

## Strategic challenges in upgrading the population's health in the transition countries of South Eastern Europe

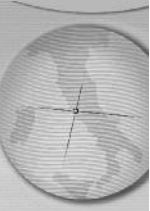
Since the devastating nineties of the last century a slow but steady improvement of the living conditions in the region of South Eastern Europe (SEE) has been observed. However, so far only three countries, i.e. Bulgaria, Romania and Slovenia, have managed to ascend to the European Union and only Slovenia has joined the European currency. All others are still struggling with a difficult heritage of inappropriate vertical management structures, overstaffing and out-migration of the well educated young.

This résumé applies also to the field of public health where, for example, the old hygienic tradition remained dominant, often maintaining huge laboratory facilities in the institutes of public health and very small numbers of staff being allocated to health promotion and modern participative management. This situation cannot be overcome easily nor in short term.

Supported by funds from the German contribution to the European Stability Pact, the Forum for Public Health in South Eastern Europe (FPH-SEE: [www.snz.hr/fph-see](http://www.snz.hr/fph-see)) has established a permanent collaboration between the public health institutions in the region, including foremost the Schools of Public Health (SPH), the National Public Health Associations (PHA) and some national Institutes of Public Health (IPH). Whereas the IPH's were pre-existing in all countries including the successor states of the former Yugoslavia, SPH's and PHA's had to be newly formed with the exception of the Andrija Stampar School (ASS) of Public Health in Zagreb which therefore together with the Faculty of Health Sciences at the University of Bielefeld, Germany took the lead in a development project which today looks back on almost 10 years of successful work. Schools of Public Health and Master of Public Health programmes have been established and supported - partly in cooperation with the Open Society Foundation (OSI), New York - in Albania (Tirana), Bulgaria (Sofia, Pleven, Varna), Macedonia (Skopje), Moldova (Chisinau), Romania (Bucharest) and Serbia (Belgrade); close ties exist with the professional groups in Bosnia & Herzegovina, Montenegro and Slovenia. A similar development has taken place with regard to the organization of professionals in national PHA's (sometimes under a different name) - supported by the Canadian Public Health Association (CPHA), the European Public Health Association (EUPHA) and OSI. The forthcoming 12th World Congress on Public Health in Istanbul ([www.wfpha.org](http://www.wfpha.org)) from April 27-May 1, 2009 will be attended by many of the professionals in SEE including the editor of this journal.

This was the framework for the "Reconstruction of Public Health" - so worded in the title of the Stability Pact project - but may be even more important was the input into education and training of public health professionals especially lecturers at the new SPH's. To answer this strategic need more than 250 training modules have been designed according to the standards adopted Europe-wide for the Bologna Process and so far this has resulted in the publication of 5 teaching books, (<http://www.snz.hr/ph-see/publications.htm>), aimed at teachers, researchers and health professionals. However, this constitutes not only a valuable and badly needed support for students and teaching staff but also has served to establish close links of friendship and collegiality across borders and between people who have been at different sides during the wars of the nineties. Thus e.g. the last book on Management in Health Care Practice, published 2008, lists 49 authors from 10 countries.

Although this work on the improvement of educational performance will be continued the foundation for a new public health in the region has been laid. The



next steps have been outlined at a recent conference in Luxembourg (Conference on Professionalisation and Capacity Building in Public Health in South-Eastern and Eastern Europe: The Legal and Educational Framework) following an invitation from the Public Health Agency (PHEA) of the European Commission (See: Journal of Public Health Policy 4 (2008): The Federations Pages). But here and from now on the problems in the Southeastern European region coincide with the problems of Europe in general or as the Luxembourg Conference concluded.

In what sometimes is referred to as the "Third Public Health Revolution", public health is undergoing a number of profound changes:

- 1) A change of *goals*: from the reduction of disease and mortality to the increase of healthy life years and reduction of health inequalities;
- 2) A change of *approach*: from a top-down prescriptive administrative approach based on a knowledge transfer model to a participatory approach characterized by multi-component solutions addressing multiple causes at socio-economic, environmental, and individual level;
- 3) A change of *actors*: professional experts and decision makers are no longer the only relevant actors in dealing with population health, but are joined by a multi-disciplinary group including researchers, institutional decision-makers, professionals, civil society and the private sector.

This process of change to be followed during the second decade of our century requires first of all the promotion of public health research for which capacities in Europe are even more limited than for teaching. Below five of the most relevant 23 Luxembourg recommendations, from the research perspective, are cited:

1.3. The targets for a strategy to strengthen public health capacity should cover all 5 areas of current conceptual models of public health capacity building: organizational development, resource allocation, workforce development, partnerships, leadership.

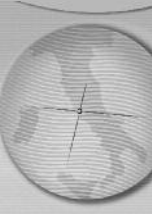
2.3. The connections between academic institutions and institutions for public health, and between research and preventive interventions should be strengthened, e.g. to decide on interventions on the basis of cost-effectiveness studies.

2.7. The EU policy framework provides an important incentive to build organizational, legal and institutional capacity for public health. Unlike other countries or entities, the EU has declared that public health is important and has defined the common principles and values of universal access, solidarity, and equity. EU legislation is also an important consideration in the process of harmonization of the basis for public health actions, in the sense that the legal framework on public health is part of the *Acquis Communautaire*.

3.5. Research methodology should be taught from the first cycle (undergraduate or bachelor level) onwards and further theory and practice be integrated in the curriculum. Requirements for faculty members should be of highest level of teaching and scientific/research competency.

3.6. Intra and interuniversity cooperation is crucial in organization of public health studies and should be facilitated within universities, at national and international level.

Analysing the broad range of public health issues and even more intervening at the population level, requires a multidimensional scientific approach. That is why we should speak of the health sciences in the plural: there is no single truth. Especially the aged battle between medicine and the social sciences does not make sense anymore. We coined the term of the double paradigm of public health (Hurrelmann, K., U. Laaser: Gesundheitswissenschaften als interdisziplinäre Herausforderung. In: Hurrelmann, K., U. Laaser (Hrsg.): Gesundheitswissenschaften, Handbuch für Lehre, Forschung und Praxis. Beltz-Verlag, Weinheim 1993, S.3-25) but in fact today we have to accept a multiple paradigm.



For the transition countries in SEE the next step is to analyse their priorities for public health research, the present and future capacities to execute such research and the funds available from various donors, which in reality is mainly from the European Union. This process will be coordinated by the new department of European Public Health in Maastricht under the leadership of Prof. Helmut Brand and Assistant Professor Genc Burazeri. However, it is clear from the beginning that none of the SEE countries has enough resources to organize high quality public health research alone, the cooperation with other institutes in the region and in the European Union will be mandatory. The collaborative experience of the FPH during these years and the professional networks developed provide an excellent starter for a decade of public health research in South Eastern Europe.

This special issue of the Italian Journal of Public Health is one of the first accounts of what is being undertaken at present in South Eastern Europe. Two groups of papers have been invited: strategic challenges in public health; health system development.

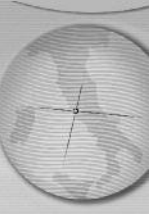
In the paper Bjegovic-Mikanovic et al. deal with the strategic challenges of public health in Serbia as they are also typical for other transition countries. Four elements are considered essential for a coherent public health strategy: strategic management, public health information, public health legislation, training and research. The multi-professionalism at the Institutes of Public Health and the corresponding inter-disciplinarity at the academic Schools of Public Health provide an adequate institutional environment if the human resources are managed in a participatory and supportive system representing a flat hierarchy. The paper of Vladescu et al. is on the strategic directions for Romania, the largest South Eastern European country. After an indicator based account of the present health situation, six major interventions are identified to address the dysfunctions of the health system, i.e. financing, system organization, drug policy, primary health care, hospital services and human resources.

The perspective of accession to the European Union is the decisive promise for the future of all transition countries, especially for those in the so-called Western Balkan but also for Slovenia as well as for Bulgaria and Romania, which still have a way to go although already EU member states. Hofmann reviews in his paper the current regional and international factors which influence health policies in the South Eastern European region. There are political and structural commonalities which allow for promising regional networking and cooperation. However, the success of health care reforms depends also on informal systems increased responsibility of health professionals for the common good.

Albrecht has been involved in the preparations for the Slovenian EU presidency and describes the process which led to the adoption of the conclusions on cancer in June 2008, covering four levels: primary prevention, screening, integrated cancer care, and research. This should lead to a national cancer plan and integral cancer management.

Burazeri et al. take up the issue of public health research in South Eastern Europe in order to better understand the health effects of transition and the fluctuations in health outcomes. Three overarching characteristics can be identified: lack of funds, lack of expertise, and lack of "good data". In order to cope with these deficits successfully an office near the Department of International Health at the Faculty of Health, Medicine and Life Sciences, Maastricht University has been established which is expected to strengthen public health research capacities in the region.

A group of papers deals with the health system development in different areas. Gulis et al. describe the challenges for public health education in Slovakia relating to the same set of problems as they are typical for the situation in South Eastern European countries. Slovakia like Slovenia has already passed several years of EU membership, however some developments need their time. Although



the Bologna principles are widely adopted, curricula seem to be overburdened with marginal or unrelated subjects, restricting academic resources for research. Donev turns to another core issue, the health insurance system, here taking the example of Macedonia. After a thorough description of the reformed system (in 2000) the author turns to the recent introduction of capitation at the primary health care level and global budgeting as well as DRG's in hospitals.

Djukic et al. provide experience at the subnational level, i.e. an Institute of Public Health in Serbia regarding consumer satisfaction with the institute's services. Contrary to a positive judgment on the quality of services the collaboration between the institute and other regional organizations was more critically viewed.

The paper by Gjorgjev et al. widens this perspective to an evaluation of public health services in 9 South Eastern European countries, focussing on 'essential public health operations' that are deemed to form the core of modern public health services in any country. The evaluation covered the WHO health system functions of stewardship, resource generation, financing and service delivery. Resulting strengths and weaknesses of the public health system are identified. Gjorgjev concludes expressing the hope that the present turmoil of transition is only a prelude to the comprehensive modernization of public health services. Though this may take more time, the review of the status of development in South Eastern Europe as presented here, demonstrates a high level of awareness of the key problems and a serious effort to cope with them. After another decade of progress may be the established EU member states will have to learn from the former transition countries.

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