

# **REFLECTIONS ON THE EXERCISE OF PROPOSING A PUBLIC HEALTH STRATEGY FOR SOUTH EASTERN EUROPE**

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The world at large is grappling with the difficult question; what is public health and what should be done about it. A recent stimulant to renewed international interest in public health has been SARS. At the same time political commitment is fragile. During the Expert Summer Retreat: National Public Health Strategies in South Eastern Europe and the EU Health Policy held in Belgrade, Serbia, August 23-28, 2004, public health experts from the region have also dealt with similar questions in a constructive Balkan fashion that some may think of an oxymoron. They have teased out the various components with the eye to the development of a strategy for public health for the region designated SEE, which includes both a definition and modus operandi. I refer to the region as the Balkans.

I have followed much of the high level presentations starting with Vesna Bjegovic (Serbia) grappling with the concept and issue of Public Health. Gabriela Scintee (Romania) made a witty and fruitful assessment as well as a critical appraisal of Public Health strategy development in many countries while Christiane Wiskow (Germany) thought out aloud about her concerns for the regional aspects of such strategies and Carmen Ungurean (Romania) addressed the need for advocacy in Public Health. I've listened to some of the stimulating dialogue with some deep insights and followed some of the lively SWOT group activity. Now, as my contribution to the meeting, I had the difficult task of summarizing my short experience.

We tend to think that a strategy (national - regional) can always be developed but it will not necessarily be implemented. Reasons may be lack of political commitment, over ambitious goals, inexplicit elaboration, lack of rigor etc. Questions galore usually emerge such as does the proposed strategy:

- fit the challenges of the moment (timeliness)
- match perceived or analyzed needs (appropriateness)
- anticipate reactions from all stakeholders
- reflect political reality (knowing the system)
- scan the past and present (history)
- have an in-built review and evaluation process and
- have resources available for its implementation and sustainability

The participants have demonstrated that decision-making for strategy is in many ways imperfect and faulty or that a decision can be progressive but may lack elements that prevent or make implementation difficult. When expressed at the level of a LAW, it usually leaves out the implementation package and does not anticipate reactions either positive or negative from all the actors as in the case of the major reactions to the deployment of National Health Systems (NHS) and systems such as Medicaid and Medicare (1960s). Major reactions to health system and service development changes

come mainly from the medical world as well as from trade unions and consequently there is a large decision - implementation gap between an act of parliament and application in the field. The progressive law that gave rise to the establishment of a NHS in Greece (1983) did not for example provide resources for a community based function of primary health care centres or for the training of primary health care physicians, neither did it anticipate the internal forces within the system to prevent its implementation nor the “bending” of the system towards the interests of physicians. Although the intent was to provide for a patient-centred system, the patient became a peripheral entity and citizen satisfaction today is about the lowest in the EU.

Sometimes a strategy is developed with the principle of KISS in mind - Keep It Simple Stupid. A national strategy should be both specific and targeted while the regional one should be more general and sustainable but neither strategy can be a simple approach to a set of complex issues. Survival of both may depend on specificity and generalization respectively.

The Minister of Health in power may give a press conference or put out a report. When the Minister changes a new strategy is developed. Each one is costly and it is usually couched within the here and now, given an exaggerated sense of urgency and may be nothing more than decoration and political window dressing. As transparency falls, window dressing increases. Window dressing increases in authoritarian states and dictatorships. On the one hand transparency is also dependent on science and the best-informed opinion and a well-trained workforce, which helps in the truthful and accurate portrayal of reality. A reality check demands a system of evaluation supported by accurate and detailed information.

A strategy should be in the here and now and direct us to the future sometime, somewhere while keeping in mind the then and there. It is a process along whose timeline we should always travel hopefully for when we arrive, a new strategy will surely be needed. However, whatever the strategy, we face the dichotomy of limited resources which implies limited development and heavy workloads for the professionals, which may provide a reward of little more than some additions to the CV and to career development.

Within the broad strategy for public health the aim should be to reduce vulnerability and poverty within the population. In application, its outcomes should be broadly societal with components aimed to reduce unemployment and create job development, target unhealthy behaviour by activities to promote life-style, improvement in living conditions, by ensuring the basic needs of nutrition, water and hygiene, clean air and public health development through institution building, training capacity augmentation and empowerment of people and organizations, including NGOs. It must contain regional, national and local components in an integrated and coordinated fashion. Vulnerability however is extremely difficult to define and usually society is satisfied by the use of an arbitrary concept such as the poverty line, which is expressed monetarily. Vulnerability has a number of components for which public health has neither the competency nor the mandate to address. Vulnerability is gender, age and location dependent to name a few.

To impact vulnerability there are many needs, which are in themselves needy of refinement. They include:

- The generation of greater political support for public health, which is reluctant at a national level and feeble at a regional level.
- The strengthening, coordination and appropriate transformation of existing regional networks such as the SEE-PH Network launched through the Stability Pact to improve their contribution as well as a redefinition of other interregional activities such as INTERREG, BRIMHEALTH and a Neighbours in the Balkans, a Dialogue for health.
- Management of public health training with curricular development and reorganization in strengthened institutions and networks.
- Better health information and information systems with a greater awareness and support of the public for public health.

Consequently, politicians have to be better motivated to address public health issues and they may require some additional form of education as well as simple “finger tip” algorithms that demonstrate the worth of public health interventions. For the Balkan region it is important for the world of politics to revisit the Dubrovnik Pledge and make use of the Skopje Declaration.

It seems that as professionals we are always crying out for a strategy – HERE AND NOW, while a year later or a decade later - SOMETIME, SOMEWHERE we call for another, now or never and usually with great hullabaloo. Our hopes are high that the new strategy will save the world. Internationally we have had HEALTH FOR ALL, which struggled to find its feet as polarization and vulnerability were both on the increase in the same country and across regions; Health 21 which is falling far short of its goals with AIDS growing at a fast pace and malaria refusing to be rolled back; Millennium Development Goals which courageously aims at reducing poverty, which may remain a pipedream if globalization does not work properly, not only for the benefit of corporations with a global reach, but to the benefit of all (BOA).

BUT WE NEED THE DREAM we need a VISION! In the complexity of things, and especially when earth shattering changes occur, we can easily fall back on the THEN and THERE, when all was rosy and everything worked, in those good old days. When the timeline has brought us into the here and now, for some the past was always better, while for others nothing worked then, in the then and there and change is now vitally needed. How can we have lived that way then, how can we live this way now? Therein the here and now lie the hard to resolve seeds of conflict. It sometimes means that the “baby is -continually being- thrown out with the bath water”. This is no more obvious than in the Balkans.

SOMETIME – SOMEWHERE – SOMEHOW may constitute for some a pipedream or a utopia that can never be reached. It gives rise to a science of “willology” (I will, but never do) or “shouldology” (I should, but can’t for various reasons). It might relate to the evaluation of non-existent programs or processes in an arbitrary manner. It leads to a considerable gap between what was decided and what is implemented. What is certain is that a good strategy for tomorrow will be greatly different from the one of yesterday as a result of the dynamics of change.

I think we need a FRAMEWORK with both guiding principles for public health and its institutions and an autonomous organization that is intersectoral and

interdisciplinary in scope, cross-border and regional in range. It must be well-based scientifically and socially and be responsive to disadvantaged population groups and geographical areas. If we simply remain in the here and now there may simply be “no problem” and what is worse, if the situation is pressing it is not acknowledged as our problem. The result is maintenance of a real problem.

Public health experts from the region have identified the need to further develop public health and formulate a regional strategy for the Balkans. In the here and now is located their complex problem. How well they will work in the given problem space will depend on their use of the knowledge and attributes of the then and there, which today is a source of conflict between all the players. How effectively they will translate this space of which much is still unknown, into the region's future, sometime-somewhere, will depend on their capacity to deal with complexity, their technical skills of analysis and synthesis as well as their behavioural IQ etc. The somehow, will be transacted through using all know-how and know-what of all actors and stakeholders in the process. Without political will and strong institutions it will be an uphill battle. To summarize or if you want to SWOTERISE, the strategy development of choice must help to take the region along an unruly path from the current state of MINI - MINI and just surviving to a future state of MAXI- MAXI and thriving. They will have to provide sufficient internal logic to help steer the dynamic pathway of transition, between these two states.