COUNTRY OFFICE ROMANIA, WORLD HEALTH ORGANIZATION - REALITY AND PERSPECTIVES

Interview with: Dr. Ştefan Victor Olsavszky, Head of Country Office Romania, World Health Organization

Personal information

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Dr. Victor Stefan Olsavszky is Head of Country Office Romania, World Health Organization since 1997. In this position, he acts as interface between WHO and the Government, performs follow-up, monitoring and evaluation of all WHO and health related activities, acts as focal point to the international community working in the field of health in Romania, coordinate within the country and with external partners and mobilize and rationalize the use of resources, organizes national conferences etc. He organized two audits on “investment for health opportunities” and “mental health”; during the two audits more than 250 people were interviewed and most important authorities of the social sector both local and central were visited. He is in permanent contact with major donors and international organizations such as: UNICEF, WB, UNFPA, UNDP, IMF, EU etc. Dr Olsavszky provided international expertise within UN reform process helping three UN country teams to strengthen their support to the country needs (missions in Togo, Republic of Moldova and Uzbekistan). Dr. Olsavszky has a PhD in public health with a thesis on “Profile of nursing profession in Romania”.

Education:
2005 – University of Medicine and Pharmacy of Târgu Mureș, PhD
2001 - 2002 Bucharest University, master studies in Health and Social Services Management
2001 - 2002 Ministry of Health, Center of Professional postgraduate development, competence in Health Services Management
2002 – Bucharest, Public Health Specialist
1994 – 1999 Specialization in Orthopedics, Floreasca Emergency Clinical Hospital, Bucharest
1981 - 1987 University of Medicine and Pharmacy of Cluj, General Medicine Faculty, medical doctor diploma
1980 – Math and Physics High School of Baia Mare

Membership in scientific and professional associations:
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Reactor: Soon there will take place the World Health Organization Regional Committee for Europe – What can you tell us about this event?

V O: The World Health Organization (WHO) Regional Committee (RC) for Europe is the representative body of the member states which delegate the WHO European Regional Office to develop health policies. The agenda of the 62nd RC held this year shall comprise several very important issues for the WHO Europe health policy for the next years. The most important is by far the Health 2000 framework policy document. Another two important points included in the agenda are connected to the European plan for strengthening public health capacities and services, as well as to the action plan and strategy in the area of healthy aging in Europe for 2012-2020.

R: Which is the importance of these three issues in the 62nd RC agenda?

V O: Generally, the strategies and action plans are proposed to the Regional Committee by the Permanent Committee and the WHO Regional Office. This is done based on some evaluations and the permanent monitoring of the population’s health status in the region. Thus, the RC approach requests are not random, but based on the common priorities of all member states. It’s an entire process developed during at least one year between the two RCs. In the European context it became clear that the aging process, communicable diseases and the need to strengthen the public health services are priority areas and phenomena for all member states. 61st CR decided that WHO Europe shall present a new health policies development strategy, integrating approaches and trends observed in the last few years. This is how Health 2020 strategy appeared.

Where does Health 2020 belong within the European context, knowing that both at European and world level there were and still exist the Millennium development strategies and objectives?

V O: It’s true that at European level, as well as at universal level, there were developed health policies aiming to be more comprehensive. I would like to mention here the WHO Health for Everybody, Health for Everybody in the 21st Century, as well as different declarations or the 2008 Tallinn Charta. All these strategies obviously aim at improving the health status, but the approaches were specific of the launching moment. In the past 25 years, a series of phenomena and developments gained a much more acute dimension than previously. This includes the globalization process and the large demographic, economic, social and environmental changes. The impact of these changes, especially the accelerated rhythm of their development, represent major challenges for the health systems. The last challenge is represented by the economic crisis. To all these adds up the fact that the nature and scope of action of the health determinants are much better known than before. Basically, we can say the health systems can better perform with the available technologies and knowledge. We are at the point where society puts pressure on governments to look for new responses and ways of approaching health and well-being.

How is the Health 2020 strategy different from the present policies?

V O: First of all, the Health 2020 strategy aims at becoming a framework for the development of health policies based on a set of values with potential to unify or cover gaps in the sectorial policies. The strategy is based on a set of mutual values, partially or totally found in the previous strategies – we are talking about values such as universality,
equity, access to care, solidarity, sustainability, right to participate at decisions, dignity, nondiscrimination, transparency and being responsible. Following these values, the document states the strategic objectives and the priority action areas. Being a strategy of the WHO Regional Office for Europe and of the 53 member states, Health 2020 document can be considered as a common commitment of the regional office and the member states. Actually, it is a common vision for the next decade, according to which Europe’s population can be and is supported to fulfill its entire health and well-being potential. Also, it supports the member states to make efforts for reducing the health inequities. Another characteristic of the new policy proposed by the 62nd CR is approaching the individual oriented development by improving the health and well-being status, as well as by the efforts to strengthen the public health services and reduce inequities. Health 2020 shall have two major strategic objectives: improving health for all and reducing disparities and widening the participation basis at governing health. In order to reach these strategic objectives, the document envisages four large action areas. The first area is represented by investments in health and creating responsibility and strengthening the citizen capacity for his/her own health. The second area is approaching the major challenges in Europe represented by communicable and non-communicable diseases. The third area: strengthening public health capacities and health system citizen-oriented. The last area is represented by creating a favorable environment for communities resistant to adversities.

From this perspective, what is the position of the WHO Country Office, Romania within the collaboration with the Ministry of Health?

V O: The collaboration with the Ministry of Health (MoH) is based on a biannually agreement, in which are defined several priorities to be addressed during two years. The present agreement, signed in December 2011 in Copenhagen comprises the following priorities: the European health policy Health 2020, non-communicable diseases and health promotion, communicable diseases and research and information in health, and strengthening of the health system. Health 2020 strategy applies again as a guide for health policies common development WHO – Romania. WHO offered technical assistance to the MoH in elaboration the new health system reform law, consisting of a meeting between MoH experts and representatives and WHO experts in the area of hospitals. Within this meeting, impact of changes in the organization of hospitals and challenges of the intermediate level of hospital leadership in order to unify government policy objectives and values with local constraints were discussed. The same time there was a debate regarding the strategic, financial and decisional framework, as well as the clinic responsibility, establishing responsibilities and competences at macro, mid and micro level, including the supervision and reporting chain, as well as the evaluation mechanisms of hospitals performance. This type of activities is intended to help decision makers to find the most adequate technical measures for approaching reforms.

If this type of technical support refers to the wider framework of policies and reforms, there is a series of highly technical activities focused on a certain public health area. One example is the global study on smoking among adult population, that took place in Romania in the summer of 2011, which report was launched in March 2012. Another example is the “Evaluation of structure and provision of primary care in Romania” report, a survey-based project among family doctors and patients, released in the spring of 2012. This type of studies, highly technical, represent a foundation for the intervention decisions in one or another area of public health. Also within the technical expertise can be noticed the support for the National TB Program, consisting of progress evaluation, especially in the area of multidrug resistant TB and development of the country application to the Global Fund against AIDS, Tuberculosis and Malaria.

Reproductive health is another area considered priority by MoH and WHO within the collaboration so far. With WHO support there was developed a reproductive health strategy aiming to consolidate the notable results obtained so far in the area of maternal death decrease and offer solutions adjusted to the present development of the health system.

The challenge of the European economic crisis forces us to find adequate interventions for the actual context, regarding both resources and a more intelligent and efficient way of approaching the proposed solutions.

Give us some examples of concrete activities to be implemented in the near future.

V O: On short term, in the area of collaboration for strengthening the influenza, acute respiratory infections and inferior acute respiratory syndrome epidemiologic surveillance system, in September this year there will take place the trainings for sentinel doctors, for preparing the 2012-2012 season. These trainings are organized on a regular basis starting with 2009.

On the other hand, there are collaborative actions at general or macro policies level, where WHO helps in creating the framework and the networks for information exchange and policy harmonization. Such an example is the Healthy Cities Network. This network represents a global movement comprising more than 90 cities all over Europe. It promotes systematic policies having health as main concern, with focus on inequities in health and poverty, vulnerable groups and economic, social and environment factors of health. Basically, this network encourages the member cities to approach health as a priority component of the urban development. The first city in Romania which expressed interest to join this network is Călărași. Our office shall offer the necessary support during the entire process of adhering to the Healthy Cities Network.

Within the WHO monitoring function of the health system development, the European Region has a tool and product highly appreciated by all those researching health systems, as well as by the health system decision makers. We speak about the Observatory and their product called Health in Transition Profile (HiT). Romania’s profile was described starting with the 1996 edition, followed by the 2000 and 2008 editions. This year we intend to initiate the development process of a new edition, and in this regard, our main partner shall be the National School of Public Health.