



# ***Towards a Common Public Health Strategy for the Region of South Eastern Europe***

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**Is there a real need for a regional public health policy framework in SEE countries, when global health policies and strategies are available?**

- Public Health Programme of the EU, 2003-2008**
- WHO Health21 policy framework**
- international sectoral policies and strategies**






**Answer: probably YES**

**Specific situation in the SEE region has to be considered for the development of relevant and realistic public health goals.**

**Some particular characteristics of the region:**

- **transition from centralised systems to open democratic political systems**
- **some have to cope with the consequences of the war in the 90's and with ongoing conflicts**
- **certain level of poverty is of main concern in all SEE countries**
- **scarce health resources**





**A framework for a regional SEE public health strategy was developed during a seminar in August 2004, held in Belgrade\*, organised in the framework of the Public Health Collaboration in South Eastern Europe Programme**

**\* Expert Summer Retreat: National Public Health Strategies in South Eastern Europe and the EU Health Policy; Belgrade, Serbia and Montenegro, August 23-28, 2004**





**Seminar was attended by 36 public health professionals from seven SEE countries<sup>1</sup>.**

**An additional number of experts from other Europe countries attended the seminar and assisted in the development process<sup>2</sup>.**

**<sup>1</sup> SEE countries represented: Albania, Bulgaria, Croatia, Macedonia, Romania, Serbia and Montenegro and Slovenia**

**<sup>2</sup> 5 experts from: Denmark, Germany, Switzerland, and United Kingdom**





# Methods used for the Development Process

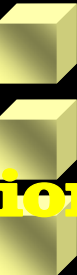
**General principle: participatory and  
consensus building  
approach**

**Step one: presentation and discussion of the current  
national public health strategies**

**Step two: situation analysis of public health in the  
SEE region, using SWOT methodology**

**Step three: priority setting and goal formulation  
the nominal group technique**

**Step four: translating goals into action plan (in  
work groups); presentation and discussion  
in plenary session**





# Evaluation of the current situation in SEE countries

**SWOT methodology was applied.**

- 1. first round focused on the identification of *factors supporting or hindering* the development of a regional public health strategy**
- 2. next round *mapped the interactions* between these factors and further analysed the strategic options that originated the decision for one strategic approach**






# Strengths

- **SEE region can build on a respectable tradition and history of public health**
- **in most countries, legislation and regulations exist (e.g. laws on surveillance of communicable diseases, occupational health, school children health, immunisation, etc)**
- **there is a core group of public health professionals with international training and links, together with a PH infrastructure**
- **all countries in SEE have mature education and training systems**
- **a growing number of NGOs showed up, reflecting the ongoing co-operation and communication in PH in the region**






# Weaknesses

- **due to continuous health sector reforms, legislation is also undergoing rapid changes; on the other hand, long processes of endorsement may obstruct reforms**
  - **quality and use of health information for evidencing the decisions were perceived as a weakness**
  - **level of financing of health system was perceived to be insufficient**
  - **low level salaries together with lack of professional and social recognition also represents reasons of PH experts' demotivation**
  - **in the area of ethical issues, corruption was perceived as mostly worrying problem**
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# Opportunities

- **Dubrovnik Pledge of 2001 is of the most importance, as it marks a firm political commitment to regional health development**
  - **there is evidence for a favourable climate to foreign investment in SEE countries (main funding agencies: PHARE, World Bank, European Agency for Reconstruction, UNICEF, etc)**
  - **through the spectacular development of IT, the international body of knowledge in public health is now easier accessible**
  - **there is an increasing trend of professional co-operation within and between the SEE countries (Stability Pact - PH SEE project, Sharing for Action project, new FORUM for PH in SEE countries, etc.)**
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# Threats

- **due to political instability, there is no sustained continuity of management, legal framework or resources allocation throughout and across different political cycles**
- **within a political cycle, priorities and approaches are primarily oriented towards short-term goals, serving the political agenda**
- **lack of public support, leading to the failure of delivering key health messages to the civil society**
- **there is an ongoing risk of international goals being inadequately transferred and inappropriately adapted to the region**





# Mapping the interactions

- **Interaction of strengths and opportunities**  
**Many of the political changes in the countries have the potential to facilitate the harmonisation with EU standards and other international public health policies.**

- **Interaction of weaknesses and opportunities**  
**The requirements to meet EU standards are supportive to the shift from traditional public health towards new public health.**






# Mapping the interactions

- **Interaction of strengths and threats**

**Although the recognition of the need for improving public health is observed at all levels, from professionals to general public, a regional strategy may lack support because it may fail to meet the expectations and become socially and culturally unacceptable.**

- **Interaction of weaknesses and threats**

**Frequent political changes result in improper collaboration with other sectors; thus, external systems do not highly value the health issues, these being ignored in inter-sectoral policy development.**



# A Basic SWOT Matrix and Strategy Classification

<p><b>Internal Factors</b> <b>External Factors</b></p>	<p><b>List of STRENGTHS</b> S1 S2 S3 .....</p>	<p><b>List of WEAKNESSES</b> W1 W2 W3 .....</p>
<p><b>List of OPPORTUNITIES</b> O1 O2 O3 .....</p>	<p><b>Interaction: SO</b> ----- <b>Strategy option: Maxi-Maxi</b> <b>Comparative Advantage</b></p>	<p><b>Interaction: WO</b> ----- <b>Strategy option: mini-Maxi</b> <b>Investment/Divestment</b></p>
<p><b>List of THREATS</b> T1 T2 T3 .....</p>	<p><b>Interaction: ST</b> ----- <b>Strategy option: Maxi-mini</b> <b>Mobilization</b></p>	<p><b>Interaction: WT</b> ----- <b>Strategy option: mini-mini</b> <b>Damage Control</b></p>

*adapted from Vankova et al*



## Possible strategic choices

- **Damage control strategy (WT)**

**In the context of public health in SEE, such a survival strategy is not appropriate because of existing internal strengths and external opportunities, which allow for coping with weaknesses and threats.**





# Possible strategic choices

- **Mobilisation strategy (ST)**

**Given the current situation, the public health systems in the region are not yet in such a strong and powerful position to control the threats of the external environment. Therefore, the mobilisation strategy appears to not be the best choice for advancing public health in the region.**






## Possible strategic choices

- **Investment-divestment strategy (WO)**

**A more promising strategic approach could be to minimise the weaknesses while maximising the opportunities. There are resources and potential available. For instance, the ongoing health sector reforms aim to increase the efficiency and effectiveness of health system, addressing the organisational and financial shortcomings.**






# Possible strategic choices

- **Comparative advantage strategy (SO)**

**The strengths in the current public health field in SEE matched with the external opportunities are in favour for the comparative advantage approach. Public health in itself is a 'moral and economic necessity' for all nations. Building on the current potential means to maximise the strengths by overcoming the weaknesses.**






# 8 key messages and recommendations

- 1. a priority in the SEE region is the reduction of health inequalities within and between the countries**
  - 2. increased participation of communities in health activities would contribute to better meet the expectations and make the regional public health strategy socially and culturally acceptable**
  - 3. inter-sectoral collaboration (vertical and horizontal) is indispensable for getting public health on the political agenda**
  - 4. willingness to join the EU could be the engine for economic and social development, with a positive impact on public health**
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# 8 key messages and recommendations

- 5. regional co-operation contributes to improve the capability of attracting external funds for multi-national projects**
  - 6. sustainable development of human resources in public health is highly recommended**
  - 7. integration of public health knowledge and the use of data for evidence based policy making processes**
  - 8. professional collaboration in forms of networks represents a response to obstacles imposed by the centralised structures still existing in the countries**
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# Process of drafting the SEE regional public health strategy framework

**A priority setting process was necessary, as a direct translation of the recommendations into goals would not have been appropriate. For this process, the nominal group technique was applied to reach the consensus.**

**Two groups were created, following a balanced representation of the SEE countries, each producing a list of public health priorities for the SEE region. The results were discussed in a plenary session and the selected priority recommendations were formulated as goals, framing the future regional public health strategy.**





# Process of drafting the SEE regional public health strategy framework

**Five priorities represent the overall framework for action to bring forward public health at a regional level. Based on the priorities identified and agreed upon, the PH-SEE experts formulated goals to address them.**

**An initial five-year term has been established, starting from 2005.**





# Goals and objectives of the draft SEE regional public health strategy framework, 2005 - 2010

## **Goal 1**

***Reducing inequalities in health***

**1.1: Targeting vulnerable groups**

**1.2: Ensuring adequate and safe living  
conditions**

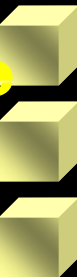
## **Goal 2**

***Strengthening social participation***

**2.1: Mapping social participation  
opportunities and initiatives**

**2.2: Rising awareness and public  
empowerment**

**2.3: Developing mechanisms to involve  
civil society in decision-making  
process**



 Goals and objectives of the draft

 SEE regional public health strategy  
 framework, 2005 - 2010

**Goal 3**

***Strengthening HR in public health***

of

**3.1: Ensuring sustainable development  
human resources**

**3.2: Enhancing regional professional  
collaboration**

**Goal 4**

***Improving regional public health  
information and knowledge***


health

**4.1: Establishing a regional public  
information system**

analysis  
level

**4.2: Developing mechanisms for  
and reporting at regional**

**4.3: Improving the level of public health  
knowledge among three key groups:  
professionals, the decision-makers**



Goals and objectives of the draft  
SEE regional public health strategy  
framework, 2005 - 2010

**Goal 5**      ***Establishing intersectoral co-operation***

**5.1: Establishing involvement in  
programmes of non-health**

**sectors**

**5.2: Introducing intersectoral research**





# Action plan

**The goals have been specified into objectives and operationalised into an action plan (activities with timeframe estimation, outcomes, deliverables and indicators).**

**Additionally, potential partners, resources and risks have been identified.**





# Conclusions

**This framework for a regional public health strategy in SEE represents only a first step towards an officially agreed regional strategy framework.**

**Scientific community may challenge the methodological approach due to the absence of inputs from other key stakeholders in public health, like political decision-makers and public, in the development process.**





# Conclusions

**In its present form, the draft of the regional public health strategy shares a common lack of mostly policy proposals: an overall guidance to implementation, monitoring, and evaluation. This would have to be addressed as soon as a broad formal acceptance of the regional strategy framework can be assumed.**

**The work done provides a solid and scientific basis to build on for political and technical sustainability.**



Where can you read the strategy draft



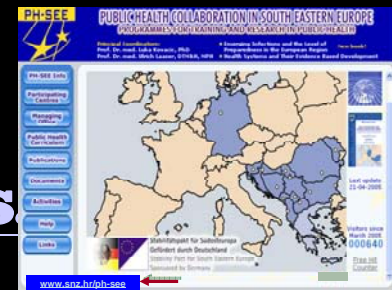
- **within the handbook:**

**Scîntee S.G; Galan A. Editors. Public Health Strategies: A Tool for Regional Development.**

**Framework for a common regional public health strategy of south eastern Europe. Bucharest: Hans Jacobs Publishing Company, 2005**

- **on the PH-SEE website**

**<http://www.snz.hr/ph-see/publications>**



- **a leaflet**

**Framework for a common regional public health strategy of south eastern Europe. 2005**

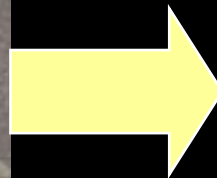


**The benefits of regional collaboration:**  
***Public Health Strategy for the Region of  
South Eastern Europe***





# Thank you



**A GREAT REGIONAL TEAM**

**REACH TOGETHER THE  
FINAL GOAL !**

