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NewsMail 02 January, 2007

FORUM FOR PUBLIC HEALTH IN SOUTH EASTERN EUROPE

Collegiality, Professionalism, Amity

Editorial

Astonishingly enough the ambitious programme envisaged for the autumn 2006 has been fully accomplished, i.e. the presentations of the network at both of the key public health meetings in Europe in Maastricht (although only with a few attendants) and in Montreux, organized by ASPHER and EUPHA and the FPH-SEE conference in Dresden with participation from CDC Atlanta, Graz, Krakow and Haifa. Furthermore the European Health Conference in Sunny Beach, Bulgaria (www.healthconfbg.com) after all was a big success as well as the 3rd Macedonian Congress of Preventive Medicine in Ohrid. In addition a meeting of Fulbright Alumni was organized by the American Embassy in Tirana and the Round Table on Public Health Strategies in Bucharest under the responsibility of our colleague Adriana Galan. The power-point presentations of the conference in Dresden are provided under the heading of "Activities" at our website (www.snz.hr/fph-see).

One of the most debated topics was an ethical code for public health (see also: Laaser, Donev, Bjegovic, Sarolli in CMJ 43/2 (2002), 107) which can support the development of a professional public health identity and provide guidance for the agreement on public health competencies and performance standards under way. Two operational steps are planned: (1) A preparatory Task Force organized by the SPH in Belgrade and in contact with the proceedings envisaged in the ASPHER and EUPHA environments, and (2) Organization of a Summer Seminar on Public Health Ethics. To underpin this, an assessment of the public health services has been proposed using a split sample representing all countries of South Eastern Europe. Such assessment will include the changing profile of the institutes of public health (see also the new International Association of National Public Health Institutes, where so far in SEE only Croatia and Slovenia applied successfully for membership: www.ianphi.org) as well as the dimension of Research & Human Resources Development represented by the Schools of Public Health in the Region and the umbrella function of the Public Health

Associations (see also: www.wfpha.org). Representatives from all of these were discussing together for the first time in Dresden.

A related theme which comes to the foreground now is that of criteria for a European accreditation of Schools of Public Health. Although schools in SEE may not be ready yet, it is extremely important to plan the institutional development along the criteria agreed upon by the ASPHER Task Force (see the two documents on Standards and Requirements and on Accreditation Procedures at the FPH-SEE website www.snz.hr/fph-see) which met December 18, 2006 in Copenhagen.

The New Year of 2007 will again involve a lot of work however we should not miss the chance, to present the outcome in the context of the European Summit in Ljubljana February 2008 when Slovenia as the first South Eastern country has the EU presidency.

Prof. Ulrich Laaser
Faculty of Health Sciences
University of Bielefeld

Prof. Luka Kovacic
Andrija Stampar
School of Public Health
University of Zagreb

PS:

PLEASE HAVE AN URGENT LOOK AT THE JOURNAL REVIEW PAGE!!!

A letter which was sent by Mrs. Hormann, who attended the Dresden Conference:

Public Health, Peace and Human Rights

I would not have needed to tell any of the participants at the conference on Professionalisation of Public Health in South Eastern Europe, that armed conflict undermines and can even destroy the infrastructure essential to maintaining public health. Many of those participating had experienced this live, not too long ago, in their own countries. Reconstruction efforts seldom have a coherent plan in which public health is a priority. The experience in Kosovo is only one of many examples (...text shortened).

These areas are as much public health concerns as the more classic ones in which I worked – infant feeding and, when there was a gap in the consultant coverage – mental health – and these too were, at best, ad hoc, low priorities for

the mission at large and for many of the humanitarian aid agencies. It was an eye-opener.

A coherent public health plan would not have solved all the problems *of e.g. my last mission to Kosovo*, but it might have contributed to the overall security and well-being that could, in turn, have cooled the atmosphere and played a part in preventing the deadly riots of 2004.

As I listened to your presentations at the conference, both your commitment to public health and your frustration that politicians and policy makers generally do not recognize its scope or importance came through. May I suggest that political action is also a part of public health, that you, with your comprehensive view of public health, are also its guardians?

In a general sense, politics are us. It's up to us to remind the politicians and policy makers of their obligations, that, for example, all the countries represented at this conference had signed on to the Convention for the Rights of the Child, which, among other things, mandates that these countries ensure the highest possible level of health for their children. By signing the CRC the countries took on a legal obligation to protect the human rights, including health, of their young people. Public health has a potentially significant role to play in implementing such obligations.

You already speak with a united regional voice and are well-positioned to coordinate the efforts – and the voices- of the many organizations and interests that address health concerns of all sorts, to, in effect, create a public health lobby.

The conference was all about professionalisation of public health in Southeast Europe. You've discussed this in the careful, well-documented and measured language that we recognize as professional, but passion and political action are also necessary if public health is to move beyond its current position as an admirable, well-respected entity to a dynamic and practical force for implementing essential health strategies. When these are in place and the basic needs and human rights of the population are protected, public health will be positioned to make a significant contribution to an environment that supports enduring peace.

Elizabeth Hormann, Ed.M., IBCLC
Neusser Str. 866
50737 Köln, Germany

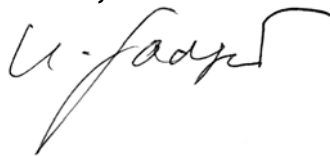
Journal Review

From our colleague Tit Albreht we received the following conclusions from the discussions on a platform for easy publication of public health articles in SEE. Also we received a generous contract offer from Prof. Matko Marusic, chief-editor of the CMJ, which implies 30 discounted subscriptions of 40 EUR each. I suggest that each institutional member of FPH-SEE obliges to 2 subscriptions; in this case I shall cover the rest. In exchange we get the following benefits:

- ***appoint one member of the CMJ Advisory Board***
- ***edit one thematic issue a year and in this issue publish***
 - a) ***two black-and-white half-page announcements or advertisements***
 - b) ***one full page of its reports.***
- ***the CMJ should be stated as Sponsor's official organ in all Sponsor's documents,***

Please let me know whether you agree or have any concerns.

Yours,



Tit Albreht, MD, DSc
Institute of Public Health of the Republic of Slovenia
Trubarjeva 2
1000 Ljubljana
Slovenia

January 18, 2007

Re: Proposal for a joint publication solution

Based on the lively discussions in Zagreb during the previous meeting in April 2006 of the Forum's representatives and my appointment to try to co-ordinate a rational solution, I can summarise my conclusions as follows:

1. The Forum definitely needs a stable and recognised medium to offer its members an authoritative environment for the publication of professional and scientific findings.

2. The community of researchers in the area has greatly increased due to the quick and successful development of Schools of Public Health in most of the countries.
3. There are the following possibilities which were explored:
 - a. An establishment of own journal with own editorial structure in one of the countries
 - b. Adopting one of the existing journals in the area with an interest to expand – explicit offers by Zdravstven menedžment from Bulgaria and Medicinski arhiv from Sarajevo
 - c. Nesting the activities within an internationally well-established and recognised journal – Croatian Medical Journal and establishing a long-term co-operation based on their existing structure, experience and expertise
4. We can conclude that the establishment of a new journal is the most unreasonable option since it would be difficult to introduce an additional journal to the area, as well as almost impossible to find sufficient funding to support all the activities needed to finance such a journal.
5. The two proposed offers from Bulgaria and Bosnia also lack some stable assurance on sustainability since part of it would depend on subscriptions that would need to be raised across the area and that may prove to be rather difficult in view of the (initial) lower (SCI and Medline) ranking of such a journal and the costs incurred.
6. Therefore, the best option seems to be to negotiate a reasonable agreement with the Croatian Medical Journal because of the arguments stated above and also:
 - a. Because it is a journal that already has an audience in the region and it is also well seen and recognised.
 - b. Since it offers a great amount of flexibility in view of the future possible expansion when articles start coming in in greater numbers
 - c. Since the need for a scientific publications is more burning and imminent than that of general information
7. In view of all of that, special issues with the Croatian Medical Journal would ensure the necessary environment and stability for the publication of scientific papers, while the regular Forum's newsletter in an electronic format would offer the regular practical and general information on the developments in the region.

News

1) Funding for 2007 has been secured again from DAAD! Main activities are planned as follows:

- **Summer Seminar June 24-29, 2007 on “Competencies and Population Ethics”, probably organized by C-SPH Belgrade together with IPH Novi Sad), as agreed at the Conference in Dresden.**
- 2nd Student Conference.
- Two editorial meetings regarding additional forthcoming FPH-SEE publications.

2) Announcement:

The Forum for Public Health in South Eastern Europe continues to get funding also for 2007. In this context the following scholarships can be awarded:

- 2.1. Exchange of lecturers and/or professionals for 2 weeks between Public Health institutions and associations (SPH, IPH, PHA) within South Eastern Europe. The financial support is limited to 50,00 EUR per day plus up to 200,00 EUR for traveling.**
- 2.2. PhD scholarship (sandwich type) for public health graduates comprising a monthly support of 250,00 per month for a maximum of 6 months plus a 3 months visit to Germany. The financial support in Germany includes 715,00 EUR per month plus a maximum of 300,00 EUR for traveling.**

Interested persons should asap apply by a letter of intend and a CV to be sent by email to Prof. Dr. Ulrich Laaser: ulrich.laaser@uni-bielefeld.de

3) Vesna Bjegovic is organizing a conference in Belgrade together with CDC Atlanta on **“PUBLIC HEALTH MANAGEMENT DEVELOPMENT IN SOUTH EASTERN EUROPE”**, January 30-31, 2007(see detailed programme at www.snz.hr/fph-see under Activities).

4) Please look into the Medical Research Initiative in SEE, funded by EU 7th FP indicated at the website of the project or www.meduni-graz.at/medresin

5) The 4th issue 2006 of the Journal of Public Health Policy appeared including the Federation’s Pages of WFPHA with the Rio Declaration and other interesting information:

<http://www.palgrave-journals.com/jphp/journal/v27/n4/pdf/3200106a.pdf>

THE RIO DECLARATION

The main theme of the 11th World Congress of Public Health and the 8th Brazilian Congress of Collective Health was “Public Health in a Globalized World: Breaking Down Social, Economic and Political Barriers”.

After five days of intensive work and productive debates involving local and international leaders, we have come to the conclusion that globalization, which has a potential to break down such barriers, has unfortunately produced a vicious cycle, where inequity between and within nations has increased, leading in turn to increased poverty and exclusion, worse living conditions and, finally, overall poor health. This places an increased burden on the under-privileged, furthering the inequities and repeating the whole cycle. In particular, this threatens the fulfillment of the Millennium Development Goals.

There are many paths that could lead to breaking this cycle and instating instead a new model of development, where the whole of humanity benefits from global prosperity, including living in better health. Expressing the thinking and desires of the participants of this congress, representing 26 nations, we reaffirm that:

- Access to effective health care* is a fundamental human right and a precondition to social and economic development.
- All social inequalities in access to health care* should be eliminated.
- Further research to understand better the “causes of the causes” of disease and the social determinants of health, and assess policy and interventions is needed.
- The results of research should be publicly available and taken into account in the formulation of public policy and health interventions; those, in turn, should have health promotion as an integral part of their design.
- Stronger inter-sectoral links between health and other public policies and effective links with governmental non-governmental and civil society initiatives are needed.
- The public health workforce has to be developed and strengthened.
- The development of health systems needs to be rooted in the communities, ensuring popular support and accountability to the people they serve.
- The United Nations agencies should have the necessary means and engage in better responsive actions.
- Global solidarity and responsibility are essential to meet the enormous challenge of assuring that every human being can live their lives with respect and dignity, there-by creating a better future for the next generations.

* The term Health Care refers to a comprehensive concept of population health including promotional, preventive, curative and rehabilitative services as well as community work.

WFPHA DECLARATION

WFPHA Declaration to Support the Strengthening of Partnerships between Public Health Associations and Schools of Public Health to Achieve the Millennium Development Goals (MDGs)

The World Federation of Public Health Associations (WFPHA) and its 70 national public health association members strongly supports the UN Millennium Development Goals as a strategy to achieve more equitable distribution and greater access to resources, so all people of the world can achieve health and a better quality of life. In accordance with this, the WFPHA also strongly endorses the concept of health as a global public good.

The WFPHA and its member associations have convened discussion both in Brighton, England and in Geneva, Switzerland, to review the potential for greater collaboration between the national public health associations and schools of public health so they can work with and support WHO and its Regional Offices in helping member countries shape important, dynamic and exciting public health initiatives that will greatly influence the positive outcome of the MDGs.

To this end, the WFPHA declares that it will commit its resources, both human and financial, and seek the support of governments, private sector entities, and other NGOs in (i) taking direct steps to build strong partnerships between public health associations and schools of public health and (ii) focusing these new relationships on developing and carrying out activities that strengthen the health systems infrastructure in countries, particularly the human resource aspects, so that the health agenda of MDGs can be successfully achieved.

World Health Assembly
Geneva

19 May 2004

Editorial Board:

Banja Luka:

Jasminka Vuckovic – j.vuckovic@mzsz.vladars.net

Belgrade:

Vesna Bjegovic – bjegov@eunet.yu

Bucharest:

Adriana Galan – agalan@ispb.ro

Chisinau:

Valeriu Sava - v.sava@healthreform.md

Ljubljana:

Tit Albreht - tit.albreht@ivz-rs.si

Podgorica:

Slobodanka Krivokapic – slobodankak@mn.yu

Sarajevo:

Enida Imamovic) – imamovic@bih.net.ba

Skopje:

Jovanka Karadzinska Bislimovska- bislimovska_j@yahoo.com

Sofia:

Mariana Dyakova– dr_dyakova@abv.bg

Tirana:

Genc Burazeri– gburazeri@yahoo.com

Zagreb:

Zvonko Sosic– zsosic@snz.hr

Editorial Office:

Executive Managers:

Mr sci. dr Tamara Bajic

Institute of Public Health of Montenegro, Podgorica

+381 69 69 45 51 (mobile)

E-mail: tamara.bajic@ijz.mn.yu

Ilija Kocev

Centre School of Public Health Belgrade, Serbia

+381 64 1116689

E-mail: ikocev@eunet.yu

Website: www.snz.hr/fph-see