

Health policies in central and South Eastern Europe: challenges and chances

Thomas D. Hofmann

Federal Ministry of Health, Bonn, Germany

Correspondence to: Thomas D. Hofmann, Bratskovvej 17, st. DK-2720 Vanløse, Denmark. Email: thhofmann@yahoo.com

Abstract

Background: Fundamental political changes in Central and South Eastern Europe in the aftermath of the fall of the iron curtain enter a new phase after accession of some countries to the EU.

Methods: The article reviews and analyses current regional and international developments and factors, which are influential for health policies in the region. Special attention is given to collaboration – both of technical and of political nature – within the region and with international organizations and donors. The response to international health policy frameworks and the impact of international health strategies is being analysed.

Results: The results point towards common political and structural features in the countries of the region. Regional networks seem to be a very promising structure for health policy development. Despite the political will, health care reforms still don't show the expected results. The partnership with the EU is the most influential one.

Conclusions: Regional networks need to be transformed into regionally owned structures. It seems to be crucial to tackle informal parallel systems and to increase responsibility for health professionals. The need for reforms and the prospect of neighbouring and joining the EU create a unique momentum to develop own health policies without international interference.

Key words: Europe, Eastern; health policy; European Union; international cooperation; public health

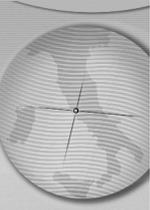
Introduction

It's probably hard to find other examples in history where fundamental political changes happened in such a geographically and timely dense manner as in Central and South Eastern Europe in the aftermath of the fall of the iron curtain. Now, after accession of some countries to the EU, major milestones have been passed. For the sake of preciseness, this article focuses only on the countries in the region of Central and South Eastern Europe (here called "the region"), which did not access the EU in 2004. At present, among the other countries in this region, there are various strategic orientations, with some similar patterns, though. One is that health policy is placed at a rather marginal position compared with other policy fields [1], but enjoys as politically less sensitive field the freedom to develop dynamics, which are worthwhile analysing.

Regional cooperation

A major parameter for these dynamics is

regional cooperation, especially in the sub-region of South-Eastern Europe – as politically paradox as this might sound. Here, the way in which national developments and strategies were – despite all conflicts – regionally discussed and coordinated was unique and certainly served as model for other sectors and as "...neutral field to exercise [2]". Initiating and strengthening this co-operation and partnership was a strong element of the Stability Pact that started a decade ago [3]. And this regional cohesion remains strong and is served by many platforms. Only recently, the Stability Pact has been transformed into a more regionally owned framework with rotating presidencies, the Regional Co-operation Council (RCC), inaugurated at 27 February 2008 in Sofia. Public health services remain one of the top priority issues in the field of social development [4]. The Black Sea Economic Cooperation (BSEC), a coordination mechanism which includes countries in the whole region of Central and South Eastern Europe, proves growing impact and takes on work in the field of health, too, mainly



steered by the Working Group on Health Care and Pharmaceuticals [5]. However, only the mechanisms in South-Eastern Europe seem to have reached the stage which allows joint policy development. Up until today, regional policy making mechanisms expressed their strategic direction in ministerial declarations. After the Dubrovnik Pledge in 2001 (Ministers of Health) the Skopje Pledge has been adopted in 2005 jointly by Ministers of Health and Ministers of Finance. The three main objectives were:

- “to consolidate the established health alliance at regional level by increasing cross-border opportunities for local partners to work together to improve health;
- to support ministries of health in assuming ownership of regional health projects and to help them inspire and empower health professionals to ensure sustainable long-term improvements in public health;
- to demonstrate the economic potential of health - an ingredient of human capital - as a means of increasing productivity and reducing public expenditure related to illness: a healthy population works better and produces more [6]”.

And again, the political will for close regional collaboration has been reiterated in the Declaration of the Ministers of Health of the participating countries in the Southeast European Cooperation Process (SEEC) on “Achievements and challenges of strengthening health system performance through addressing inequalities in health services in South Eastern Europe”, adopted at 7 November 2008 in Chisinau [7]. Similar to developments on the political level the collaboration on the technical level has become more structured and regionally owned. The Public Health Collaboration in South-Eastern Europe (PH-SEE), established in 2000 within the framework of the Stability Pact, has been transformed into the Forum for Public Health in South Eastern Europe (FPH-SEE) under the umbrella of the European Public Health Association (EUPHA) in 2006 [2]. The activities of the network and the political initiatives are mutually supportive to a very remarkable extent. In 2004, a seminar of the network discussed and developed a common public health strategy for the region of South Eastern Europe. It was proposed to use the draft for further political discussions and alignment with EU and other international policy standards [8].

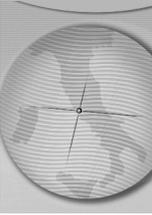
Health status in the region

Successes in creating sustainable structures

should not distract from the fact that improvements in health can only be made by using them (effectively). At present, the situation in the region in the field of health still presents itself very diverse, and improvements take different paces. The World Bank points out that many South Eastern European and CIS countries are likely to achieve only about half of the Millennium Development Goals (MDGs), although from a global perspective they reach low levels. But especially health related indicators are of concern; AIDS and the rising incidence of tuberculosis continue to be a major health threat [9]. Latest available MDG-related data show improvement, but most indicators are still much higher than in EU 15 countries [10]. The situation for non-MDG measured health threats caused by communicable and non-communicable diseases is similar: major gaps compared with the EU 15 countries, trends indicate improvements, but mostly figures are not yet as good as they were in 1990 [11]. At the same time the health systems of these countries are struggling to provide access and quality care to their populations. Alam et al. [12] and Bjegovic et al. [13] identify as reasons a historically grown large network of providers, the lack of resources for public health interventions, top down hierarchical administrations, slow development of civil initiatives and traditional public health systems based on concepts of environmental hygiene and infectious diseases, co-founded by demographic change.

International cooperation

The need for developing and implementing effective health policies to manage these challenges is obvious. The readiness to nationally respond to this need is precondition for improvement. Assessing national activities aiming to comply with international policies and standards, the countries in the region seem to be eager to do so. The International Health Regulations (IHR) of the World Health Organization (WHO) entered into force at 15 June 2007 [14]. As set out in annex 1 of the regulations, countries are required to develop action plans within two years after entry into force. Already at 26 March 2008, the government of the Republic of Moldova passed as one of the first in Europe a decision “Plan of Action for the implementation of the International Health Regulations 2005” [15]. The action plan establishes a formal national framework for planning and conducting multi-sectoral activities in 2008–2012. It describes 31 actions, identifies responsible ministries and specifies the timelines. Apart from the regulatory



effect of this action plan there is no doubt that - while formally involving stakeholders from other sectors - this approach can be regarded as a very effective tool for awareness raising and for strengthening the role of health policy within the national policy framework. Another example for rapid adoption of international health policy standards is the above mentioned declaration of the SEECP health ministers on health system performance. In the declaration, reference is made to the Tallinn Charter, a document which has been adopted at the WHO European Ministerial Conference "Health Systems, Health and Wealth" in Tallinn only five months before. The Charter sets out the mutual relations between well-functioning health systems, good health of populations and economic benefits for the country, and marks a new way of thinking about health systems, away from a focus on cost containment towards a focus on the productivity of the health sector in various respects [16]. In the SEECP declaration the ministers commit themselves to tackle inequality in health systems, to internationally cooperate on health system reforms and performance, to exchange information on infrastructure of health systems and to intensify the dialogue between public health and health systems.

Partnerships

Besides the integration of international policy standards into national policies, the countries in the region look for international partnership, most outstandingly with the EU. Considering the fact that most countries in the region are either already accession or candidate countries or part of the European Neighbourhood Programme and striving for membership, the partnership with the EU is probably going to be the most influential one.

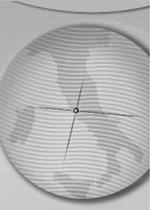
In 2004, at the occasion of ten new member states joining the EU McKee [17] underlines that "... [EU] enlargement will have an impact on health policy in Europe." Since then, the enlargement process continued and is still in continuing. Once countries have started the neighbouring or accession process with the EU, directives will have the most direct and visible impact on national policies due to their enforceable character. But as there are not so many in the field of health, namely only in four areas [18], other aspects of this partnership will count even more. At 30 September 2008, Croatia and the European Commission signed a memorandum of understanding that enables Croatia to participate in the Second Programme of Community Action in the Field of Health 2008-

2013 "Together for Health". The EU Public Health Programme is open to third countries, especially for countries in the European Economic Area, European Neighbourhood, Candidate and Potential Candidate countries, however, only upon signature of a memorandum and a country-specific financial contribution. Its objectives are to improve citizens' health security, to promote health, including the reduction of health inequalities, and to generate and disseminate health information and knowledge. In order to achieve the objectives, the Programme focuses among others on the following measures:

- Developing capacity to respond to health threats and to take preparedness measures;
- Actions related to patient safety, accidents, blood, tissues and cells;
- Actions related to healthy nutrition and environment and to alcohol, tobacco and drug consumption;
- Measures on prevention and bridging health inequalities;
- Actions related to health indicators and information for citizens;
- Exchange of knowledge in areas such as gender issues, children's health or rare diseases.

The EU Public Health Programme supports the EU Health Strategy "Together for Health: A Strategic Approach for the EU 2008-2013" - the first EU health strategy following the Health in All concept, an approach mainstreaming health issues into policies of other sectors [19]. All EU policies, e.g. legislation, not only in the health sector, need to be compatible with this framework.

Unlike for most EU countries for the development of health system policies, the role of the Organisation for Economic Co-Operation and Development (OECD) will remain limited for the countries in the region. After some former communist countries became member already in the 1990's, in the region of Central and South-Eastern Europe only Slovenia was invited for accession talks at 3 December 2008. The Health Division of the OECD, mandated by the Member States through the OECD Health Committee, undertakes regular statistical work and conducts projects on health care quality and efficiency, pharmaceutical pricing, long-term care, health workforce and migration, information and communication technologies and economics of prevention [20]. Whereas EU health policies according to their legal basis in the EU treaty mainly focus on generic public health issues, OECD's health activities provide non-epidemiological statistical background and target efficiency of health care.



The collaboration between countries in the region and WHO is guided by the individual WHO Country Cooperation Strategy and operationalised in Bilateral Collaborative Agreements (BCAs) with the WHO Regional Office for Europe (WHO-EURO), each identifying three to five priority areas. Accumulating all priorities of all countries in the region, the prioritisation based on own calculations is as follows:

1. Health systems
2. Non-communicable diseases
3. Communicable diseases
4. Mother and child health [21].

For countries in South-Eastern Europe, WHO-EURO runs a special programme "Health development action for South-Eastern Europe (SEE)".

There are many other international partnerships, mostly donor relations, however, the countries are facing decreasing attention. The World Bank, leading donor in the health sector in the region [1], sees as key challenges strengthening policies, institutions and information base, training health professionals and improving basic public health conditions, e.g. vaccination status. The Bank's projects focus on health care reform and capital investments. In low-income countries it offers on a small-scale interest free loans and seed money for programmes aiming to develop policies, institutions and infrastructure. In middle-income countries it supports the implementation of reforms introducing new public health objectives, organisational models or ways to improve the efficiency and financing structure of health systems. An example is the development of the Albanian Public Health and Health Promotion Strategy in 2002-2003 [22]. In high middle-income countries including EU accession countries the Bank shifted the scope of activities from traditional lending to enabling countries to pay for advisory services and training for best practices [23]. Further, in most countries in the region the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is supporting projects in the field of prevention and control of HIV/AIDS and tuberculosis, and for scaling up participation of the civil society with an average share of 30% of all GFATM funds going to NGOs [24] [25]. Moreover, there are many bilateral activities ongoing, especially with Western European and North American countries and Japan [26].

Conclusions

Reviewing and summarizing health policies in

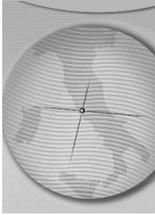
Central and South-Eastern Europe, there are three common features. One common feature is the challenge and chance to transform and sustain mutual policy support through regional networks, which have been established with international support and which have proven to be able to produce remarkable outcomes and dynamics only within a few years. Secondly, the challenge to reform health systems and public health frameworks is ongoing. Lastly, the chances resulting from neighbouring and eventually joining the EU are unique.

Regional networks

Regarding the regional networks, especially the regional network in the South-Eastern European region impresses by its activities, the joint involvement of both policy maker's and technical experts, frequency of high level conferences and outreach to other sectors. The above mentioned Skopje Pledge has been adopted at the Second Health Ministers' Forum in Skopje on 25 and 26 November 2005 where commonly politically strong Ministers of Finance attended as well. It will be the greatest potential and challenge at the same time to use this strong existing network in the field of health for future policy development in the South-Eastern region and perhaps even to further expand the network geographically by inviting other countries in Central or Eastern Europe to participate. Less international support and ownership will be challenging, but offering the opportunity to shape the objectives of the network even more according to the regional needs without interference. And it will certainly be of added value if the countries in the region that have already become part of the EU are willing to contribute to the network with their experience and to benefit from it.

Health care reforms

Tavanxhi et al. recently pointed out that "health care reforms in this [South-Eastern European] region have been less firmly addressed compared with other socioeconomic reforms", and analysed that now the introduction of new financing mechanisms for health care are a central part in recent reforms [27]. Similarly, Rechel and McKee [1] state that - besides the response to emerging and basic health threats - a key area of public health action is to establish appropriate health care financing and delivery systems, especially with regard to ensuring quality and access and abandoning informal payments. Both statements are related to the South-Eastern European region. But the World Bank comes to similar conclusions



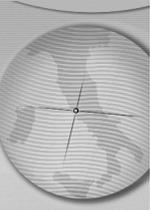
for the whole region [28]. Obstacles for change have been identified, health strategies have been passed, and the political will to draw on international experience and to make use of international partnerships in order to reform national health systems is remarkable. Now the challenge for health policies will be to transfer the responsibility and accountability for achieving the set targets top-down, e.g. through educating, training, informing and increasing managerial responsibility for health professionals, both in health care and in public health services.

EU enlargement

The regulatory and mandatory part of EU's health policy is still very little compared to other EU policy areas. All the more the 'new' and potential member states will have the opportunity to develop their own policies without interference, but based on solid and up-to-date policy standards, whereas the 'old' member states are more likely to change only the necessary. Moreover, through the EU Public Health Programme countries have the chance to develop their institutions and place them on international level. It would certainly be beneficial if other countries in Central and South-Eastern Europe would follow the example of Croatia and sign a memorandum of understanding with the European Commission in order to participate in the Programme. Other international support, especially for those countries, which will not join the EU in the near future, should help to strengthen the regional network and to implement regional political declarations and national strategies. The combination of the need for reforms, the need to tackle the health problems in the region and the prospect of neighbouring and joining the EU create a unique momentum which should also be used by 'old' member states.

References

- 1) Rechel B, McKee M. Healing the crisis: the prescription for public health action in southeastern Europe. Information Review. London School of Hygiene and Tropical Medicine and Open Society Institute, 2003.
- 2) Bjegovic V, Kovacic L, Laaser U. The challenge of public health transition in South Eastern Europe. *J Public Health*. 2006; 14(4): 184-9.
- 3) Bozicevic I, Oreskovic S. Looking beyond the new borders: Stability Pact countries of South Eastern Europe and accession and health. In: McKee M, MacLehose L, Nolte E (eds.). *Health Policy and European Union Enlargement*. Maidenhead: Open University Press, 2004.
- 4) Svilanović G. The pan-European perspective for the economic integration of South-eastern Europe: the role of the United Nations Economic Commission for Europe. Discussion Paper Series. Geneva: UNECE, 2008: 4.
- 5) Regional Cooperation Council. Economic and Social Development. Available from http://www.rcc.int/index.php?action=page&id=5&link_id=12 [Accessed January 20, 2009].
- 6) World Health Organization. Regional Office for Europe. Health and Economic Development in South-Eastern Europe. Copenhagen: WHO, 2006.
- 7) Regional Cooperation Council. Economic and Social Development. Available from http://www.rcc.int/index.php?action=doc_detail&id=67 [Accessed January 20, 2009].
- 8) Galan A. Towards a common public health strategy for the region of South Eastern Europe. *J Public Health* 2006; 14(4): 201-7
- 9) The International Bank for Reconstruction and Development/The World Bank. Millennium Development Goals. Progress and Prospects in Europe and Central Asia. Washington, DC: The World Bank, 2005.
- 10) World Health Organization. Regional Office for Europe. Health for all database (HFA-DB). Available from <http://www.euro.who.int/hfadb> [Accessed January 20, 2009].
- 11) World Health Organization. Regional Office for Europe. Health and Economic Development in South-Eastern Europe. Copenhagen: WHO, 2006.
- 12) Alam A, Murthi M, Yemtsov R et al. Growth, Poverty and Inequality. Eastern Europe and the Former Soviet Union. Washington, DC: The World Bank, 2005.
- 13) Bjegovic V, Vukovic D, Terzic Z, Santric Milicevic M, Laaser U. Strategic Orientation of Public Health in Transition: An Overview of South Eastern Europe. *J Publ Hlth Policy* 2007; 28(1): 94-101.
- 14) World Health Organization. International Health Regulations (2005). Geneva: WHO, 2008. Also available from <http://www.who.int/ihr> [Accessed March 25, 2009].
- 15) Centrul National Stiintific Practic de Medicina Preventiva [National Scientific and Practical Centre for Preventive Medicine]. Planul de actiuni privind implementarea Regulilor Sanitare Internationale 2005, nr. 475 din 20.03.2008 [Action Plan for the Implementation of the International Health Regulations 2005, nr. 475 of 20 March 2008]. Available from http://www.sanepid.md/view_cat.php?cat=2 [Accessed January 22, 2009].
- 16) McKee M, Suhrcke M, Nolte E et al. Health systems, health, and wealth: a European perspective. *Lancet* 2009; 373: 349-51.
- 17) McKee M, Nolte E. The implications for health of European Union enlargement. *BMJ* 2004; 328: 1025-6.
- 18) European Commission. Public Health. Legal Documents. Available from http://ec.europa.eu/health/horiz_legal.htm#4 [Accessed March 25, 2009].
- 19) European Commission. Health Programme 2008-2013 Together for Health. Available from http://ec.europa.eu/health/ph_programme/pgm2008_2013_en.htm [Accessed January 23, 2009].
- 20) Organisation for Economic Co-Operation and Development. Directorate for Employment, Labour and Social Affairs. Health Policies. Available from http://www.oecd.org/department/0,3355,en_2649_33929_1_1_1_1_1,00.html and http://www.oecd.org/document/20/0,3343,en_2649_34487_39717140_1_1_1_1_1,00.html [Accessed January 23, 2009].
- 21) World Health Organization. Regional Office for Europe. Collaborative Agreement. Country-specifically available from <http://www.euro.who.int/countryinformation> [Accessed December 19, 2008].
- 22) Roshi E, Burazeri G, Bjegovic V et al. Building public health associations in the transition countries of south-eastern Europe: the example of Albania. *European Journal of Public Health*. 2006; 16(3): 243-5.
- 23) The International Bank for Reconstruction and Development/The World Bank. Europe and Central Asia. Challenges and Regional Differences. Available from <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECA>



EXT/EXTECAREGTOPHEANUT/0,,contentMDK:20254566~pagePK:34004173~piPK:34003707~theSitePK:511545,00.html [Accessed December 19, 2008].

24) The Global Fund to Fight AIDS, Tuberculosis and Malaria. Eastern Europe and Central Asia. Overview. Geneva: The Global Fund, 2006.

25) The Global Fund to Fight AIDS, Tuberculosis and Malaria. The Global Fund. Results at a glance. Geneva: The Global Fund, 2007.

26) World Health Organization. Country Brief. Country Cooperation Strategy. Country-specifically available from <http://www.who.int/countries> [Accessed December 19, 2008].

27) Tavanxhi N, Burazeri G, Laaser U. Southeastern Europe, Health Systems of. International Encyclopedia of Public Health 2008: 137-47.

28) The International Bank for Reconstruction and Development/The World Bank. Europe and Central Asia. Challenges and Regional Differences. Available from <http://web.worldbank.org/WBSITE/EXTERNAL/COUNTRIES/ECAEXT/EXTECAREGTOPHEANUT/0,,contentMDK:20285158~pagePK:34004173~piPK:34003707~theSitePK:511545,00.html> [Accessed December 19, 2008].