third World Congress on Tobacco Control (August), and the fiftieth session of the WHO Regional Committee for Europe (September).

*"We know that if we apply resources in ways that secure positive health and well being, then this in turn also brings social and economic benefits for the whole of society. However, this learning is not systematically applied in health policy development in our continent."* Dr Marc Danzon, Regional Director of WHO Regional Office for Europe.

### **Polio, TB, Malaria, Tobacco!**

Now that we have your attention, we'd like to inform you that disease and the absence of disease are not the only newsworthy issues with regard to health. Health promotion is newsworthy. Did you know that many businesses now consider health to be of corporate interest? Did you know that the transport sector in some countries is not just working to reduce travel times and make safer vehicles, but to incorporate health into their planning models? Health promotion, investment for health, is the cornerstone of the Verona Initiative, and the third meeting, to be held in Verona on 5-9 July 2000, will look at this issue at the policy level.

The first meeting of the Verona Initiative, held in October 1998, focused on investment for health guidelines and principles. This was followed by a meeting which looked at processes and procedures to implement an investment for health approach.

Now, the task is to bring investment for health to the policy level. Generic lessons from the diverse pilot projects will provide the raw material for shaping policy that focuses on health promotion: how to invest to improve health at all levels of society. For a wealth of information about the Verona Initiative including past meetings and newsletters:

<http://www.who.dk/Verona/main.htm>

E-mail: [verona@who.dk](mailto:verona@who.dk)

**The main outcomes of the three-year programme are:**

Over 350 participants from many different disciplines, sectors and countries have met at the following three meetings:

Arena Meeting I (14 - 17 October 1998)

*The Verona Benchmark:* establishing the *characteristics of systems* that support Investment for Health. This focused on helping countries, regions and communities understand what needs to be in place before Investment for Health can happen (see below).

Arena Meeting II (29 September - 2 October 1999)

*The Verona Guidelines:* establishing the characteristics of the decision and policy-making process that will promote the health of a population. The idea is to understand how the different interests involved in health, and social and economic development can work together for mutual benefit.

Arena Meeting III (5 - 9 July 2000)

*The Verona Investment for Health Resolution:* This will focus on ensuring that the learning about Investment for Health produced by the Verona Initiative can be used to influence policy makers everywhere. The resolution to be agreed on at the meeting will be instrumental in both positioning health promotion for the 21st century and fostering political commitment for action.

Moreover, an appraisal of investment for health, instigated by parliaments and the respective ministry of health, has been carried out in Slovenia (1996), Hungary (1997), Romania (1999), Malta (2000) and is planned for the Czech Republic and The Former Yugoslav Republic of Macedonia. The appraisal uses the Verona framework to look at how investment for health strategies can be developed in a country. Two to three key sectors such as education, transport, tourism and industry are identified for the particular country and then a team of WHO and local experts determine how to increase the capacity of the country to invest for health. As soon as the WHO European Centre for Health Promotion and Investment for Health in Venice is fully operational (see below), more appraisals, also at the sub-national level, will be carried out.

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**The Verona Benchmark – piloted across Europe**

The Verona Benchmark is a package of practical management tools that is currently being piloted in 15 sites across Europe. It is based on a recognition that partnerships are a key means for building capacity for multisectoral action. The benchmark package has two related purposes: first, to help new and established multi-sectoral

partnerships working at the local and regional levels to develop and improve the quality of their partnership. Second, to help these partnerships focus on delivering sustainable and integrated health, and social and economic development in line with the investment for health approach.

Investment for health should be understood as an approach to health development that finds ways in which the different interests involved in economic and social development can achieve their prime objectives in a way that improves people's health.

Several areas in Europe have already started to consider the Benchmark [[www.who.dk/Verona/bench.htm](http://www.who.dk/Verona/bench.htm)]:

#### *Bergslagen, Sweden – equalizing health*

A former mining town, Bergslagen is now faced with massive unemployment, migration and an imbalance of age structure. As a result, the state of health is lower than most of the rest of Sweden. In 1995 a partnership of politicians and health planners was formed to take action. Projects took different approaches such as a risk factor perspective (like tobacco and food use), public health diseases (mental ill-health and accidents) and target groups (children, young people, the elderly, families). Actions were initiated in local schools, social welfare and health care centres by nurses, churches, employment offices and pharmacies. One project also included restaurants and their serving of healthy food.

Bergslagen has made a commitment to proceed with the development of the Verona Benchmark instrument in the area. The results of the benchmarking will be transferred into the Local Welfare management Systems and thus be integrated in the local municipal strategic decision making. Moreover, the health planners in the group have suggested that they complete the benchmarking questionnaire again in a consensus building process to see if a different way of completing the questionnaire would result in a different benchmarking profile.

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#### *Bologna Nord – finalization of the Health Improvement Plan*

16 representatives from different backgrounds including local government, schools, unions, the local health authority and the private and public sector have formed a partnership to pilot the Benchmark. All are involved in the preparation of the first multisectoral Health Improvement Plan – the key to promoting health alliances in the Regione Emilia-Romagna.

Concrete actions so far have been little more than the development of the intersectoral action necessary to prepare and implement the Health Improvement Plan, including a short training course for all partners on health, healthy public policies, needs assessment and priority setting such as teamwork (called "programmazione negoziata" – "negotiated planning"). However, this is a significant first step in the region and assessment of the site's readiness for the implementation of concrete activities in a number of sectors not normally dealing with health is expected to be completed by next autumn.

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*Götalandsregion, Sweden – a network within a network*

The health partnership group, established less than a year ago, consists of 11 health educators and health promoters who are already organized under a public health umbrella, thus creating a network within a network. The main activities as a partnership have been to develop a public health policy focusing on inequality in health. This policy has now gained political commitment at the regional level, which includes the City of Gothenburg.

While the partnership has agreed on pursuing the benchmarking process, calling it “a valuable tool to identify weaknesses and to build a structure for developing a true multisectoral health and promotion strategy,” there are still barriers to be overcome within the partnership itself. Power relations and differing interpretations of several concepts are issues still to be resolved.

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*North West England – Verona incorporated into agency policies*

The Regional Development Agency’s strategy, "England's North West, A Strategy Towards 2020", identified production of a "Health Action Plan" as one of seven priorities within the section on Investing in People and Communities plan. The North West Health Partnership, comprising regional agencies and other key governmental and non-governmental players has endorsed the Verona Initiative as part of the process of developing the Health Action Plan.

The plan will be developed within the mainstream policy and planning processes of the agencies responsible for social, economic and environmental development.

As part of the partnership building and benchmarking process, agencies will identify their roles in improving health and reducing inequalities. A draft plan will be produced for consultation in October 2000, and the plan published in January 2001. The plan will set out the delivery mechanisms for health investment policies at regional level, and through the main programmes and targeted initiatives of local partnerships.

More specifically, agency policies will encompass the invest for health strategy as a means to furthering their “traditional” objectives. This represents a new way of thinking for many of the policy-makers and planners involved, and the Verona Benchmark has played a key role in guiding the new policy framework.

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*Nova Gorica, Slovenia – creation of a new partnership*

The piloting of the Verona Benchmark in Slovenia was an opportunity to introduce the health promotion concepts and investment for health approach to politicians, professionals and practitioners at the local level.

Unlike other regions where the Benchmark is being implemented, Nova Gorica had to create from scratch a multidisciplinary group to promote health and investment for

health in sectors like private business, social affairs and education. The piloting of the Verona Benchmark in Slovenia is to highlight the influence of economic and social determinants on the public's health. The questionnaire, as a basic tool of the benchmark process, was translated into Slovenian to facilitate this process.

It was agreed that The Verona Benchmark tool has to be adapted to regional realities in order to be instrumental and useful, especially while the multidisciplinary partnership is at a very early stage in its development. Who exactly will take responsibility for further development and the precise timeline will be agreed after the Verona Initiative meeting in July. Moreover, Nova Gorica will also be one of the sites of a WHO film on the Verona Initiative (see below).

Contact

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#### *South Lanarkshire, Scotland*

This pilot site was where the initial development work on the Verona Benchmark was undertaken during 1998-99.

For more than two years, a Community Plan Officers Working Group made up of local government representatives from education and social work and managers of policy sections from health, housing, the police and economic development have worked to promote health. Community participation has been a key element in the pursuing health goals through economic and social development. . The benchmarking exercise has helped the Working Group to identify next steps for investing in and developing the partnership. Two areas of concern are the practicality of "pooling budgets" and the exact nature of targets to be adopted (ie aspirational targets eg to reduce crime or tracking indicators).

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#### *Wales – government action to test the Benchmark*

The Health Promotion Division of the National Assembly for Wales is testing the benchmark at county level. In the county borough of Caerphilly, a local health alliance that includes over 100 partners has been established. A steering group has been drawn from the key players and includes the local authority political leader, chief executive and directors of environmental services and housing, education and social services along with the chief superintendent of police, the county voluntary services organization, the Community Health Council, the Local Health Group and Health Authority. Through joint planning, consultation and action, the partners aim to work together to improve health and well being, focusing particularly on the wider influences on health (as opposed to health care services).

Although this is a new alliance in its early development, actions to date include:

- The sharing of information to identify inequality in health and produce a health and social needs study for the Caerphilly area and a community health study for the town of Rhydney;

- A comprehensive workshop has been held. This examined the underlying causes of ill health and identified priorities for action in Caerphilly, under the main headings of: health, community safety and housing; health, transport and pollution; lifestyle and health; employment and health and education and health.

The voluntary sector was involved in a public consultation survey in an area of the borough. The Abertwsswg project has combined the provision of primary care service with wider community services. The community identified that it needed a new all purpose community facility. At the same time the general practitioner (GP), who occupied poor premises, wished to withdraw a branch surgery from the village. The local authority intervened, gaining funding and developing the community facility. It incorporated, as a small part of the new premises, purpose built rooms for the GP and other community health services. The Local Health Group provided funding to equip them. The alliance can be seen to have brought a more community focused approach to health and well being. Further funding opportunities will enhance this to develop a facility where the community will have GP, youth club, young persons health clinic, baby clinic at the same place – providing a good opportunity for community health development.

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#### *West Lothian, Scotland*

West Lothian joined the Verona pilot fairly late on but were keen to take part in the initiative. The group involved in the benchmarking process were the community planning working group – a multi-agency group of officers responsible for supporting the West Lothian partnership and promoting the community planning process. The self-assessment exercise gave the working group the opportunity to review the 18-month-old partnership.

Their scores emphasized the fact that work to date has focused on the “leadership” and “process” elements outlined in the benchmarking questionnaire. Community planning in West Lothian has progressed at a strategic level, and the task now is to focus on the implementation of action plans and to develop more localized project planning. There has been some initial public consultation on what the priorities for the area should be and a citizens panel for the area to provide feedback and comments on services provided in the area has been established. However, they still need to look at involving local people at a neighbourhood level in project planning and development. The benchmarking process provided an opportunity to reflect on these issues.

Discussions have revealed a number of “not yet” answers to some of the questions in the self- assessment questionnaire, and highlighted the need for the working group to revisit some of them. One such area is the need to provide cross-agency training to personnel involved in project development at a neighbourhood level so that the potential benefits of more complementary working practices can be maximised. Training and information sharing to promote the use of agreed common and universal indicators for gathering

data is another important element which needs to be taken forward. Developing data partnerships and agreeing on standards and protocols is a major task which will allow “one stop” access to public services and make them more customer friendly.

The exercise also highlighted the need to come to some common understanding about certain basic concepts which underpin the community planning process, for example, community involvement and participation, and what is meaningful engagement with local people. Involvement should be a cornerstone of community planning but more shared understanding, as partners, of what this means is needed.

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### *Highland, Scotland*

Seeing to the health needs of a population, albeit only 211,000 inhabitants, living in an area larger than all of Wales is no easy task. As a Verona Initiative pilot site, a partnership group, including the health board, local government, the police, enterprise and voluntary sector, have worked to develop a community plan and oversee its implementation. They have also set out to align their agendas, improve existing initiatives and to develop joint initiatives. A good example of their work is the Youth Strategy “Right Here, Right Now, An Agenda for Action”, currently out for consultation across the Highland area.

The Youth Strategy is concerned with ensuring that Highland is the best part of Scotland in which to be young! It has drawn up an agenda for action which includes the following key elements:

- Involving young people in the designing and delivering of services;
- More effective partnerships across the public, private and voluntary sectors to meet the needs of young people;
- Addressing the particular issues for young people in Highland, for example housing and job opportunities, access to affordable transport, leisure opportunities, learning, information and advice services.

The strategy is outlined under the headings of the Community Plan: prosperous young people (yp), learning yp, capable confident yp, health safe yp and yp rich in their culture and heritage.

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### **Verona Initiative broadcast activities**

The Verona Initiative is already having an impact on the ground – in human terms – and WHO’s broadcast material highlights pilot projects and spots from past and present meetings.

### Planned productions:

*A feature:* about 6-10 minutes in length, prepared for the Verona Meeting and distributed to participants. While archive material gives an idea of the scale of the problems/misconceptions in health, newly-shot footage will give viewers an idea of what's achievable and how the Verona Initiative will project into the future – changing the way we think about health (see below for specifics).

*A Video News Release (VNR):* for satellite distribution to broadcasters. This is similar in content to the feature, but includes additional generic footage of delegates meeting in Verona. This additional footage visually establishes the Initiative as – in the first instance – a series of three Arena-Conferences on investment for health and intersectoral action to achieve this.

*A keynote video:* a duration of 2-3 minutes. This incorporates material from features/spots produced for the previous meetings. It illustrates how this video material achieved international impact (eg through different language versions, logos of broadcasters such as CNN, RAI etc.). In so doing, it draws together the strands of the previous two meetings, and contextualizes the present one.

*Three 15" spots (PSAs):* to be distributed at the meeting, but to be broadcast after it. These spots include video material shot for the feature and VNR.

### **Rethinking health: the Verona Initiative grows – feature**

The Slovenia pilot project (health integrated into the political, social and economic agendas of a country in transition) is the subject of a feature film on the Verona Initiative. It is one of many examples of where the Verona Initiative is going: bringing together professionals from different fields to invest in health.

In Nova Gorica, a small town in Slovenia, the Verona process has resulted in coordinators working to create new partnerships involving politicians and professionals. They are testing existing resources against a model: the Verona benchmark – a process which is emerging in different communities across Europe.

To coordinate these and other initiatives, WHO has set up a special regional health centre in Venice: a base for research and data where countries can ask for advice about investment for health issues, how to use programme funds and how to raise health on the policy agenda.

### **Advocacy and policy development – the keys to change**

During 2000, a new WHO European Centre for Health Promotion and Investment for Health will become operational in Venice, Italy. This centre is a major outcome of the collaboration with Italy and the Veneto Region on *The Verona Initiative*. The WHO European Centre for Investment for Health will strongly increase the capacity of WHO/EURO to assist its Member States at regional, sub-regional, national and sub-national level in the implementation of the health promotion component of *HEALTH21 – Health for All in the 21<sup>st</sup> Century*. The Centre will be an integral part of WHO.

The focus of the Centre is anchored in WHO's Health for All policy. In particular, the



Centre will support policy-makers at national, regional and local level to optimize investment strategies that place the promotion of health at the centre of economic, social and human development. There are eight key operational objectives of the Centre including advocacy, policy development, partnership and applied research.

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### **How can the media relay the invest in health message?**

Some 10% of the participants at the third meeting of the Verona Initiative, in July, are communications people. They are faced with the challenge of relaying, explaining and promoting the key messages of the Verona initiative: investment for health by all sectors is the key to a healthy society and social and economic factors are key determinants of health.

At the meeting, there will be a media panel with leading journalists and health communicators from around the world. The focus of the session will be on using the Internet, television and print media to deliver messages on the social and economic determinants of health to select audiences. Concrete, practical advice will be given to the participants in the form of clips from video news releases, public service announcements and the news as well as examples from newspapers, magazines and homepages.

Panelists include:

*Frances Abouseid*, Media Development Loan Fund, Czech Republic

*Sandra Khadouri*, Phoenix Television, UK

*Sigrund Davidostir*, Icelandic correspondent, Denmark/UK

*Diane Zajec*, Delo, Slovenia

*Patrice Barrat*, Article Z, France

*Daniela Boresi*, Veneto regional journalist

*Richard Hannaford*, BBC, UK

*Steve Turner*, Phoenix Television, UK

*Shellie Farabell*, CNBC, France

*Nebojsa Radic*, Open Society New York, USA

### **Is it healthy?**

Is it healthy? By asking this simple but profoundly important question, people throughout Europe can alter the course of human development. As we enter the 21<sup>st</sup> century, the people of Europe are searching for a more socially responsible and sustainable approach to development and growth. In pursuit of this goal we are confronted with trade-offs between health and economic development; between the increased generation of income and the protection and improvement of health. The battle is between human greed and public health. And greed is winning. It is winning, in large part, because people are unaware of the intrinsic links between health and development. And for this, the lack of effective advocacy and investment options is largely to blame.

By advocating the use of population health as the key benchmark for measuring progress towards reduction in poverty, promotion of social cohesion and elimination of discrimination, journalists can be powerful contributors to peace and a better quality of life. The success of public and personal policies can be measured by their impact on

health. The population needs to be stimulated to ask questions like: “Is my bank investing in healthy projects?”, “Where does my pension fund invest?” and “Does this company promote health?”.

### **Enterprise for health**

Health is not determined solely by our individual genetic composition or our lifestyle and personal choices. Recognizing the link between work environments, health and productivity, the WHO Regional Office for Europe, together with the association of Local Sickness Funds of Lower Saxony (AOK), launched a pilot project to promote worker health. They knew they had to do more than target individual behaviours like drinking, smoking and eating habits; the deeper causes of ill-health had to be influenced. The project creates an incentive for private enterprises to invest in health. AOK grants bonuses or discounts in the amount of one month’s payment to the government’s social security health insurance for those companies willing to commit to workplace health promotion.

“It is about time we identified healthy policy options. I can learn from this project, because within our decision-making mechanisms, we do not always consider health. To follow a pragmatic approach to see that business becomes business for health is exciting,” commented Ms Merck, Minister of Social Affairs, Labour and Women, Lower Saxony.

Working closely with this ministry, the AOK/WHO “Bonus Project” aims to create change within and beyond the pool of enterprises with which it works directly. The project tries to connect the different policy levels and sectors that influence workplace health, and ultimately to demonstrate how health promotion can address not only behaviours but conditions that place people’s health at risk.

With a budget of USD 28 million and 37 participating companies, the businesses are identifying specific health improvement programmes and participating in an inter-organizational learning initiative. A “Companies Working Group” has been established and meets on a regular basis to discuss what they have learned and to identify problems that can be addressed in more than one enterprise. Moreover, there is also an “Umbrella Group” comprising all relevant political stakeholders who may be instrumental in reducing identified “barriers” to the project’s implementation. The group’s mandate is to influence the political context to support the positive change in company practices.

Results so far show that there are fewer sick days and clear, measurable improvements in workers’ health and well-being in addition to enhanced economic security. The next step is to determine how workplace health measures can become standard business practice and if lower health-related costs in the workplace can be translated into tax reductions or lower insurance premiums.

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### **Verona Initiative Partners**

The Italian Ministry of Health has a national health plan for 1998-2000, which parallels the time frame for the Verona Initiative. There is a great potential synergy

between the aims and aspirations of both ventures. The active involvement of the Ministry of Health contributes to the challenging debate embodied in the approach of the Verona Initiative, notably its emphasis on a new and creative learning experience, and an evaluation of the strategic options for improving the health of citizens.

The Italian Ministry of Equal Opportunity has as a primary duty the proposal and adoption of all the initiatives needed to put into effect all equal opportunities policies including incentives for health policies.

The Veneto Region has taken a fully active and supportive role in implementing the Verona Initiative. This arena of debate on Investment for Health will take place in the final period of decentralization of the Italian health care system from national level to regional level.

For the Veneto Region the major outcome of the Verona Initiative is the establishment of the WHO European Centre for Health Promotion and Investment for Health to be opened in Venice. The WHO European Centre will strengthen the capacity of the regional health care system to support health gain for the population and enable local resources to undertake and sustain processes of analysis, development and implementation of policies for health.

The Province of Verona

The City of Verona

Glaxo Wellcome believes in the need to approach health promotion from a multidisciplinary perspective. The pharmaceutical industry is well prepared and equipped to meet this challenge; it is an integral part of the dynamics involved in doing so.

The Fondazione Cassa di Risparmio di Verona Vicenza Belluno e Ancona

The Banca Popolare di Verona

The Universities of the Veneto Region, of Verona, Padua, Venice Ca' Foscari and Venice I.U.A.V. (Architecture)

The Local Health Service ULSS 20 is one of the promoters of the Verona Initiative. It has close connections with the guidelines for our own activities in health promotion. The Italian National Health Plan for 1998-2000 calls for an increase in preventive projects to impact on the behaviour and lifestyle of the population. The Verona Initiative will, undoubtedly, make an extremely positive contribution to this. The Verona Initiative will present an opportunity for all European governments to reflect on the need to provide the resources necessary to sustain projects aimed at improving the health and quality of life of citizens.

The Office for Public Management in London is a founding member of the WHO Regional Office for Europe group that developed the thinking around the Investment for Health idea.

Lessons learnt from earlier projects about shifting the emphasis from a narrow focus on health services to a wider focus on health and social welfare, indicate that it is

through the Verona Initiative that health activists will really understand how Investment for Health thinking can best be translated into practice. The Verona Initiative has the potential to change the nature of European health policy-making.

**The Foundation Incontri di Madruzzo** joins the World Health Organization in declaring its total support for the Verona Initiative. The Verona Initiative should disseminate knowledge, awareness and considered optimism about health, and not simply as an aspiration, but in the positive terms required to improve the wellbeing of populations.

## **Also in the News**

### **Policy to improve health**

The booklet "Social determinants of health: the solid facts" presents the evidence on social determinants in a clear and understandable form. It identifies the broad implications for policy in ten selected areas: the social gradient, stress, early life, social exclusion, work, unemployment, social support, addiction, food and transport. The policy tools presented in "Social determinants of health" were designed for a campaign as part of the WHO Healthy Cities project. However, the strategic guidance is essential for implementation of the Verona Initiative.

First published in 1998, the booklet is now available in the following languages: Croatian, Danish, Greek, Hebrew, Hungarian, Italian, Lithuanian, Portuguese and Slovakian. Moreover, the Finnish, French, German, Russian, Spanish, Turkish and Ukrainian versions have been translated and will be available soon.

For contact information and electronic versions where available:  
<http://www.who.dk/healthy-cities/determ.htm>

### **Beyond our means?**

*The cost of treating HIV/AIDS in the developing world*

**A series of activities from the Panos Institute** funded by the Rockefeller Foundation and Royal Danish Ministry for Foreign Affairs:

- What treatment is appropriate for HIV/AIDS?
- How accessible is such treatment in the developing world?
- How many people need treatment?
- What are the barriers to full access to treatment?
- How much would it cost to improve systems of health care?
- How much would it cost to provide antiretrovirals at current prices – and what price reductions would make antiretrovirals accessible worldwide?

- Who owns the patents on antiretrovirals?
- What are compulsory licensing, preferential pricing, parallel importing – and can they reduce the price of antiretrovirals enough to make them widely available?
- Where would the money come from to pay for full access to treatment?

#### REPORT, MEDIA BRIEFING, PRESS AND RADIO FEATURES, SEMINAR, NATIONAL DISCUSSION DAYS

- London, UK 5 July 2000
- XIII International AIDS Conference, Durban, South Africa, 9 - 14 July 2000
- Mbabane, Swaziland, late July 2000
- Lilongwe, Malawi, late July 2000
- Lusaka, Zambia, late July 2000

#### REPORT

Printed copies of the 40-page report covering all aspects of access to treatment for HIV/AIDS, provided free to resource-poor organizations in the developing world; otherwise copies cost UK£5 (send credit card details or UK cheque). Online from 11 July 2000 (see below). [aids@panoslondon.org.uk](mailto:aids@panoslondon.org.uk)

#### MEDIA BRIEFING / MEDIA LAUNCHES

Martin Foreman, director of Panos' AIDS programme, will be launching a 12-page summary of the report to the media in:

\* London on 5<sup>th</sup> July

Guest speakers to include representatives of pharmaceutical industry, UNAIDS (Durban only), Health Action International / Medecins Sans Frontieres (Doctors Without Borders) and African AIDS activist.

Journalists wishing to attend the London launch should contact Mark Covey [markc@panoslondon.org.uk](mailto:markc@panoslondon.org.uk)

E-mail Mark if you are unable to attend either event but would still like to receive the briefing.

#### RADIO FEATURE(S)

4-5 minute radio feature(s) from Malawi, Zambia and elsewhere, looking at aspects of access to treatment for AIDS in the developing world, including the voices of ordinary people on getting the drugs they need. Distributed free to radio stations over the Internet and online for web users. For further information contact Francesca Silvani: [editor@interworldradio.org](mailto:editor@interworldradio.org)

#### PRESS FEATURES

1,000 word features on access to treatment in Brazil, India, Senegal, Zambia for free reproduction with credit. For advance copies by post or e-mail contact Mark Covey [markc@panoslondon.org.uk](mailto:markc@panoslondon.org.uk)

#### SATELLITE SEMINAR

at XIII International AIDS Conference in Durban, South Africa

International Convention Centre ICC II: Wednesday 12 July 2000; 18:00 - 20:30 open to all conference delegates

Speakers:

\* Jeffrey Sturchio, Executive Director, Public Affairs Europe, Middle East & Africa Human Health, Merck & Co.

\* UNAIDS Representative - *to be confirmed*

\* speaker from Health Action International / Médecins Sans Frontières (Doctors Without Borders) - *to be confirmed*

\* Winnie Ssanyu-Sseruna, Ugandan AIDS activist and writer

**For further information on attending this event contact:** [aids@panoslondon.org.uk](mailto:aids@panoslondon.org.uk)

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