Contributing to Balkan Public Health: a School for Skopje

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The absence of social well-being and growing vulnerability are alarming for a large portion of people living in the Balkan countries. The Stability Pact is currently targeting the issue of social cohesion, which holds out promise for as yet unrealized development. Both the World Health Organization and the Council of Europe have called attention to the population vulnerability and growing disparity in health status between that region and Europe. Reversal of present trends demands the support of the international community and the strengthening of all public health institutions, human resource training, and population health research. Given the severity of the “problem space” of population vulnerability, these actions are more than ever indispensable to the health sector of the region. The paper describes an encouraging dialogue for Balkan health conducted by the National School of Public Health in Athens, Greece over the past decade and emphasizes the work of the newly created Public Health in South Eastern Europe (PH-SEE) Network (www.snz.hr/ph-see), which provides new opportunities for engagement in regional public health through Public Health Schools and Institutes. There is a need for public health curricula development and a closer linkage of all Schools with the Association of Schools of Public Health in the European Region. A curriculum for peace and public health is already under development in institutions in Athens, Greece; Mostar, Bosnia and Herzegovina; and Zagreb, Croatia. Soon to be added to the group of regional institutions is the School of Public Health in Skopje. It is a policy response to considerable need in a country showing pre-conflict conditions in the heart of the South Eastern Europe. Within the general framework of public health development, a School of Public Health in Skopje can be of great national benefit. Suggestions are made for its function under an umbrella of interdisciplinarity and autonomy, and the need to steer a path clear of medical dominance. According to a related mission statement, the School is to be implemented as an academic center of excellence and innovation, with the worthy purpose of improving the health of the population, with particular attention to the disadvantaged, underserved, and vulnerable. It can aid policy enactment, capacity building, and vulnerability research, promote the development of new training curricula for human rights and public health, and contribute to regional public health. The implementation of the School has a symbolism attached to it as a Balkan response for the elimination of the causes for political violence.

Key words: cultural deprivation; Macedonia (Republic of); politics; population dynamics; public health; public policy; social environment; social medicine; stressful events
added to this group of institutions is a School in Skopje (17,22).

Values and Public Health

Based upon its value system, public health can make a small but significant contribution to the enhancement of social justice here and now in the Balkans. More than ever, public health is being viewed as a catalyst for peace (8,9,23-25) and an important factor in the equation of socio-economic development (26). Whereas Satel (27) is correct in her assertion that public health and its professionals have little expertise in solving broad problems of social injustice, it is far from obvious whether those who should, or claim they do, actually do have it. We certainly come up short if we look to globalization (28) as a means of reducing vulnerability universally. Corporations and banks do not serve the poor (29). Consequently, I firmly believe that our small and important voice for social justice should be raised even louder. It can be done without “diverting public health from what it can and should do”, namely, “to advance practical techniques for disease and injury prevention, enforce standards of scholarship, and educate policy makers” (30). The American Public Health Association (APHA) is to be praised for making its voice heard about such matters as poverty, social injustice, health disparities, and the need to provide humanitarian assistance to those affected by terrorism, during its 129th Annual Meeting, Atlanta (GA), October 2001, and for the compilation of its “Guiding principles for a public health response to terrorism”. It is not by chance that public health has a low priority in the mindset of politicians even in democracies with long tradition (25).

Population-based public health has a positive reinforcing influence on the principles of solidarity and democratic ideals and is an important support mechanism for democracy in action. Its emphasis is on the health of the population: health protection, health promotion, disease prevention, and health policy. The establishment of a School of Public Health in Skopje is a policy decision that holds out great expectations for the immediate training of health professionals and research on health status. It is a long-term cheer for the reduction of social exclusion and for the support of social justice and democracy (22).

New School of Public Health in Skopje

The proposed School of Public Health in Skopje will be located at the St. Cyril and Methodius University School of Medicine (Act of Establishment, May 9, 2001). It is a result of a commendable policy response to considerable needs of a country where serious ethnic tensions prevail, unemployment and poverty go hand in hand, and dangerous pre-conflict and destabilizing conditions exist (31,32). According to Sadikario (22), it is to be implemented as “an academic center of excellence and innovation”, with the purpose of improving the health of the population “with particular attention to the disadvantaged, underserved, and vulnerable”. Symbolically, it is a practical and moral counterweight to “corruption in the form of profiteering, prostitution, and trafficking in human beings” and to all forms of terrorism. The establishment of a School of Public Health in Skopje is a goal worthy of all of these aspirations. It will be an asset to the health sector of the Former Yugoslav Republic (FYR) of Macedonia, and a small plank in the building of democracy in a country where pre-conflict conditions are intense and poverty is widespread.

Public Health Status – Then and Now

Ancient Greece, located in the southern Balkan Peninsula, is considered the cradle of Western civilization. The name of the continent Europe comes from an ancient Greek myth about the princess “with the wide-eyed gaze” called Europa. Two more words, hygiene and panacea, share the same Greek origin: Hygeia was the goddess of health responsible for prevention, whereas her sister Panacea was responsible for cure. From the first epidemic recorded by Homer, to the enormous problems of endemic malaria in the 19th and early 20th century, disease has left a decisive and destructive mark on the region (33-35). Infectious diseases in general and malaria in particular, placed a brake on socio-economic development well into the 20th century. Regional development was greatly impeded by mass movements of vulnerable populations moving east (Muslims) and west (Christians) with the collapse of the Ottoman Empire. Consequently, health status, as expressed in terms of mortality and morbidity, was much more compromised in the Balkans than in the rest of Europe (36-38). These were some of the factors that precipitated the emergence of governmental activities for disease containment and the establishment of institutes and schools of public health (21). These developments involved the active support and participation of the international community (League of Nations, International Division of the Rockefeller Foundation, and International Health Committees). Positive outcomes included the establishment of Schools of Public Health in Athens (1925 and 1929) and Zagreb (1927), which together with the School in Ankara are sometimes referred to as sister Schools of the London School of Hygiene and Tropical Medicine. The latter has provided valuable service to the region through the training of local professionals.

The contemporary pattern of disease (1990-2000) is a complex blend of a repetitious past, the diseases of development, and the consequences of significant socio-economic upheaval after the disintegration of the Soviet Union (39). Issues relating to movement of refugees, displaced persons and groups with war-induced disability and mental disturbance are all-significant (40). Penetration of market mechanisms into health systems within the context of globalization has been heralded as a panacea by international financial institutions, but unfortunately it is far from it. In a region recovering from the effects of economic sanctions, political upheavals, radioactive and chemical fallout (Chernobyl, Kosovo), wars (Croatia, Bosnia and Herzegovina, and Kosovo), socio-economic disaster (Albania), and earthquakes (Turkey and Greece),
alternative approaches must be found to health sector development. The war in Kosovo came at the very end of the United Nations International Decade for Disaster Reduction, while at the very beginning of the third millennium the region had to deal with an added ecological catastrophe resulting from a significant cyanide spill in Romania. The emergent picture is that population vulnerability is rising and disparity in health status between the region and Europe is growing (35-39). This dark contrast is a threat to the region and Europe as well. It is not without reason that the Balkans is sometimes referred to as the “first and last Europe” (41).

Call for Action

The World Health Organization and the Council of Europe have called attention to growing health status disparities and population vulnerability in SEE (35). Among other things, the Stability Pact is targeting the issue of social cohesion, which holds out promise for as yet unrealized development (35). The Open Society Institute, New York, and the Association of Schools of Public Health in the European Region (ASPHER) are actively involved in public health developments in the region (42). An agreement between the two organizations is providing an opportunity for Schools to develop and evaluate their curricula, which is the first step towards peer review of programs and institutions. As a result, a significant number of activities are underway, including the inauguration of several new programs, such as those in Varna, Bulgaria, and in Tirana, Albania. In parallel, several countries in the region have placed public health higher up on their agendas and a second program has been inaugurated in the University of Sofia, with governmental support. It is a historical fact that some of the initial activities of the Association took place in the South East Europe (Ankara and Zagreb). The Schools in Ankara, Athens, and Zagreb, all originally supported by the international community in the 1920s and 1930s, were the founding members of ASPHER in the mid 1960s. In a celebratory fashion, the 24th General Assembly of ASPHER (2002) will be held in Zagreb, bringing the General Assembly briefly back to its Balkan roots. It will also be a commemoration of the 75th anniversary of the Andrija Štampar School of Public Health. Andrija Štampar served first the League of Nations for international health before becoming the founding father of the World Health Organization (WHO) (21). Since 1994, ASPHER has given an annual award in Štampar’s name to eight distinguished personalities from the world of public health (42).

Over the past decade, WHO, ASPHER, member Schools, and more recently the Council of Europe have spawned various ideas and conducted several activities for health improvement and the development of public health in the SEE. The result is an encouraging dialogue for health that involves many actors (43). Through specific programs, the European Union (EU) has also contributed to regional development of health. Several countries in the region have achieved EU accession status and have conducted harmonization programs in their own health sectors. Sequential Treaties (Maastricht and Amsterdam) have attached increasing significance to public health and process of regionalization. The dialogue now carried forward by the recently created PH-SEE Network is providing certain opportunities to Schools and Institutes for engagement in regional public health (17).

The development of new programs, strengthening of older ones, and building of new Schools (in the FYR Macedonia and Slovenia) reflect the current interest in public health and growing recognition of the related “problem space” of health deficit (Fig. 1). In parallel, well established Schools are in the process of being renovated (Zagreb) or have almost been completely renovated (Athens) through EU funding. Both are involved in activities relating to regional capacity building, population vulnerability research, and the development of new curricula for human rights and public health training. One collective activity emerging from the Stability Pact was the creation of the PH-SEE Network (2000), which is critically evaluating and actively promoting the development of public health curricula as well as the establishment of an Internet platform (www.snz.hr/ph-see) for the region (19). It is also promoting the adoption of a health indicator set specific to the region (19), developing curricula for disaster management, and raising awareness about the need for disaster preparedness, especially with respect to manmade disasters. An important coming event of the Network in Belgrade will discuss the serious challenges of public health training and research in Federal Republic of Yugoslavia. A recent international meeting also in Belgrade (2001) addressed the performance improvement of health systems as well as the future of the Balkans in the 21st century. Its slogan was “down from the Balkan express, onto the European train” for health sector development (25,44-48).

The above-mentioned events and activities are occurring within a new vision of a better future for the region, but against a difficult background of health infrastructure disintegration, slipping social well-being, and a crisis situation that extends even to basic needs, such as clean water, fresh air, and adequate housing (49). Poverty is growing, but its rate and severity differ from country to country (15) and vary within each country. It is worse in rural areas due to lack of education, small household size, and unemployment of the head of the household. In certain groups, such as the Roma, refugees, and war victims, the level of vulnerability is alarming. Mental health (40) and disability (50) are two significant and latent social problems. While wanting to strike out against vulnerability, governments in the region have limited or declining revenues to draw upon and are being pressured to reduce their spending on key social services, such as education and health care.

Emerging Health Dialogue

In 1992, the National School of Public Health (NSPH) in Athens conducted ASPHER-WHO sponsored workshops supported by the EU Commission’s Directorate-General (DG) V on “Public Health in the
Vulnerability as a Balkan Problem

Figure 1. Vulnerability as a “problem space”. Although the complex relationships between health status, social well-being, and vulnerability are not well known, the links and trends are. If health status falls, or social well-being declines, vulnerability rises. This in turn may lead to lower productivity and social instability. This approach can be used for any issue, from mental health to infectious or non-communicable disease, to examine their influence on vulnerability. The feedback loop permits the reshaping of health and social policy aimed at vulnerability reduction. In a relevant project under the auspices of the World Health Organization and the Council of Europe, a number of projects of a regional nature have been elaborated as a means of impacting the problem space aimed at reducing vulnerability. Infectious disease surveillance has been promoted by Albania, mental health and social cohesion by Bosnia and Herzegovina, regional health informatics systems by Bulgaria, capacity building by Croatia, food safety by FR Yugoslavia, emergency medical services by the FYR Macedonia, and blood safety by Romania. These activities can contribute to capacity gain and influence vulnerability. The results of these projects will be important to inform policy and for the fulfillment of the promise of the Dubrovnik Pledge (2001) and the expectations of the Social Cohesion Table of the Stability Pact. The already established institutions and the proposed Schools in Ljubljana and Skopje are a part of the solution for vulnerability reduction in the Balkans.

Balkans” and the “European Nervous System”. The latter addressed the need for health information networks, still a weak link in most health systems in the region (51). This was followed by activities relating to public health in Europe and the Balkans (The Athens Memorandum) as well as in Palestine (Acropolis Memorandum). Two parallel outcomes were the inauguration of the School of Public Health at Al Quds University in Jerusalem (East), Ramallah and Gaza (initiated by the Section of International Public Health, University of Bielefeld, Germany), and DG XIII Advanced Informatics in Medicine (AIM) project for Africa and Latin America. These activities evolved through a close working relationship between the Schools of Public Health in Bielefeld and Athens, within the framework of collaborative agreements between the two institutions. From it emerged the German-sponsored project, Regional Health Information Networks for Europe (RHINE) (52), supported by DG III, which included the participation of several European regions, one of them being northern Greece. The Greek INTERREG Program (53) also supported the Balkan dialogue for health, the process of regionalization, the EU accession process, and the development of public health within the region.

Of particular note is the deployment of the Cross Border Public Health Stations. From a practical point of view, these activities have resulted in several workable partnerships, for example, within the EU (Italy, Germany) and the Balkans (Belgrade, Novi Sad, Sofia, Skodra, Tirana), and the design of corporate developmental models (RHINE, INTERREG II) applied to the territories of northern Greece and neighboring countries (Albania and Bulgaria). They have also supported the strengthening of the NSPH, Athens, which in turn has supported the activities of other organizations, such as the Federation for International Cooperation of Health Services and Systems Research Centers (FICROSSER), with a focus on health sector reform in the region (53). This year, Greece will host the 5th General Conference of FICROSSER featuring both a WHO organized session on the health impact of conflict and disaster as well as health care in the Balkan region. Together with support for Poland and Hungary Assistance for Restructuring their Economies (PHARE) Partnership Program (DG I), a Center for Balkan Public Health has been established with close ties to public health structures in the region and to the European Center for Peace and Development in Belgrade, inaugurated in 1984 by a decision of the United Nations. PHARE also supported the launch of the Journal for Balkan Public Health and to the publication-related work of INTERREG II (53-55).

The activities of the above-mentioned dynamic partnerships are undergoing further elaboration as a result of recent actions of the PH-SEE Network of the Stability Pact lead by Croatia and Germany (17). Their actions have already benefited the design phase for the establishment of new Schools in Skopje and Ljubljana by contributing to expert discussions on the issues in the two respective countries (56).

School of Public Health in the Making

Given the alarming backdrop of unemployment, poverty, and instability in the FYR Macedonia, with its poorly educated population of 2 million inhabit-
ants (31,32), a School of Public Health in Skopje can make a significant contribution to health status improvement and health sector in the 21st century. The process of development has begun, the necessary ingredients are being assembled, a mission statement has been produced, and support is now available. Its course though has a long way to run.

The executive forces of public health are Public Health Institutes and Schools and their staff of public health professionals. Their major task is to train the public health workforce, monitor the health status of the population, design and implement corrective interventions, conduct research, and contribute to policy development. The activities cut across many disciplines and need the strong support by the political leadership of the health and education sectors.

In the general framework of development, a School of Public Health must function under an interdisciplinary umbrella with total autonomy and academic freedom. One of the reasons is that its practitioners have things to say and findings to present that may be unpalatable to the government in power. It is of course the responsibility of the national and local authorities to decide on the structure and organization of the new School. In doing so, the authorities must not lose sight of the need for the new structure to serve the entire country, even the part cut off by “terrorist occupation”, of the conflict between medicine and public health, as well as the various forces emanating from vested interests or competing institutions. Competition of a non-productive nature can be held in check by amalgamating the various competencies in public health within the country into the new School. This, however, is a formidable task necessitating considerable political will. Ros and Lasker’s report (57) demonstrates that collaboration between medicine and public health is both desirable and workable (22).

WHO-Euro, several European Schools, the American Association of Schools of Public Health, the Open Society Institute and the PH-SEE Network have already given assistance and support to the development of a School in Skopje (17). This is an indication of the importance that the international community recognizes in the proposed School. In parallel, the Regional Health Development Action Plan for SEE undertaken by the Council of Europe and WHO-EURO within the scope of the Stability Pact, led to the Dubrovnik Pledge (2001, ref. 58) – a political instrument to improve social well-being and promote human development in SEE. The explicit commitment of the pledge is a positive construct for the reinforcement of Schools of Public Health, which holds out considerable promise for regional capacity building. An intermediate outcome was the generation of a set of Country Reports for most countries in the region, including the FYR Macedonia, as well as the emergence of specific regional projects proposed by each country for potential funding through the Stability Pact. As examples, capacity building and mental health projects with regional scope are being developed by Croatia and Bosnia and Herzegovina, the latter with Greek support. The FYR Macedonia has focused on emergency medical services development and the inauguration of a School of Public Health. The promise of the Stability Pact must now be fulfilled (58,59).

The health care system in FYR Macedonia is organized through a network of primary, secondary, and tertiary units (31,32). Although the basis of the system is primary health care, it is still highly centralized overall and one fourth of the territory is isolated from the system as a result of terrorist occupation. Throughout the country, public health services are supervised by Sanitary and Epidemiological Stations directed by physicians with little knowledge of the “new public health” (60). There are almost no modern managers, health economists or sociologists, few health statisticians, and no formally trained health and social policy experts. Collaboration with the World Bank has lead to some effort in primary health care reform and ongoing developments in continuous medical education. The health sector, however, remains centralized, bureaucratic, and hospital-based. Consequently, the tasks of the new School of Public Health will be to assess the needs for human resources in the health sector and provide much of the needed interdisciplinary training.

General guidelines and ideas for the development of the School of Public Health in Skopje are shown in Figure 2. The mandatory ingredients of a new School are the commitment of resources, a forward looking planning group (or Commission), legal autonomy and academic freedom, a mission statement, and a plan of action that reflects real need of society. The staff to be employed should also demonstrate an interdisciplinary background. The new structure should be protected from medical dominance, should establish closer communication, and seek membership in ASPHER. It should continue to use the experience of the PH-SEE Network and build in the potential for peer review and ultimate accreditation of the quality assurance of its work when Europe finally proceeds with a uniform system of accreditation.

A Commission made up of medical scientists (22) has developed the mission of the School, which generously acknowledges support from the international community, but needs additional inputs of expertise from the region added in the developmental process. With regard to the choice of its final model, settling for its own unique model will be the best choice. I recommend “the Skopje model” with inbuilt cultural sensitivity and international connectivity and not simply the adoption or adaptation of some specific western model (61).

In reference to the ongoing political and socio-economic transition to a market economy within the process of globalization, the advancement of “a nation’s health begins when rising wealth buys better nutrition, sanitation, clean water and public health education” (22). I would add that a necessary prerequisite is a just distribution of accumulated wealth, not apparent in the FYR Macedonia. Sadikario’s (22) faith, however, that globalization brings economic prosperity to underdeveloped nations together with an
expansion of health resources for the vulnerable population cannot be accepted on face value. I would argue that globalization in its present form makes things worse for the poor. Globalization augments inequality. Its benefits have not yet reached the poor. As economic globalization expands, poverty and inequality rapidly grow, not only in the FYR Macedonia, but everywhere. According to a United Nations report (UNDP, 1999), global trading and finance systems are primary causes for the increasing inequality between rich and poor within and among countries (22, 28, 62).

Overview of disparity in mortality and disability between Eastern and Western Europe can serve as a frame of reference for the magnitude of the problem space into which the new School is born (Figs. 3 and 4). It is important to know and understand better the differences expressed by health and social indicators, to note their tendency, and more accurately measure the growing discrepancy between the Balkans and Europe. Figure 2 is an equation of disparity imbalance, whereas Figure 3 is a pictorial representation of the differences in vulnerability between SEE and the EU, which portend a threat to both if disparity and vulnerability are not reduced.

With respect to the proposed School, my advice to the decision makers in Skopje is the following: be ambitious, continue to have political courage, and do no small things; organize the new structure effectively, run it efficiently, and focus on inter-disciplinary public health. Grant your School autonomy, make it practical, and ensure that it responds to the real needs of the nation and the region.

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<th>Vulnerability in SEE</th>
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<tr>
<td>EU [M + Mb] &lt; SEE [M + Mb]</td>
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<tr>
<td>DALY [YLL + YDL] &lt; SEE [YLL + YDL]</td>
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<tr>
<td>P [death (15-60 yrs)] SEE &gt; than in EU</td>
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<td>(15% in market economies cf 50% FSE)</td>
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<td>Life expectancy at birth EU &gt; than in SEE</td>
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<td>Health gap [women-men] SEE &gt; than in EU</td>
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Figure 3. A synoptic comparison of mortality (M) and morbidity (Mb), disability (DALY), the age-related probability of death, and the gender health gap between South Eastern Europe (SEE) and the European Union. The DALY is a composite indicator comprising a) the years lost from life (YLL), and b) years lived with disability. The significant disparity repeats for infant mortality, maternal mortality and perinatal mortality. With respect to FYR Macedonia, the official indicators are among the worst in the region and the internal disparity is large.
By my opinion, the School’s mission should have a regional reach and emphasize the training of competent practitioners of public health with knowledge and skills to impact the ‘here and now’ problems of the health sector, such as management, hospital function, and health-related environmental issues. Over the longer term it should aim to influence a reduction of population vulnerability and health status disparity with Europe.

If granted autonomy and resources, it is better for a School of Public Health to be close to the health sector under the umbrella of the Ministry of Health. The Ministry of Education should approve its educational programs. Dual reporting may add many bureaucratic headaches, though. De Leeuw (63) has presented a useful taxonomy of Schools of Public Health in Europe, and Navarro (64) also provided some additional commentary. There are two significant contributions, regional and national in scope, that resulted from the early work of the National School of Public Health in Athens, one with respect to infectious disease control and the other to life expectancy gains in Greece. The eradication of malaria in the region (65,66) was the result of joint work of the School and international experts, during the School’s first two decades of operation. The increase in life expectancy in Greece before and after the World War II also bears a strong relationship to the effective training of a substantial number of public health professionals by the School, with help from the international community, especially the Rockefeller Foundation (67).

Each School and Institute in the region can point to its own unique moment of glory. The chance to do so and be recorded will present itself in Sarajevo (2002) in a meeting organized by the Institute of Public Health, Bosnia and Herzegovina. During the meeting, past and current activities and achievements of the Schools and Institutes will be evaluated and their future role will be addressed. I would say that the coming birth of Schools of Public Health in Ljubljana and Skopje brings special moments of hope (68).

Certainly, good will, help, and financial support of the international community are essential to both the FRY Macedonia and the whole region. Consequently, a School of Public Health in Skopje will be an additional asset to the country and an aid to the Balkans, where overall health disturbance was, is, and will remain severe for quite some time. The time constant for significant improvement is in the order of decades.

A School of Public Health in Skopje will contribute to regional public health and promote its value system. Its implementation will have a symbolism at-
tached to it, in that it constitutes a practical response for the eradication of terrorism and its causes. I sug-

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