



BALKAN PRIMARY HEALTH CARE POLICY PROJECT



Dear Readers,

This is the last issue of our Project Newsletter. We hope that in the last three years it served you well by bringing to you the project updates, columns, tools and articles that you have found useful. The Project field activities ended on September 30, 2009. In this issue you will find the reflections of the Project Director on results and lessons learned. The Final Project Conference held in Sarajevo on 23 and 24 September, 2009 was a great success, and in this issue we share with you the report from the conference.

All documents, tools, reports and educational materials produced in the project can be found on the project web site www.canbhp.org. Canadian Society for International Health and Queen's University will also make them available on their web sites www.csih.org and www.queensu.ca/icacbr.

We would like to use this opportunity to once again thank you all for your participation and contribution to the success of the Project. It was our honor and great pleasure to work with you in the last three years. We wish you all the best in your future endeavors.

BPHCP Project Team

Lessons from the Balkans Primary Health Care Policy Project:

Thoughts of a Project Director

Every project has its own set of challenges, its high and low points. At the end of a project, on reflection, there are always things that could have been done better. In the best case scenario these things would have enhanced the positive; in the worse case scenario they would have mitigated poor results.

It is with a sense of relief and pride that this Project Director (PD) feels he is looking at the best case scenario. Fundamental to the success of a Project is the attitude and commitment of the Key Partners, the Ministries of Health and the institutions that are chosen for close cooperation. Project Directors can have many "bosses": the Funding Agency Representatives (at headquarters and in-country, the heads of the executing consortium, the responsible Government Official, and in some cases the Official or responsible for coordinating external partner projects). It is critical that the PD has a clear line of reporting and accountability. It is also clear that the team with which the PD works, both National and International, must have a good understanding of the scope and purpose of the Project and the role they are expected to play in its successful realization.

The National Teams must be knowledgeable, respected, capable, problem solvers, and committed to the project. The most experienced PD needs a Team with these skills and competences if they are to be successful. It is also necessary for PD to recognize the many potential risks that they may face. In some circumstances Projects and external consultants will be resented because often the very nature of their work implicitly suggests that the systems they are working with are not performing at their highest level.

Persons within the system can resent external consultants if a culture of respect, learning and trust is not established. The longer this takes to develop, the greater the risks of conflict and barriers to the implementation of the Project.

Another very real risk is the 'politics' of organizations. Within and across systems there are always sets of different relationships, power structures, alliances, competition and jealousies. Unsuspecting Projects and PDs can get entrapped in some of these 'politics' to the detriment of the implementation of the project. The PD can be helped to stay clear of potential political mine fields by politically aware local Team Members. Competition for access to and for the attention of local partners can occur between externally

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funded projects. It is a fundamental that PDs meet to share and discuss the objectives of their projects and to seek synergies where possible.

Good project planning dictates that there must be a clear work plan with costs and with clear and agreed expected results. The agreement is among the national partner, the funder and the executing agencies. Guiding the Project are representatives of the key stakeholders who have a mandate to 'Steer it' and meet annually and/or biannually.

While it is important to follow the project plan, we have found that to be responsive to other initiatives of the Ministry of Health and other Projects can result in very positive benefits. This requires a degree of flexibility by the funding agency and the government partners. In Serbia, the fact that the Ministry of Health began to test PHC accreditation in the second year of the Project provided an opportunity for pilot dom zdravljas to take part and to apply some of the tools and instruments and approaches that they have obtained from the BPHCPP. The Ministry of Health showed flexibility in approving the participation of the pilot dom zdravljas in the accreditation process and CIDA showed flexibility in approving the shift of resources to the relevant component.

In Bosnia and Herzegovina it was agreed that different sets of institutions would be surveyed at the entity level and that the approaches to training would reflect the nature of the organization of health and health services in the respective Entity. As the Project progressed it often modified aspects of its plan to address expressed priorities of the concerned ministries of health. As a PD I have learned that flexibility is a key factor for success.

Thoughts on Capacity Building

The literature on building individual and organizational capacity is extensive. There is general agreement that culture, tradition, and power relationships should be taken into consideration in the design and implementation of capacity development activities. In the BPHCPP these activities included: workshops, seminars, structured training sessions, study tours, mentoring and formal education (Masters level university education). These activities allowed participants to question the relevance of the different theoretical approaches to their specific situations. The activities recognized that many of the participants had previously been exposed to management training seminars but in many cases have not had an opportunity to effect change using the knowledge and skills they obtained. The training sessions challenged the participants to discuss barriers to the implementation of different approaches for effective organization and management within their institutions. While the training sessions increased awareness and provided some members with new ideas, arguably the most important learning experience was the sharing among participants of how they have addressed or plan to address the difficulties they face.

In Serbia, the management training program for demonstration sites brought together senior management teams, 5-6 persons, from each participating dom zdravljas. Some institutions changed one or two members depending on the focus of the training. The training was delivered by local and international experts. This allowed for a sharing of international approaches and frank discussions about their relevance in the local context. Practical experiences were used as case studies and real work situations were discussed. Nine of the demonstration sites were also part of the Ministry of Health's Primary Health Care Accreditation Pilot Project. Directors of many of these dom zdravljas have indicated that the combination of the two projects allowed for the practical implementation of the tools and instruments discussed in the training sessions. This helped with the accreditation process and increased understanding of new management concepts, instruments and practices.

Although it is well recognized in the literature, these experiences reminded us of the importance of making educational sessions relevant to the everyday context of the participants. It is also important that the programme be long enough so that the concepts can be practiced and then discussed. Each training session should build on and/or reinforce and modify the lessons of the preceding sessions.

The training program in Bosnia and Herzegovina was designed to increase awareness of some key management issues and to stimulate practitioners in different areas of human resources for health (financing, planning, policy, education, management etc.) to invest time and money in more effective organization and use of health care workers. The mix of different professionals working in the health sector and the varied view points they brought to the discussion made for a rich sharing of opinions and approaches to addressing the many complex issues faced in the Entities of Bosnia and Herzegovina.

Some thoughts on sustainability

To build sustainability it is necessary to build both institutional and individual capacity. Capacity is built when practices are changed, new techniques and processes adopted. These changes will only take place when the user or consumers recognize that the change will improve the things that they are interested in. For the work to be sustainable it must be useful and used. This will require the endorsement and support of senior policy makers. The Project provided an opportunity for Directors from different health institutions to begin to share experiences and to find ways to support each other. In addition each demonstration site has begun to share their experiences, knowledge and information with a few other dom zdravljas in their geographic area. The demonstration dom zdravljas have acquired confidence and modified their approach from one of competition and mistrust of other provider organizations to one of information sharing.

The Ministry of Health has increased its focus on putting the patient at the centre of Primary Health Care through the promotion of patients' rights and enrollment of the population with a chosen doctor. The dom zdravljas are responding in their rhetoric and in their interaction with patients. They acknowledge that there is still a long way to go. Greater involvement of consumers in the policy process will contribute to sustainability of a new Primary Health Care Policy.

The Institutes of Public Health in the Republic of Srpska and in the Federation of Bosnia and Herzegovina were responsible for the collection of data and information and the analysis of the characteristics of health worker behavior. They have increased their understanding of the use of these data for planning and policy analysis. This combined with the education of eight individuals to the master's level in human resources for health will provide a base of individuals who will be able to build on the work of the Project.

The importance of flexibility

A key lesson learned during this Project period is the importance of being flexible with and responsive to the clients. The Project Implementation Plan was designed with input from the client countries and Ministries of Health and approved by the Canadian International Development Agency (CIDA) officials in country and at headquarters. Annual plans were discussed with established Steering Committees in each client jurisdiction. During the Project cycle discussions with the Ministry of Health in Serbia resulted in an expansion of the number of pilot sites from 6 to 11. This allowed for a greater representation across the country and the inclusion of the four major cities and of rural settings. The Project also embraced the accreditation pilot project. The Project also adjusted its planned training programme to respond to the expressed needs of the participants.

In Bosnia and Herzegovina the Project recognized that there was an opportunity to move forward with the creation of a state level Physiotherapy Association. Key individuals, local and international, were brought together to identify the benefits and the steps to be taken. The Association in the Federation BiH was formed within three months and together with the colleagues from the Association of Physiotherapists and Occupational Therapists in Republic of Srpska they consulted their membership and made all necessary steps towards the establishment of the Physiotherapy Association at the state level. This can be used as an example for other professional associations.

Conclusion

There are many lessons that can be learned from this Project. This brief reflection highlights just a few. As Project Director I would like to thank all partners and colleagues for their commitment to the success of the Project and their forthrightness which allowed us to stay on track and to improve as we went forward. It was a pleasure working with all and learning from all.

Third Regional Conference of CIDA Balkans Primary Health Care Policy Project "Health in All Policies and Primary Health Care" and WHO Policy Dialogue on "Global Crisis and Health"

Third Regional Conference of CIDA Balkans Primary Health Care Policy Project "Health in All Policies and Primary Health Care" and WHO Policy Dialogue on "Global Crisis and Health" was held on September 23 and 24, 2009 in Sarajevo. The conference was organized by the Balkans Primary Health Care Policy Project (BPHCPP) and Federal Ministry of Health. Co-organizers of this event were the World Organization and the European Observatory on Health Systems and Policies. Over 180 participants from Serbia and Bosnia and Herzegovina took part in the conference. Among them were also senior representatives from Ministries of Health of Serbia, Ministry of Civil Affairs of Bosnia and Herzegovina, Ministry of Health of Federation of Bosnia and Herzegovina, Ministry of Health and Social Welfare of Republika Srpska BiH, Department of Health of District Brcko, Ministry of Health of Montenegro, the Department of Health from City of Zagreb and Banjaluka and Standing Conference of Cities and Municipalities from Serbia. The World Bank hosted a lunch meeting with the senior officials and expressed their interest in supporting similar events in the future.

This is the third and final conference of the Balkans Primary Health Care Policy Project which is funded by the Canadian Government through the Canadian International Development Agency. The Canadian Society for International Health and Queen's University implement the project with the Ministry of health of Republic of Serbia, the Ministry of Health of Federation of Bosnia and Herzegovina, the Ministry of Health and Social Welfare of Republic of Srpska, and the Department of Health of District Brcko under coordination of the Ministry of Civil Affairs of Bosnia and Herzegovina.

It brought together over 180 consumers, practitioners and policy makers in two days of dynamic presentations, discussions and debates of current issues affecting health systems. The conference was also an opportunity to review the results of the BPHCP project and share the lessons learned with participants from the local, entity, national and international levels.

"This is a good example of cooperation between, national, bilateral and multilateral organizations in critically examining ways to improving health in this hard economic times." said Orvill Adams, Project Director.

Orvill Adams, Project Director, welcomed all participants at the beginning of the conference and gave floor to high representatives to give opening remarks. Dr. Safet Omerovic, Minister of Health of Federation BiH, opened the conference. His speech was followed by the addresses of Dr. Ranko Skrbic, Minister of Health and Social Welfare of Republic of Srpska, Dr. Amir Candic, Head of the Department of Health of District Brcko, Dr. Drazenka Malicbegovic, Assistant Minister of Civil Affairs, Tomislav Stantic, State Secretary Ministry of Health of Republic of Serbia, Haris Hajrulahovic, Head of the WHO Country Office for Bosnia and Herzegovina, Bruce Steen, Counsellor and Head of Technical Cooperation from the Embassy of Canada, Janet Hatcher Roberts, Executive Director of the Canadian Society for International Health and Dr. Malcolm Peat from Queen's University.

After the opening ceremony four world renowned experts gave keynote speeches. Kimmo Lepo, the former Director General of the Department of Health at the Ministry of Social Affairs and Health in Finland, and one of the editors of the book "Health in All Policies: Prospects and Potentials", spoke about the intersectoral action for health with evidence and examples from Finland where remarkable improvement of health status of population were made.

Alan Maynard, in his thought provoking presentation, challenged everyone to use evidence and eliminate inefficiencies in health sector to improve services and health outcomes. He gave a warning for the time of the global crisis 'do not penalise the poor who may be old and users of health care e.g. user charges reduce the demand of the poor who can benefit from care. Remember that 'waste' is largely a product of provider behaviour! Do not implement across the board cuts. Be selective. Use evidence to target what is inefficient and eliminate it e.g. set and police practice guidelines and do not pay or fine those physicians and hospitals who deviate from them. He concluded:



- "The health care industry is very inefficient and this is well documented
- Politicians "shift deck chairs on the Titanic i.e. they reform health care **structures** and ignore whether this improves **processes of care** and patients' health
- "Hard" budgets and incentives which penalise failure and reward quality improvement are needed
- Time to tax junk food and sugary drinks like tobacco and alcohol?
- Time for evidence based policy rather than faith based nonsense?"

Abdo Yazbeck, Health Sector Manager for the World Bank in Europe and Central Asia Region, spoke about the Framework and Policy Considerations necessary to mitigate the impact of the economic

crises and health. He emphasized the importance of mitigating the outcomes for the poorer households as they are the first to feel the impact of the economic crisis. This could be done by ensuring the well targeted social assistance programs and temporary increase in benefits, and by protection pro-poor health expenditures in decentralized settings such as strengthening primary health care services, essential pharmaceutical expenditures and maternal and child health services. In his view the economic crisis can be seen as an opportunity to improve efficiency of health system by examining and applying options from other countries including: using prescription of lower costs drugs and more efficient pharmaceutical pricing and procurement, strengthening primary health care, restructuring hospitals by reducing capacity and introducing different management and mobilizing other sources of revenue for health such as excise on tobacco.

Prof. Susan Phillips, Professor at the Family Medicine Department of Queen's University, an expert on integration of gender and equity issues into medical education, practice, policy and research, opened her key note address by asking a question "Does gender equity matter in PHC policies?". This address raised the important issue of the interaction of gender and health within the broader context of human rights. She also gave numerous examples of inequities in health and challenged some deeply rooted prejudices and misconceptions. She concluded her presentation in the same way she opened it. She left us with the question "Do gender and equity matter?", in particular in the times of economic crisis when financial pressures influence decisions in the health sector. World Health Organization (K. Leppo, A. Maynard), the World Bank (A. Yazbeck), and the Project (S. Phillips) supported the presentations of these four outstanding speakers.

In the afternoon of the first day, Dr. Safet Omerovic, Federal Minister of Health, Dr. Ranko Skrbic, RS Minister of Health and Social Welfare, Dr. Admir Ćandić, Department of Health of District Brčko, Dr. Drazenka Malicbegovic, Assistant Minister of Civil Affairs, Dr. Tomislav Stantic, State Secretary of the Ministry of Health of Republic of Serbia, and Gorica Savović, Assistant Minister of Health of Montenegro, took part in the Ministerial panel, which was facilitated by the Tamas Evetovits from the World Health Organization/EURO. They discussed the impact of the economic crisis on health and health system as well as the policy responses they have taken to mitigate it. The Ministerial panel set the stage for the last session of the first day in which a group of experts gave

their opinions about the issues raised in the previous sessions. Participants in this session were Alan Maynard, Abdo Yazbeck, and Orvill Adams.

The second day of the conference was devoted to the presentation of the results of the project as well as lessons learned during its implementation. Key stakeholders had an opportunity to present their experiences and views in a series of sessions that combined presentations and discussions. Speakers pointed out a number of the key results achieved by the Project which could be summarized in three areas:

- active participation of a wide range of stakeholders,
- capacity building and
- flexibility in addressing the changing needs.

Participation of the service users was an important characteristic of the Project as it established the dialogue and exchange of information between service providers and service users, took into consideration the users' perspective and found the common ground for action towards policy and decision makers. This was reflected in the working PHC policy document prepared by the Project for the Ministry of Health in Serbia in collaboration with a wide range of stakeholders. The document presents a vision of the client centred, responsive system, in which prevention, promotion and treatment have the central role in ensuring continuum of quality, equitable, accessible and efficient primary health care.

Capacity building was characterized by the transfer of practical and useful knowledge and skills relevant for professional development and improvement of the quality of services. It also provided the tools and trained the participants how to use them. New approaches were introduced in planning of human resources and professionals trained to use them in the future. Attention was paid on data collection, management and use in the planning of human resources.

Recognizing the importance of the professional regulatory bodies, the project supported institutional building of the chambers through business planning and gender analysis of the documents. The project also provided the impetus for the establishment of the physiotherapy association at the state level in Bosnia and Herzegovina by raising the awareness of the importance of the professional associations in both the overall development of the profession and individual service providers.

The final session at the conference was discussion focusing on citizens, local governments and health in all policies. This session linked the presentations of the project results with the topics discussed on the first day of the conference. The responsibility for the organization, delivery of PHC is shifting to local authorities as decentralization increases. Municipalities are not only taking increased responsibility for financing the capital, they are taking the responsibility for ensuring that their population receive appropriate services and that these are linked with other community services such as social, education, unemployment, etc. This dynamic session with participants from Zagreb, Banja Luka and Belgrade was facilitated by Dr. Goran Cerkez, Assistant Minister, Federal Ministry of Health.

Goran Cerkez and Orvill Adams closed the conference, using the opportunity to thank all participants in the Project, local partners and the project team on successfully completing the Project and expressing their hope that partnership relations and these conferences will continue beyond this year.

Materials from the conference, slides and poster presentations are available on the web site www.canbhp.org.

*Never underestimate the power of
a small group of committed people
to change the world.
In fact, it is the only thing that ever has.*

Margaret Mead