

Draft Report

CONFERENCE ON PROFESSIONALISATION AND CAPACITY BUILDING IN PUBLIC HEALTH IN SOUTH-EASTERN AND EASTERN EUROPE: THE LEGAL AND EDUCATIONAL FRAMEWORK

Luxembourg, 20/21 February 2008

1. Background and rationale

As a consequence of its integration in the EU Treaty (art.129 of the Maastricht Treaty and later art. 152 of the Amsterdam Treaty), public health is rapidly gaining prominence in the various public policy domains in Europe. The increasing importance of preparedness towards major health threats, the growing recognition of the fact that health is an important resource for economic growth and sustainability, and the growing awareness of important health inequalities in Europe are powerful driving forces in this regard.

However, many EU Member States and Candidate Countries have insufficient institutional and professional capacity for public health and the process of reforming the relevant services is slow. Compared to the USA and other industrialized countries as well as some emerging economies (e.g., Brazil), the relative lack of public health capacity in the EU is striking. This is further complicated by the fact that the field of public health is currently at a crossroads. In what sometimes is referred to as the "Third Public Health Revolution", public health is undergoing a number of profound changes:

- a change of **goals**: from the reduction of disease and mortality to the increase of healthy life years and reduction of health inequalities
- 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
- 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.

These changes create a need to broaden the professional basis for public health practice. Issues such as public health management, including strategic planning, health target setting, project management, and evaluation are added to the "traditional" knowledge base for public health, as well as attention to the policy environment and the process of policy making. Moreover, in addition to training health professionals, the institutional, organizational, human and financial capacities of the public health community should also be enhanced.

The need to strengthen the institutional and organizational capacity of the public health workforce is most significant in countries with a heritage of less well adapted, traditional structures, which during times of economic and social stagnation have kept their professional communities away from mainstream developments. On the other

hand, there is growing experience with efforts to reform public health systems in several countries. This is notably the case for the former Yugoslavian countries, where a designated network has been established to that effect. Exchange of experience and best practice between countries and different professional organizations can provide a starting point for capacity building.

The Conference on Professionalization and Capacity Building in Public Health in South-Eastern and Eastern Europe organized jointly by PHEA and the PH-SEE Network provided an opportunity to exchange experiences in reforming public health. By confronting successful experiences in South Eastern Europe with those from larger Member States, the Conference aimed to highlight the need for institutional capacity building for public health in the EU and to provide consensus based recommendations.

Specifically, the Conference aimed to:

- Confront successful experiences in public health reform in South Eastern Europe with experiences in reforming public health and building capacity for public health in older Member States
- Confront these experiences with the views of professional organizations
- Learn from the experience of a recent capacity building project funded within the Public Health Programme
- Highlight the need for institutional capacity building for public health in the EU.
- Provide consensus based recommendations need for institutional capacity building for public health in the EU.

The Conference took place shortly after the launch of the new EU Health Programme (2008-2013). As such, the organization of a conference on professionalizing and capacity building in public health was very timely, and could provide a stimulus to establish new leads and promote new experiences to be further elaborated in the Health Programme in the coming years.

2. Conference participants

The Conference did not intend to present information to a larger audience, but instead aimed to encourage an active discussion and exchange of ideas among selected experts and resource persons. Therefore, the conference could be attended by invitation only. Participants were experts in public health from South Eastern Europe and from a number of Member States, representatives of professional organisations representatives from the Commission (DG SANCO, DG RTD, PHEA), and coordinators of public health capacity building projects funded within the Public Health Programme. A list with attendants is attached.

3. Conference programme

To encourage an active discussion and exchange of ideas among the participants, the conference programme was built around four components:

- (1) An introductory session on recent developments in public health and the **challenges for public health in the EU**, confronting EU policy makers' views with those of representatives from three major public health professional organizations in Europe: ASPHER, EUPHA, and IUHPE.
- (2) A session on public health capacity building, presenting the conceptual aspects of capacity building, i.e. **the theoretical models and approaches that can serve as a basis to develop, implement and evaluate actions to enhance public health capacity building**, as well as practical experiences in strengthening public health and health promotion capacity, notably in the New Member States and in SE Europe.
- (3) Discussions in three working groups focusing on the **strategic, organizational and educational aspects** of capacity building for public health in (SE) Europe, aimed at providing suggestions for further action in each of these areas.
- (4) A final session in the format of a round table discussion, focusing on the way forward and making **recommendations** for further action.

The detailed Conference programme and the composition of the working groups are given in attachment.

4. Conclusions from the working group discussions

(1) WG 1: Strategic Framework for capacity Building

1. Public Health capacities should be health oriented rather than disease oriented
2. It is important to develop a strategic plan for capacity building for public health in Europe, starting from a SWOT analysis and defining specific capacity building objectives and targets.
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
4. Workforce development should be considered as the highest priority, but the other areas/problems of capacity also need to be developed/ solved.
5. Perspectives on public health and expectations in public health from representatives of other sectors and policy areas should be included to enrich capacity building and lay out a basis for health in all policies.

6. A "Public Health Identity" needs to be constructed, reflecting the diversification of professional functions in public health but reconciling them with a shared identity.
 - Both public health generalists and specialists are needed, as well as "horizontal" public health workers who consider health issues in other key sectors policy areas
 - Education and training of public healthy professionals needs to consider how health can be incorporated into development policies and tackling the socio-economic determinants of health
 - Public health capacity needs to be developed in other key sectors
7. There is a need to develop an EU Framework of public health competencies; this is a task where ASPHER can take the lead.
8. The strategy for capacity building in public health needs to consider horizontal and vertical aspects: it must address all levels of government and administration (supranational to local), as well as in other domains (private, civil society, public, etc).
9. The pace of strategy development for capacity building must fit with the national context. One should proceed in a measured way.
10. There is a need for a clear leadership in EU public health:
 - The leadership should be oriented at improving the health of societies, should develop visions and be future oriented rather than responding to developments.
 - Leadership needs to be combined with partnerships: partnerships and networks can be created to sign up to common goals, implementing visions and building coalitions to enhance capacity.

(2) WG 2: Legal and organizational framework

1. Common law can provide a general framework for public health, while specific laws can cover more specific and practical issues of public health, from public health functions to services. The decision on the necessity to have common laws, however, lies with the Member States.
2. There should be a division of responsibilities and roles in public health functions between higher and lower levels of authorities. The State as a central level should deal with legal issues of public health, e.g. quality improvement for health or health reporting towards international community. Also, public health policy formulation, standard setting and the main regulatory tasks should be considered at the national level. Specific aspects such as often seen in environmental protection should be at the local level. Budgeting of public health actions should be an obligatory responsibility of all levels. Civil society and the community have a role in supporting good governance in the public health at the state level. If a Bismarckian model is the main model of health care financing, health insurances should bear responsibility for public health as well.

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.
4. Individual health care is the responsibility of health care services (including different specialists in preventive programmes such as immunizations, early detection of diseases, etc). Public health should be responsible for managing, monitoring and reporting health services data on quality and efficiency focused on population based approach.
5. There is a need to advocate more widely for population health, and particularly for ways to address social and economic determinants of health, and to bridge the gap between different sectors that are important for public health. Health information management and continuous quality improvement must be emphasized as core elements of the new public health.
6. There is a need for careful planning of human resources for public health at national and local level. Staffing and institutional policy in public health should become more integrated. Professional development of public health staff needs to be attended to, including incentives schemes for staff.
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) *WG 3: Educational Framework*

1. It is recognized that academic institutions providing training in public health face the challenge to integrate medicine and social sciences into public health studies.
2. The Bologna process provides a framework to reform the public health training curriculum. The majority of representatives of faculties from SEE countries already started or preparing programmes that are fully compatible with the Bologna process (BMD-three layer system allowing mobility among fields), or are currently implementing them
3. Public health topics, views and experiences should be included in medical studies and spread through curriculum from the very beginning. A 10-15% proportion of the overall teaching should become a target.
4. Public health curricula need continuous improvement according to needs, they should come in modular format including major/minor choices.
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.

6. Intra and interuniversity cooperation is crucial in organization of public health studies and should be facilitated within universities, at national and international level.
7. Public health programmes should be organized as academic programmes with all three cycles and they are not in competition with lifelong learning and professional training.

5. Overall conclusions

Drawing from an exchange of successful experiences in reforming public health in South Eastern Europe and in larger Member States, the Conference enabled to address key issues in capacity development and professionalization for public health in South East Europe and in the EU.

It produced a list of consensus based objectives and recommendations for actions relating to the strategic, legal and organizational and educational framework.

To address these recommendations and achieve the objectives an overall strategic management plan can be established. This should be the subject of forthcoming exercises for the period up to 2010.

ANNEX 1: CONFERENCE PROGRAMME

Wednesday 20 February 2008

Opening Session

Chair: A. Rys

09.00 The Development of Public Health in Europe: Achievements and future challenges (A. Rys, DG SANCO)

09.30 Views from ASPHER (A. Foldspang), EUPHA (H. Noack), and IUHPE (P. Makara).

10.00 Public Health Research as a Basis of Modernity (M. Pletschette, PHEA)

10.30 Coffee break

Session I: Strategic and organizational framework

Chair: N.

11.00 Reform of the Public Health Framework: Experiences from Spain (C. Segovia), France (G. Duhamel), and the Netherlands (A. Knottnerus)

11.45 The Regional Strategy for Public Health in SEE (C. Wiskow)

12.05 Public Health Regulations as a Tool for New Public Health: The example of Serbia (V. Bjegovic, Belgrade)

12.25 Public Health Regulations as a Tool for New Public Health: The example of Bulgaria (G. Grancharova, Pleven)

12.45 Discussion

13.00 Lunch break

Session II: Building capacities for public health

Chair: V. Bjegovic

14.00 Capacity Building for public health: A framework for practice (S. Van den Broucke, PHEA)

14:20 Building the capacity for Public Health in Central and Eastern Europe: Lessons from the "Capacity Building" project (C. Costongs, EuroHealthNet)

14.40 Developing Postgraduate Training for a Public Health Workforce (J. Karadzinska-Bislimovska, Skopje)

15.00 The changing role of National Institutes of Public Health (D. Gjorgjev, Skopje)

15.20 Coffee break

Session III: Professionalisation and capacity building in public health in SE Europe

Chair: M. Pletschette

16.00-17.30 Introductory Session of 3 parallel Working Groups

(I) the strategic framework (A. Dzakula, chair; C. Wiskow, rapporteur),

(II) the legal/organizational framework (B. Hysa, chair; L. Kragelj, rapporteur)

(III) the educational framework (J. Bozikov, chair; A. Meijer, rapporteur)

19.30 Dinner

Thursday 21 February 2008

09.00 Working groups continued

10.30 Coffee break

11.00 Feedback Presentations from Working Groups

11.45 Comments by Public Health Associations (ASPHER, EUPHA, IUHPE)

Session IV: The Way forward

Chair: V. Bjegovic

12.15 Round Table Discussion (G. Burazeri, L. Kragelj, J. Bozikov, V. Bjegovic, Gjorgjev, M. Pletschette)

13.00 Conclusions

ANNEX 2: WORKING GROUPS¹

I) WG on the Strategic Framework

Chair: A. Dzakula

Rapporteur: C. Wiskow

Participants: J. Bremner, G. Burazeri, P. Makara, H. Noack, S. Van Den Broucke,

Topics discussed

- Key elements of a strategic framework
- Key issues of a strategic framework: institutionalization, Administration, Education, Financing, Public Health Research
- The local, national, regional dimension
- The European dimension
- The Actors
- The Action-Plan

II) WG on the Legal/Organisational Framework

Chair: B. Hysa

Rapporteur: V. Bjegovic

Participants: D. Georgijev, G. Grancharova, M. Grancharova, M. Pletschette, D. De Backer, C. Segovia

Topics discussed

- State vs. Community orientation
- Public Health Legislation
- Link between practice, research and continued education
- Tasks in the New Public Health
- Staffing schemes
- EU framework for Public health

III) WG on the Educational Framework

Chair: J. Bozikov

Rapporteur: A. Meijer

Participants: A. Foldspang, J. Karadzinska-Bislimovska, E. Toci

Topics discussed

- The double paradigm (medicine and social sciences)
- The Bologna process
- Public health in the medical studies
- Public health curricula (masters et al.)
- Public health teaching and research
- Interuniversity cooperation in public health programs
- Academic Schools of Public Health
- How to integrate health promotion and public health management

¹ public health research will be taken into account as a cross-sectional issue

ANNEX 3: PARTICIPANTS

Dr. Carmen Angheluta, National School of Public Health and Health Services Management, Bucharest, Romania

Professor Dr Jovanka Bislimovska, Director of Institute of Occupational Health, Center of Public Health, Medical Faculty, Skopje, Republic of Macedonia

Prof. Dr. Vesna Bjegovic Mikanovic, School of Public Health, School of Medicine University of Belgrade, Serbia

Professor Jadranka Bozиков, Director, Andrija Stampar School of Public Health Medical School, University of Zagreb, Croatia

Dr. Genc Burazeri, Department of Public Health, Faculty of Medicine Tirana, Albania

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Dr. Aleksandar Dzakula, Andrija Stampar School of Public Health Medical School, University of Zagreb, Croatia

Mrs. Adriana Galan, Institute of Public Health, Romania.

Prof. Dr. Dragan Gjorgjev, Medical Faculty, University of Skopje, Republic of Macedonia

Mr. Gilles Duhamel, Inspecteur Général des Affaires Sociales et membre de la Chaire santé de Sciences Po, Paris, France.

Assoc. Prof. Dr Gena Grancharova-Penkova, PhD, Dean of the Faculty of Public Health, Medical University of Pleven, Bulgaria.

Prof. Bajram Hysa, Medical Faculty, University of Tirana, Albania.

Prof. Albena Kerekovska, Dept. of Social Medicine, Biostatistics & Medical Informatics, Faculty of Public Health, Medical University of Varna, Bulgaria.

Prof. Dr. Andre Knottnerus, Research Institute Caphri, Department of General Practice, Maastricht University, The Netherlands

Prof. Dr. Lijana Kragelj, Institute of Social Medicine, Medical Faculty, Ljubljana Slovenia.

Dr. Carlos Segovia, Instituto de Salud Carlos III, Madrid, Espana.

Prof. Dr. Sandra Sipetic-Grujicic, Institute of Epidemiology, Faculty of Medicine University of Belgrade, Serbia

Mrs .Christiane Wiskow, Health Services Specialist, International Labour Organization, Geneva, Switzerland

Dr. Alban Ylli, Director, Institute of Public Health, Tirana, Albania

Representatives from professional organisations

Mrs. Jennifer Crowder, European Health Management Association, Brussels, Belgium

Prof. dr.med. Anders Foldspang, Faculty of Health Sciences, Aarhus University, Denmark (ASPHER)

Dr. Peter Makara, National Institute for Health Development, Hungary (IUHPE)

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Prof. Dr. Horst Noack, Institut für Sozialmedizin & Epidemiologie, University of Graz, Austria (EUPHA)

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Mr. Andrzej Rys, Director, DG SANCO C

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