CONTRIBUTION TO THE NEW PUBLIC HEALTH DEVELOPMENT IN THE SOUTH EASTERN EUROPE, 2000-2010

INTRODUCTION

The modern concept and philosophy of public health, the “New Public Health”, covers not only the classical hygiene and the epidemiology of the infectious diseases, but also well-known non-communicable disease risk factors and socioeconomic determinants of health [1].

While the “Old Public Health” was mainly concerned with environmental sanitation, safety of food, air and water, targeted infections, toxic, and traumatic causes of death, the New Public Health is a synthesis of classical public health, interacting with the biomedical, clinical and social sciences, economics and technology assessment, and experience of the health systems toward universal health care, management of personal services and community action, for a holistic approach to health and illness and risk factors for disease [2].

The New Public Health is concerned with action and seeks to address issues like equitable access to health care services, the environment, political governance and social and economic development [3].

Contemporary concept and core subjects of the New Public Health are very comprehensive. The New Public Health is a philosophy, conceptual approach and art of possible, a field of knowledge and practice combining the biomedical and social aspects of health and diseases with the health technology, health systems organization and management, and health promotion. The new concept is research and action oriented for application and reorientation of public health thinking toward primary prevention and health promotion, changes in management of the health systems and other resources of society, as well as training public health practitioners, students and people in the sense that public health is essential to civil societies, both local and global.

The New Public Health identifies feasible strategies in order to address challenges of the 21st century for saving lives, improving survival, healthy life years and quality of life, as well as reducing health inequalities.

The New Public Health Ethics principles are: equity, participation, solidarity, subsidiarity, sustainability, comprehensiveness, universality, efficiency, justice and peace [1]. Public health professionals and high level decision-makers are no longer the only relevant actors in dealing with population health, it is rather a multi-disciplinary group including researchers, institutional decision-makers, other professionals, civil society, and the private sector [4].

BACKGROUND OF THE INITIATIVE FOR PUBLIC HEALTH COOPERATION IN SOUTH EASTERN EUROPE

Several initiatives, activities and documents at European and international level have created a positive environment for international New Public Health Movement and Promotion of the New Public Health in Europe and in South Eastern Europe. Among them the most important are:
- World Health Organization (WHO) “Global Strategy for Health for All by the Year 2000” [5] and “Health for All in the 21st Century” strategy [6], which reaffirmed the importance of public health in the national health systems as a vehicle for change towards better health systems and improving health of the population;

- The 1st International Conference on Primary Health Care (PHC), held in Alma Ata, Kazakhstan, in 1978, where it was adopted a Declaration, which promoted shared responsibility for the health of the population, active involvement and contribution to the PHC activities of the whole society, as well as active involvement of each individual and the population as a whole in health promotion and accepting healthy life styles [7];

- The 1st International Conference on Health Promotion, held in Ottawa 1986, where it was adopted the Ottawa Charter on Health Promotion [8] with five essential principles for health promotion and moving into the future (build healthy public policy, create supportive environments, strengthen community action, develop personal skills, and reorient health services), as well as the subsequent international conferences on health promotion and adopted declarations, guided by the World Health Organization;

- The European Union Stability Pact initiative [9] as the first serious attempt by the international community to replace the previous, reactive crisis intervention policy in SEE with a complex, long-term conflict prevention strategy of the international community, adopted in Cologne on June 10, 1999 (and reaffirmed at the summit meeting in Sarajevo on July 30, 1999), as a commitment of more than 40 partner countries and organizations to strengthen the countries of SEE “in their efforts to foster peace, democracy, respect for human rights and economic prosperity in order to achieve stability in the whole region”;


Public Health sector in the SEE countries was exposed to these new ideas and concepts during the transitional and post socialist/communist period that started in late 1980s and early 1990s. The following social and political specificities of the SEE countries emphasized the need for the public health promotion and development:

- long history of multi-ethnicity and multiple socio-economic and political denominations,
- economic depression,
- struggling with sequels of long lasting socialist mismanagement,
- decade of civil wars and forced migrations, in 1990s,
- disrupted professional networks in SEE,
- high educational level of health professionals, but marginalized status, and weak public health action,
- accumulated public health problems and lack of comprehensive postgraduate public health (MPH) education,
- greatly underestimated importance of investing in health by the analysts, governments and international donor community,
- public health sector needs for retraining of staff and training of the new generation of public health professionals.

It was an obvious need for health sector reforms and for the new public health development in SEE countries. A research and development project, best known as the “Public Health Cooperation in South Eastern Europe” (PH-SEE) launched in 2000, was coordinated by the University of Bielefeld, Germany, and Andrija Stampa School of Public Health in Zagreb, Croatia, and funded under the Stability Pact through the German Academic Exchange Service (DAAD).

A IM OF THE PAPER:
To document the main activities and contribution of the Public Health Cooperation in South Eastern Europe (PH-SEE) Project during 2000-2010 to the development of the New Public Health in SEE.

M ETHODS:
Critical analysis of the project activities and outcomes based on the relevant documents, Internet sources and published literature, as well as personal experience and observations of the authors being active contributors to the PH-SEE Network activities.

F ACTS AND FINDINGS:
1. Initiation and start of the Public Health Cooperation in South Eastern Europe Project
The PH-SEE Project aimed to reconstruct and rebuild public health in the SEE region in terms of postgraduate public health training, research and practice based on the regional specificities and following international standards of public health education. The project achieved to establish ongoing regional collaboration in the field of public health by creating strong network of public health institutions and professionals and organizing regular professional meetings, seminars and conferences for developing education and research activities, as well as exchange of experiences.

Some of the most tangible outputs of the PH-SEE Project were: a core training curricula for the Master of Public Health Programs, teaching materials and handbooks, as well as the new schools of public health established in almost each country in the SEE region.

The PH-SEE Network (see Box 1), was initiated in 2000 within the framework of Stability Pact for SEE Collaboration. The Network recognizes the need for sustainable collaboration and strongly supports the reconstruction of postgraduate public health training and research based on an Agreement document. The Agreement on Collaboration of the Public Health Consortium for South Eastern Europe (PH-SEE) had
the objective of establishing a formal partnership between the members of the PH-SEE Network, with the main focus on developing the academic programmes for training and research in public health. This Consortium Agreement was signed in Zagreb during the XXIV ASPHER Annual Conference and 75th Anniversary of Andrija Stampar School of Public Health, Sept 28 - Oct 1, 2002, on behalf of the first 12 participating institutions, by the directors or representatives of the participating universities, schools and institutes. The Box 2 shows the areas and conditions of collaboration for the members of the PH-SEE Network, as stated in the Consortium Agreement [11].

The mission of the PH-SEE Project was to develop and to improve public health education, research and practice and to build capacity for MPH Programs in SEE countries.

In order to fulfil that mission the following goals were established:

- To raise capacity of present and future public health professionals and to increase their level of competence to assess health problems, to formulate objectives, strategies and to implement health programmes;
- To facilitate teaching, research, providing public health services and analysis/formulation of national health policies;
- To prepare target-oriented public health practitioners, researchers, health policy analysts, managers and decision-makers;
- To provide continuing education for current and young public health practitioners, researchers, health policy analysts and managers;
- To promote public health research and health policy analysis;
- To advocate and promote health-related issues in public policies.

In 2007 the Public Health Cooperation in South Eastern Europe (PH-SEE) Project was transformed into the Forum for Public Health in South Eastern Europe (PH-SEE) that consisted of two main programmes: (a) Public Health Training MetaNET Project, coordinated by the University of Bielefeld, Germany [12], and (b) Public Health Research Network Project, coordinated by the Maastricht University, Department of International Health, Maastricht, the Netherlands [13]. Since 2002, when the Consortium Agreement was initially signed by the 12 members, other SEE institutions have joined the project, thus by the time of its closure the PH-SEE Network counted 19 participating institutions.

2. Networking, experience exchange

Following the variety of cooperation networking and activities and the main outcomes of the PH-SEE Project it is possible to conclude that the South Eastern European (SEE) region has been experiencing a kind of renaissance or revolution of public health in the last 10 years. Profound changes were undergone, e.g. raising awareness and capacity building in public health and health management, or preparing target-oriented public health practitioners, researchers, health policy analysts and health care institutions managers. A strong network for long-term cooperation was established among public health institutions and professionals in the SEE region. It was also a dynamic process of creation of professional associations of public health at national level, aiming to finally join all of them into a Regional SEE Public Health Association.

The most important events and milestones for the development of public health cooperation in the SEE region are presented in Box 3.

3. Training capacity building and establishing MPH programs/centres/schools of public health

Advancements in the teaching and research in public health and analysis/formulation of national health policies were followed by curriculum development for Master in Public Health and establishment of Public Health postgraduate education programs/centres/ schools of public health in most of the SEE countries.
The process was initiated in early 2001 at the Dubrovnik 1st Conference on PH-SEE. Further discussions took place during the 1st Summer School for Public Health Professionals on the Internet in Health Sciences, held in Zagreb from July 22-27, 2001, and during the SEE Conference on Public Health and Peace, held in Skopje, Republic of Macedonia, December 6-8, 2001. Two years later, in early December 2003 the first new Centre/School of Public Health within the Faculty of Medicine in Skopje, started the implementation of the MPH Program for the first group of 36 MPH students. One year later, in the Fall of 2004, the School of Public Health at the Faculty of Medicine in Belgrade was established and the new MPH Program started with it’s implementation. The process continued with establishing education programmes/centres/schools of public health in many other countries and cities: Sofia, Tirana, Ljubljana, Pristina, Kishinev, etc.

4. Preparing and publishing teaching materials
Other impressive outcomes of the PH-SEE Project have been the handbooks for teachers, researchers and public health professionals. Six volumes have been published so far, in total amount of more than 4,000 pages of teaching textbook material. The seventh volume on “International Public Health” is planned to be published next year (see Box 4). All books are available on-line in full-text and free-of-charge at the project website (http://www.snz.hr/ph-see/index.htm)

The books were expected to contribute to the advancement of the postgraduate public health education and research, as well as to the development of a population-based public health policies and strategies, first of all, in the SEE countries.

The books address various aspects of public health: organization, functions and management of the health systems, financing of health care, strategic planning, determinants of health, as well as various methods and tools of public health. They also tackle the necessary shift from prevailing individual and old „social medicine” towards a comprehensive public health perspective for coordinated multidisciplinary and intersectoral efforts and actions directed to sustained population-wide health improvement.

The complex subject of each book is divided into various chapters reflecting the different subfields in the overall content of the book. The chapters include modules and sub-modules on certain topics. These are among the first books on various aspects of public health focusing on the situation in South Eastern Europe. Having in mind the situation in the SEE countries, most of them taking part or having completed the accession process to the European Union, the European context is addressed in many sections.

The enormous efforts of all people involved in these projects have to be acknowledged considering the political and historical background in the SEE region. It is legitimate to say that the cooperative development of these books contributed to the peace building process and the re-establishment of the regional cooperation in public health in the SEE region. Furthermore, in the today’s era of EU enlargement, the books are most timely offering insights in public health in the SEE countries, as well as the possibility to enrich the West-European public health curricula with perspectives from the South Eastern Europe.

Box 2. Areas and conditions of collaboration within the PH-SEE Project

1. To foster cooperation and exchange in postgraduate and continuing education and research in PH;
2. To advise, counsel and support any other member institution on request on how to develop and improve PH training for practice and research, especially with regard to capacity building of institutionalized SPHs;
3. To contribute in development, implementation and evaluation of mutual training materials on the common, copy right protected Internet-Platform (Public Health Curriculum - training modules);
4. To stimulate and make professional and financial efforts to exchange lecturers and researchers, and support mobility of postgraduate students for scientific and/or field work;
5. Each member will assist lecturers and students participating in this Regional Exchange Programme to find accommodation. Each institution will offer the library, research and other facilities;
6. Tuition fees for foreign students within the framework of the Regional Exchange Programme must not exceed those ones for nationals;
7. Participants in the Regional Exchange Programme will be subject to the rules, regulations and discipline of the host institution. Students will be chosen on the basis of academic excellence;
8. The granting of credit for any course, study or diploma undertaken at the foreign university will be at the discretion of the home institution. Each member of the PH-SEE Network will make efforts to provide their own certification for students who successfully pass the training modules prepared, offered and organized by the other PH-SEE Network member institutions;
9. To support development in joint public health research and identification of common priorities based on bilateral and multilateral collaboration;
10. Each member of the PH-SEE Network will have a representative (or representatives) who will be the contact person/s responsible for development of mutual collaboration. They will make every effort to promote and advertise the programme, to act as a point of reference for inquiries.


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It is worth emphasizing that editors and authors from many SEE and other countries contributed with a huge amount of voluntary unpaid work for the sake of the project and for the improvement of the quality of postgraduate public health education and practice in South Eastern Europe. It seems there was no other endeavor of this size that established and re-established fast and close collaboration between countries, some of them having been in war with each other only a decade ago.

5. Shortcomings, deficits and lessons learned

Beside positive developments and achievements there are also some shortcomings and deficits:

- Difficulties in providing funds for sustainability of the PH-SEE Network future activities;
- Difficulties in publishing, distribution, selling and promotion of the handbooks;
- Insufficient lecturer exchange within the SEE region;
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Note: Minutes, presentations, adopted documents at the meetings and conferences, and links to other sources of information are available at: http://www.snz.hr/ph-see/index.htm

Building, educational and research activities in the SEE are directed toward supporting further capacity development, partnerships, and leadership. Perspectives of the public health cooperation in the region in fostering peace, democracy, respect and human rights and economic prosperity.

There is a need for a clear strategic framework for further public health capacity building at national and regional levels toward organizational development, resource allocation, workforce development, partnerships, and leadership.

Other publications:

References