

ADVANCING PUBLIC HEALTH IN SOUTH-EASTERN EUROPE

An investment that's working





Better health is key

“The Regional Office will rapidly take initiatives to mobilize the international community, help countries themselves to coordinate the interventions by different organizations, and ensure that these interventions result in progress for the health systems of the countries concerned and, ultimately, in better health for their people.”

The WHO Regional Office for Europe Country Strategy “Matching Services to New Needs”, Regional Committee for Europe, 50th Session, Copenhagen, 11-14 September 2000

In December 2000, the health ministers of the south-eastern European countries asked the WHO Regional Office for Europe to help them place public health on the Stability Pact agenda. A decade of political change, economic collapse and bitter fighting had spread disease, malnourishment and trauma throughout the region.

Fast results point to

“...The process of reform of the health care system means its constant development, redefining and adaptation to the health needs and social development which requires not only adequate approaches but also partnership and broad public communication. The meeting in Dubrovnik creates the framework for building up a network of these partnerships and communications in health.”

Dr. Bojidar Finkov, Minister of Health, Bulgaria.

Abstract from his speech at the SEE Health Ministers Forum. Dubrovnik, September 1, 2001



April 2001: the Health Network takes shape

In south-eastern Europe, so long a hotbed of nationalist hatred,

intercountry cooperation has been utterly unknown. The improvement of regional health, a goal on which all can agree, provides a safe zone for introducing such cooperation – witness the rapid emergence of the south-eastern Europe Health Network.

To help them tackle their regional health problems, the ministers asked the Regional Office and the Council of Europe – a founding partner in the Stability Pact process – simply to provide them with a forum and a way of working. They needed no coaxing to join forces: they were fighting for the lives of their people.

The Regional Office and the Council of Europe responded. We called the first meeting of the Health Network in April 2001. Here, for the first time, the south-eastern European countries took stock

of their public health situation together, focusing particularly on the most vulnerable population groups. They took the first step towards creating a regional health agenda.

September 2001: the Dubrovnik Pledge

The following September, the Health Ministers Forum produced the historic Dubrovnik Pledge. Signed by all ministers present, the Pledge is a commitment to partnership in tackling the region’s urgent health needs. It stands as the first political bond ever among the health ministries of south-eastern Europe.

The Pledge was a victory in itself. It was recognized as such by the many foreign observers and potential donors present at the meeting. In the wake of



to regional stability

Health conditions were worsening across the board. Unless the crisis was reversed, the ministers knew it would undermine all the other initiatives for political and social improvement envisaged under the Pact. They also knew that improvements in public health would be necessary before their countries could join the European Union.

The Regional Office joined with the Council of Europe to meet the challenge. It was a natural partnership. Both are intergovernmental organizations that view health as a basic human right. Through solidarity with their member countries, both seek to bring equity to European health standards.

Thanks to the commitment of the south-eastern European countries – and the support of an ever-widening circle of supporters – public health is today on the agenda and is emerging as an early success story of the Stability Pact.

a promising future

“Let us reiterate our commitment to Dubrovnik Pledge and our faith that intensified cooperation between the countries in the region will contribute to the equal and equitable access of vulnerable populations to health services, to full social integration of people with all types of disabilities, and to overall respect of human rights.”

Ms. Srebrenka Matesic, State Secretary, Ministry of Health, Croatia. Abstract from her speech at the European Conference with Ministerial Participation on “Mental Illness and Stigma in Europe, Athens, 27-29 March 2003”

this initiative, in October 2001 health became one of the core elements of the Stability Pact’s “Initiative for Social Cohesion”.

Funding soon followed. By January 2002, four of the seven projects described in the Pledge – mental health, communicable diseases, food safety and nutrition, and capacity building – had received financial support from the international community.

In May 2002, the Health Network established itself as a permanent organization and defined its principles of cooperation. It now included representatives from the eight south-eastern European countries, five neighbouring donor countries and four international organizations – in total, over 100 members at both the political



Working side by side on health. The Dubrovnik Pledge was the first political bond ever between the south-eastern European ministries of health.

and technical levels. The Network continues to meet twice a year to follow up on progress in meeting the goals of the Pledge.

The spirit and pace of cooperation on public health in south-eastern Europe has caught the notice of the Stability Pact secretariat, which has declared it a model for other sectors to follow.



Growing momentu



Photo: MDRI (Mental Disabilities Right International) report, published by August 2002.



Before and after: Serbia and Montenegro (the UN Administrated Province of Kosovo). Institutionalised mental health patients are already enjoying better lives. These photographs are of the same patient before and after reforms.

In accordance with the Dubrovnik Pledge, the overall objective of national health authorities and their partners in the Stability Pact process is to secure the capacities and reforms needed to bring services to the region's most vulnerable people. A sustained effort requires a strong cooperative network among regional health authorities. Our progress to date in meeting the Dubrovnik objectives demonstrates that this network is already a vital force.

Mental health: Founding community services

War, economic collapse, political tumult and a host of inherited problems have led to a severe deterioration in the help provided to the mentally ill in south-eastern Europe. In many areas, all community services have vanished. The suffering this has caused is incalculable.

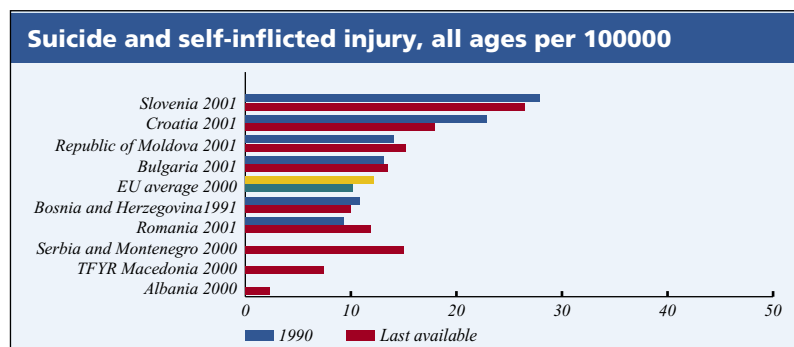
Since 2000, WHO has been working with the governments of Albania,

Bosnia and Herzegovina, Serbia and Montenegro (including the United Nations administered Province of Kosovo) and the Former Yugoslav Republic of Macedonia to provide emergency mental health services. The reform process has included the de-institutionalization of psychiatric patients – often from unspeakable conditions – and the establishment of over 60 new community mental health services.

The Stability Pact process has given a much needed boost to these efforts and has established mental health goals for the entire region.

By the end of 2003, each south-eastern European country is to have:

- > a national assessment of mental health policies, legislation and services
- > a national mental health policy



m on the ground



Our goal for the future. In over 60 new community mental health service centers through the region, patients now live with more dignity and joy.

“The project Enhancing Social Cohesion through Strengthening Community Mental Health Services is promoting a climate of communication, dialogue and trust between the SEE countries, allowing them to leave behind the old conflicts and build up friendly and professional partnerships.”

Dr Petrit Vasili, Deputy Minister of Health, Albania.

- > a national mental health action plan
- > mental health legislation harmonized to European Union standards.

With the availability of further funding in 2004–2005, each country is to have:

- > a harmonized model for a community mental health service
- > a pilot community mental health service
- > harmonized curricula for postgraduate training of community mental health professionals.

To date, Greece has donated €500 000, Italy €105 000, Slovenia €50 000, Sweden €65 000 and WHO €98 000 towards a project budget of €2.3 million for mental health reform in south-eastern Europe.

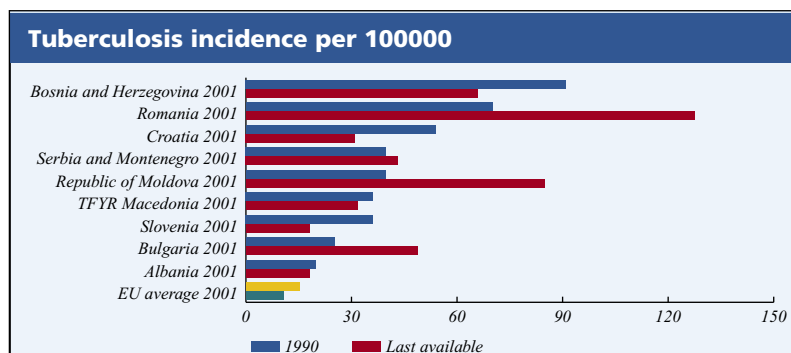
Communicable diseases: Strengthening surveillance and response

Old diseases and new infections, mainly affecting highly vulnerable populations, have followed the social upheavals and health service disruptions in south-eastern Europe. Stability Pact health initiatives call for a series of disease surveillance and response measures costing €1.1 million. The goal is to strengthen national

communicable disease surveillance and response, and to harmonize these with the standards of the surrounding European Union countries by improving cooperation among authorities throughout the region.

By the end of 2003, each south-eastern European country is to have:

- > a national action plan for reforming surveillance and response





- > a portfolio of investment projects
- > harmonized definitions and methodologies within the region and with the European Union
- > increased institutional and human capacities.

With the availability of further funding in 2004–2005, each country is to have:

- > a standardized system for reporting, monitoring and evaluation
- > a developed, national action- and problem-oriented surveillance network
- > an Internet-based, standardized database on communicable diseases.

To date, France has donated €270 000 and WHO €59 500. In 2003, Greece pledged an additional €150 000.

Food safety and nutrition: Improving national policies

Refugees in particular have been hard hit by poor nutrition and insufficient safe food in south-eastern Europe. Better food safety and nutrition policies and practices, in line with the European Union's *acquis communautaire*, are needed throughout the region. Streamlined food protection and nutrition services will further strengthen intersectoral cooperation

within the fields of agriculture, the food industry, tourism and free trade. By the end of 2003, each south-eastern European country is to have:

- > a national food and nutrition action plan
- > a final draft of a general primary food law (new or amended)
- > secondary food legislation in line with the *acquis communautaire*
- > a food safety strategy.

With the availability of further funding in 2004–2005, each country is to have:

- > a code of practice for food inspectors

Health is an investment



A vital network. The south-eastern Europe Health Network continues to meet twice a year to follow up on progress in meeting the goals of the Dubrovnik Pledge.

The enjoyment of life depends upon health and well-being. People with sinking health lose focus on wider issues. The same applies to nations: history documents the social upheaval that follows the outbreak of disease.

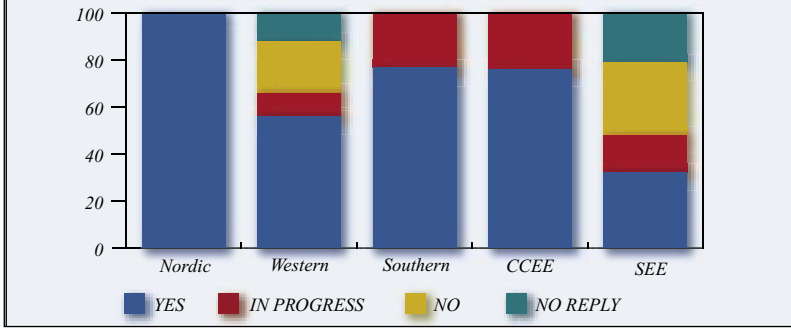
The public health actions taken so far in association with the Stability Pact are only the beginning of what is needed to defuse the health crisis in south-eastern Europe. True regional stability will depend upon turning today's encouraging initiatives into

long-term health trends. But the swift progress made to date is heartening.

We see this progress as an affirmation of the power of multilateral actions that involve member countries as equal partners – an approach very much in keeping with WHO Regional



Food-based Dietary Guidelines in European Region



- > a concept for streamlining and upgrading food control services with a portfolio of investment projects
- > a regional food control network.

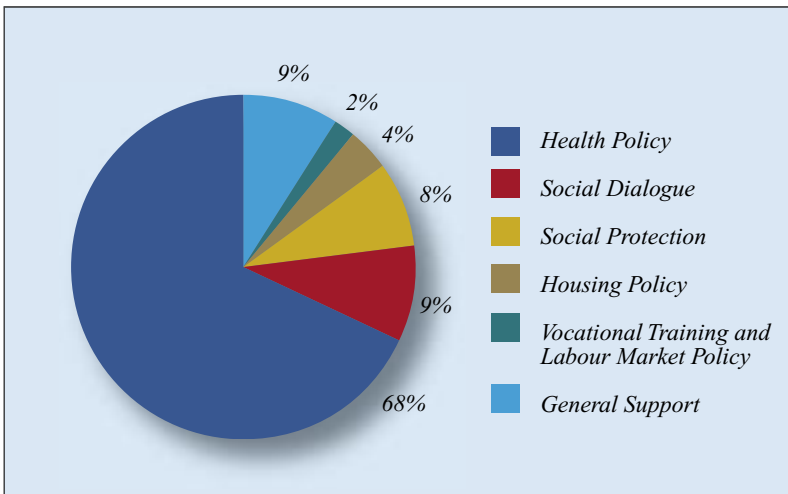
Greece has donated €150 000, Italy €109 000 and WHO US \$68 000 to a €1.5 million project.

Capacity building: Educating future regional policy-makers

Increased capacity for basic, postgraduate and continuing education in public health and for quality assurance is needed throughout south-eastern Europe to improve national public health policies.

The Council of Europe Development Bank has launched the effort with a loan of €2.8 million to Croatia. ■

ment, not just a goal



Attacking health problems at the roots. Fully 68 percent of the financial pledges for Stability Pact health initiatives are aimed at changing policy.

Office for Europe’s “matching services to new needs” strategy. Since adopting the policy in 2000, the Regional Office’s strategy has re-structured our organization, empowered our country offices, and reprioritized our budget toward policy and infrastructure development in our

member countries. We’ve also put a strong emphasis on partnering with other organizations to lend added force to our efforts.

This work is paying off in south-eastern Europe. Through shared effort, respect and commitment, the south-

eastern European countries and their international partners can improve the health of the region’s people – and allow them to taste the true blessings of freedom at last. ■



SOUTH-EASTERN EUROPE
HEALTH NETWORK

“Health Development Action for
south-eastern Europe”

Members:

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Republic of Moldova
Romania
Serbia and Montenegro
The Former Yugoslav Republic of
Macedonia

Donors and Neighbours:

France
Greece
Italy
Slovenia
Sweden

Organizations:

Council of Europe
Council of Europe Development Bank
WHO Regional Office
for Europe

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