Ministers of health from south-east Europe met in Dubrovnik, Croatia, from 31 August to 2 September to discuss and give political support for improving the health of their populations, and particularly that of vulnerable groups. Priority health issues, policies and future actions for the region were explored.

Health planning under Stability Pact

The health needs of vulnerable populations in south-east Europe meeting emerged from a political initiative initiated by the EU in 1999 as a conflict prevention mechanism aimed at promoting stability and growth in the region. There are now around 60 partners involved. After lobbying from WHO, the Council of Europe and other partners, health has been included on the Stability Pact agenda as part of the "Initiative for Social Cohesion" and a health action plan has been drawn up. Underlying the decision was the recognition of health as an important determinant of social cohesion and a major factor in peace building, investment and development. The Stability Pact process is an opportunity to boost public health and health development in the countries of south-east Europe.

The health action plan has three strategic regional health objectives: 1. cost-effective reorientation and restructuring of health services to deliver high-quality health for all, particularly vulnerable groups; 2. restructuring and strengthening of the public health function and infrastructure; and 3. developing professional capacities.

The health ministers’ meeting was jointly organized by the WHO Regional Office for Europe and the Council of Europe, in association with the Council of Europe Development Bank, with the support of the Ministry of Health of Croatia. Ministers from seven countries in south-east Europe: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, FYR Macedonia, and the Federal Republic of Yugoslavia participated in the forum.

In the past decade most of these countries have experienced conflicts and economic collapse, which has impacted on the quality of health and health services. Improving the situation requires a mobilization of human and financial resources, and the provision of know-how and modern technologies. In addition, there is a need to strengthen collaboration between countries and improve the coordination of international cooperation and support for the reconstruction and development of health infrastructures in the region. In line with this, representatives of neighbouring (Hungary, Moldova, Slovenia and Turkey) and other European countries (France, Germany, Greece, Italy, Sweden and the UK) and international organizations like the World Bank, the Council of Europe Development Bank and UNICEF were invited to participate.

Project proposals in seven key areas underwent initial review at the meeting and four were identified as urgent priority areas to be presented to the forthcoming donors conference in Bucharest in October: 1. capacity building; 2. strengthening community mental health; 3. strengthening the surveillance and control of communicable diseases; and 4. establishing social and health information networks.

Ultimately, in a strong show of political commitment, the ministers of health of south-east Europe signed the Dubrovnik Pledge, committing themselves to meeting the goals outlined above.
A health management course held on 10−15 September at the Medical Faculty of Belgrade provided an opportunity for people working in management positions to upgrade their knowledge of modern management techniques and practical skills applicable in the workplace.

The course was organized and funded by WHO. Participants were nominated by the Serbian Ministry of Health and represented a cross-section of senior personnel from all levels of the health care system. Most of the 28 participants were medical doctors and many were directors with upper-level management responsibilities.

The course was designed and facilitated by Dr Andy Beggs and Dr Taryn Vian from the Department of International Health, Boston University School of Public Health, USA, a centre which has extensive work experience in countries in transition.

Sessions involved lectures, group discussions, presentations and case study analyses. Topics included organizational and human resource development, quality management, staff supervision and support, budgeting and financial planning, team building, health sector reform and change management.

Dr Vian said participants had “a keen understanding of their problems and a willingness to explore new techniques and methods for addressing them”. Positive feedback was given about the content and participative methods used in the workshop, particularly group work, which gave participants a chance to share their experience and ideas.

UNICEF is seeking to reduce mortality and morbidity rates with a new project addressing problems of childhood injury and accidental poisoning. The agency reports that 14.2% of children in Yugoslavia die each year from these causes and the risk increases with age, accounting for 1% of deaths at age one, 18% at age six and 46% by ages 7−18. The project aims to increase community education and awareness of these problems and upgrade treatment services for acutely sick or injured children.

Injury and poisoning are largely preventable illnesses whose incidence can be reduced by education campaigns that make both parents and children more aware of risks. Children presenting with these problems need timely, specialised intervention. UNICEF estimates that around 400 000 emergency examinations of paediatric patients are carried out annually in Serbia. This means around a quarter of the 1.5 million children and adolescents in the population seek emergency medical assistance at least once a year, at a heavy cost in time and resources for the health care system. This burden could be significantly reduced through education and awareness about injury and poising.

UNICEF has identified shortfalls in the emergency care available to children. One problem is the gap between theory and clinical skills among some health professionals. Another
is the fact that paediatric patients access a system designed to deal with an adult caseload. As well as not being tailored to meet the specific needs of children, these emergency services are overloaded and have functional problems related to poor management, outdated equipment and a lack of patient transport.

The project will establish an “emergency paediatric service” within the existing emergency services and train health professionals treating children and adolescents. Teachers and other professionals working with children and their parents will also be trained in the prevention of childhood injuries and basic emergency paediatric care. Training commenced this month and courses will run until the end of the year. UNICEF will publish a manual on “prevention of injuries” for all parents in the country, provide equipment to emergency services in the Mother and Child Health Care Institute of Serbia and to community health care centres, and donate ambulances and first aid kits.

Implementing partners are the Institute of Mother & Child Health Care of Serbia, the Federal Institute of Public Health, the Yugoslav Red Cross, “Friends of Children of Serbia”, scout organizations, the Ministry of Health, the Ministry of Education and Sports, as well as the network of public health institutes and health centres in the country.

Visiting nurses project ongoing

Five-hundred nurses have now participated in UNICEF’s visiting nurses project, now in its third year. The project was initially set up to revitalise homecare nursing services, and in particular to ensure that families have access to maternal & child health care. The project involves training to upgrade the knowledge and skills of nurses, and donations of essential equipment, all designed to improve capacities and staff moral and provide a better standard of care.

The visiting (patronage) nurses service in Serbia has 1 400 employees. Each nurse is responsible for covering the health needs of 5–10 000 people. Their work is carried out in the community and in schools and kindergartens. Visiting nurses check the health status of the population, provide health education to families, and are in a position to detect health or social risk factors at an early stage. They provide a crucial link between the community and institutional health care and social services. There is a long tradition of visiting nurses in Yugoslavia, but the overall quality and availability of this care has deteriorated in the past ten years. Essential materials are often in short supply, equipment is outdated and poorly maintained, and transport is a problem in many areas. All of these issues have had an adverse effect on staff motivation.

The training curriculum developed by UNICEF covers topics such as safe motherhood, family planning, care of newborns, immunisation, breastfeeding, growth monitoring, ARI, diarrhoea, hygiene, stress management, early childhood development, HIV/AIDS, prevention of childhood injuries and the early detection of disabilities. Each patronage nurse is also equipped with a nurse’s bag, medical consumables and educational material.

The project is being implementing through the Mother and Child Health Institute of Serbia and the Institute of Public Health of Belgrade and will continue until all nurses in the system have had access to training. Other plans include strengthening home visiting to ensure that one to two visits are made to families monthly, establish parents support groups, and provide basic equipment for patronage services such as chairs, movable tables and vehicles for services in remote areas.

In brief

- UN agencies are preparing the 2002 Consolidated Interagency Appeal (CAP) to fund humanitarian assistance activities. The amount requested will be less than in previous years, approximately US$ 100 million compared with US$ 180 million for 2001.
- WFP will downsize food aid and reduce beneficiaries in 2002. Assistance to refugees will continue; currently around half of all registered refugees use food aid. ICRC will also reduce its food associated commitments in 2002. This will mainly affect the some 228 500 IDPs, who are the principal beneficiaries (ICRC figures).
The two agencies will coordinate their respective downscaling and it is hoped that some bilateral donors will fill gaps.

- This month, ICRC completed its two-year programme of providing surgical materials to medical institutions in the Federal Republic of Yugoslavia. The project, worth a total of DM 5 million, funded regular donations of basic medical items to 35 hospitals in Serbia and five in Montenegro. ICRC will keep assisting health institutions in the Kraljevo municipality, which has the largest concentration of IDPs in the country.
- DACU met with line ministries and donors in September to further discuss the allocation of Brussels funds to individual sectors.
- A World Bank mission was in country in September to discuss structural adjustment credits (SAC) for the Government of Serbia.

**Upcoming Events**

- 9–10 October: Pre-conference seminar, organized by MoH/HCRC (part of the health care reform consultative process). The purpose is to discuss key topics on the agenda of the forthcoming Health Care Reform Conference, in order to promote active participation in this forum. Participants in the seminar will be HCRC and its working members, representatives of institutions delegated to the National Health Council, and other experts.
- 16–17 October: Health Care Reform Conference. Topic areas for the conference are health care financing, primary health care, hospital care, training and education.

**MSF – G pilots support for diabetics**

MSF–G is implementing a pilot project in south Serbia directed at improving the health of insulin dependent patients. Phase one of the project was launched in April with patients from Nis, and in October phase two will start in the Leskovac and Pcinja districts (Vranje, Surdulica and Bujanovac). The project will run for 18 months, concluding in September 2002. 144 beneficiaries have been selected for assistance that will last 12 months: 44 people in Nis, 50 in Leskovac and 50 in Pcinjski. All are vulnerable insulin dependent patients with different complications, IDPs, refugees, and social cases.

In the first three months, patients receive free insulin, syringes and needles, laboratory testing and regular medical check ups. They then attend training sessions to educate them about diabetes and management strategies. MSF–G expects their patients will have better controlled diabetes and be more informed and proactive with regard to their own health as a result of the project. They are testing whether this group will have fewer complications related to their disease than other diabetes patients without the same level of support.

According to IPH Belgrade, 480 000 people in Serbia suffer from diabetes mellitus and 10% are totally insulin dependent. MSF says these people face problems of limited and poor quality insulin supplies, high prices, an inadequate system for medical testing and patient follow up, and limited education about their disease.

Project activities address the aforementioned issues. Firstly, patients receive medical items for 12 months through certain institutions. Laboratory testing is carried out according to international standards (WHO), and two new tests (Hb Ac1, and MicroAlbuminuria) have been introduced in the participating health facilities. MSF–G is supplying all the reagents for laboratory testing.

Patients are divided into small groups and have regular follow-up from the same doctor, who examines them and discusses different aspects of diabetes at these visits.

A range of specialists participate in the follow up including ophthalmologists, nephrologists, and cardiologists. Nurses organise testing, hospital
visits, distribution of supplies and patient training. Courses run over eight weeks to cover insulin therapy, diabetic diet, self-management strategies, physical activities, and acute and chronic complications. A booklet, “Managing Your Diabetes,” has been produced in Serbian for patients. Pre and post training questionnaires give MSF−G feedback on the effectiveness of the course.

MSF−G is also focusing on patient advocacy, including national and international standards on patients rights in the booklet and work with patients and doctors during the project. Patients involved in the Nis trial recently completed their training course. They will continue to receive supplies and follow up for the next 7 months. Sustainability of any positive impacts from the project will depend on beneficiaries maintaining lifestyle changes and regular access to medical supplies in the future.

WHO health coordination meeting

The monthly health coordination meeting in south Serbia was held on 7 September in Vranje, chaired by Dr Chiara Sartoris from WHO Nis. Key items were:

- ECHO will support rehabilitation and provision of equipment to health houses (dz) to strengthen the primary health care system.
- UNHCR continues to assist returnees to the former GSZ and refugees from Macedonia. Few returns have taken place in Medvedja compared with Presevo and Bujanovac municipalities. UNHCR will focus on trying to get people back to this area.
- The agency estimates some 7,000 refugees from Macedonia remain in southern Serbia and most want to return following the recent ceasefire agreement and deployment of NATO troops. UNHCR, ICRC, and local authorities are now preparing lists of people for assisted returns.
- Provision of quality maternity services in Presevo. There are no maternity facilities in the Presevo municipality and women either have home births or need to travel to access medical care. A new maternity ward has been built and there is strong community and political pressure to open this as soon as possible, but WHO and UNICEF are concerned about the state of the building. Dr Sartoris said structural problems such as leaking water pipes, a non-functional sewerage system, and insufficient space to manoeuvre patient trolleys mean urgent building repairs need to carried out, even if this means a delay in opening the ward. She called on agencies to step in with quick assistance.
- Donations of equipment in the region needs to be better balanced, as some centers have been overlooked by donors and others oversupplied. Donations must be made transparent by donors and recipients to avoid overlap and waste of resources.
- UNICEF will support the IPH of Vranje to carryout immunization in the Presevo and Bujanovac municipalities.
In Brief

- The first summer school for AIDS educators was run in Cetinje at the end of August. WHO and UNICEF sponsored the event, organized by the local NGO Cazas (Montenegrin Association for AIDS), with the assistance of educators from IPH and the NGO Jazas. Fifty young people from municipalities across Montenegro learnt about the epidemiology of HIV/AIDS, the clinical profile of the disease and its psychological impact. They will now visit schools in their local municipality and pass this information on to other young people.

- “Safe immunization” seminars recommenced, on 12 September 2001, to educate health workers and doctors about the unwanted side effects of immunization, the management of cold chain equipment, safe vaccination procedures and the surveillance of vaccine preventable diseases. Four seminars are scheduled for September/October.

- IPH of Podgorica (IPH-P) completed the third and final round of vaccinations for Roma children living in collective centres this month. The campaign started in June, aiming to immunize vulnerable children against polio and other vaccine preventable diseases.

- The first intersectoral “Montenegrin Commission Against HIV/AIDS” met in mid-September. Its mandate is to develop an action plan for HIV/AIDS in Montenegro. Issues to be addressed at this and future sessions include access to condoms, public information campaigns, payment procedures for treatment, counselling services and ensuring that patients can access all their diagnostic and treatment needs within Montenegro.

- MoH Montenegro is drafting new health care and health insurance laws to pave the way for future reforms. These will be available for consultation by the end of October and then submitted to the Montenegrin parliament in December.

- Dr Cristina Profili, Head of the WHO suboffice in Podgorica, has transferred to her new post of WHO Head of Mission in Skopje, FYR Macedonia. WHO wishes to thank Dr Profili for her dedicated efforts and support to the health sector in Montenegro. Dr Jukka Pukkila, Deputy Head of WHO in FRY, will head the Podgorica suboffice.

Upcoming Events

- The 11th Montenegrin Doctors Congress will be held on 10–14 October in Herceg Novi. The key themes for 2001 are: Mental health – challenges for the 21st century and Systemic Diseases. For further information about the congress please contact: Dr Rajko Zarubica, president of the organizing board, 088 21 193; Prof. Dr Marina Bujko, 081 224 267.

- WHO is holding a seminar for mental health specialists from across Europe in Sveti Stefan, Montenegro, from 4 to 7 October. One of the main themes to be discussed is forensic psychiatry.

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- Health Action in the Federal Republic of Yugoslavia
- Health Action in the former Yugoslav Republic of Macedonia
- Health Action in Kosovo
- Health Action in the North Caucasus
- Health Action in Tajikistan

List of abbreviations:
AAR: Association for Aid and Relief
ACF: Action Contre la Faim
ADRA: Adventist Relief Development Assoc.
ARC: American Refugee Committee
ARI: Acute respiratory infections
CHF: Cooperative housing foundation
CI: Cooperazione Italiana
DACU: Development and Cooperation unit
DFID: Department for International development
ECHO: European Community Humanitarian Office
EAR: European Agency for Reconstruction
EUUM: European Union Monitoring Mission
FMoH: Federal Ministry of Health
FRC: French Red Cross
FRY: Federal Republic of Yugoslavia
GRC: German Red Cross
GTZ: German Technical Cooperation
HCR: Health Care Reform Commission
HI: Handicap International
HRT: Hellenic Rescue Team
ICMC: International Catholic Migration office
ICRC: International Committee of the Red Cross
ICS: Italian Consortium of Solidarity
ICVA: International Council of Voluntary Agencies
IDPs: Internally displaced persons
IFRC: International Federation of the Red Cross
IMC: International Medical Corps
IOCC: International Orthodox Christian Charities
IOM: International Organisation for Migration
IPH: Institute of Public Health
IRC: International Rescue Committee
IRD: International Relief and Development
JEN: Japanese Emergency NGOs
MDM–G: Medecins du Monde -Greece
MDM–F: Medecins du Monde -France
MIER: Ministry for International and Economic Relations
MoH: Ministry of Health
MoSA: Ministry of Social Affairs
MoF: Ministry of Finance
MoD: Ministry of Defence
MSF-B: Medecins sans Frontieres –Belgium
MSF–G: Medecins sans Frontieres –Greece
NF: Nuova Frontiera
NGO: Non-governmental organization
OCHA: United Nations Office for the Coordination of Humanitarian Affairs
OSCE: The Organization for Security and Co-operation in Europe
PHC: Primary health care
PSF: Pharmaciens Sans Frontieres
SCF: Save the Children Fund (UK)
SDC: Swiss Agency for Development & Coop.
SRC: Swedish Red Cross
UNICEF: United Nations Childrens Fund
UNHCR: United Nations High Commissioner for Refugees
USAID: US Agency for International Development
WFP: World Food Programme
WHO: World Health Organization
YRC: Yugoslav Red Cross