BALKAN PRIMARY HEALTH CARE POLICY PROJECT

Dear readers,

The most important event since the last issue of the BHCPP Newsletter is a signature of the Memoranda of Understanding between the Ambassador of Canada and Minister of Civil Affairs of Bosnia and Herzegovina that sets out the terms and conditions for Canada's and Bosnia and Herzegovina's participation in two projects in total value of C$ 14 million, the Balkans Primary Health Care Policy project and the Balkans Youth and Health project.

We are pleased to announce that our English web site www.canbhp.org is operational and open to your comments and suggestions.

In this issue, two articles written by Canadian experts Malcolm Peat, and Karen Gibbons are putting the consumers of health services in focus. The article by Susan Phillips on gender and health will bring you a brief analysis of gender equality in primary health care as well as the basic principles regarding gender that will be promoted by the Balkans Primary Health Care Policy Project. You will also find the regular update on project activities.

Last, but not least, it is our pleasure to announce the first Regional Conference focusing on Human Resources for Effective PHC Service Delivery that will be held in Banja Luka on October 8 and 9, 2007. It is expected that participants from Croatia, Slovenia, Hungary, United Kingdom, Canada, Serbia and Bosnia and Herzegovina will share their experiences in primary health care services.

Enjoy reading

Canada, Bosnia and Herzegovina Sign Memoranda of Understanding on Health Reform

On September 12, 2007 Ambassador of Canada to Bosnia and Herzegovina David Hutchings, together with Minister of Civil Affairs Sredoje Nović signed two Memoranda of Understanding for Canadian-funded projects aimed at reforming the health sector in Bosnia and Herzegovina. "Ensuring that a nation's citizens have access to a modern and well-functioning health system is of prime importance," said Ambassador Hutchings. "Without a healthy population, governments can't function, economies falter, and nations grow weaker. These projects should contribute not just to keeping Bosnians healthy, but to keeping the country of Bosnia and Herzegovina as a whole a healthy and contributing member of the European neighbourhood."

The Memoranda of Understanding set out the terms and conditions for Canada's and Bosnia and Herzegovina's participation in the C$7 million (approximately €4.85 million) Balkans Primary Health Care Policy project, and the C$7 million Balkans Youth and Health project. Both projects will also be implemented in Serbia,

with half of the budget of each project being devoted to activities in each country. Both projects will continue until September, 2009.The Balkans Primary Health Care Policy project, which is being implemented by the Canadian Society for International Health and Queen's University (Kingston, Ontario) will develop capacity and provide technical advice on the design and implementation of primary health care reforms in key areas, including policy development, strategic planning, and human resource management.

This project is funded by the Canadian Government, through the Canadian International Development Agency

Canadian International Development Agency   Agence canadienne de developpment international

Access to Health for All

The right to health includes a right to timely and appropriate health care interventions, including essential medicines, which are available, accessible, acceptable and of adequate quality. This means that health facilities, goods and services have to be available – both physically and economically – to everyone, without discrimination. Access to health is a fundamental human rights issue. There will be no sustainable progress in health service delivery without greater attention to the links between health and the realization of fundamental human rights. Evidence shows that more than half way through the first decade of the 21st century, inequalities in health status and access to health care globally is still wide and deep. What is worse, all indications are that these divides are growing. There has been major scientific progress in the development of health interventions which are available to prevent and treat most conditions. But the enormous challenge to be faced is the challenge of implementation.

In many regards the foundation of access to health services is the Primary Health Care System. The Balkans Primary Health Care Policy Project is a major initiative which focuses on critical issues influencing the provision of accessible high quality PHC services. A key component of the project is the focus on addressing the right to health and health services of vulnerable populations including disabled, elderly, Roma, women and economically disadvantaged. Traditionally these populations have had a limited voice in the design and delivery of services. It is critical that in the evolution of health service delivery this voice is strengthened and loud enough to attract attention.

A major issue in all health services is communication. Communication between health professionals is essential with a commitment to interdisciplinary respect and mutual support. Communication is also an issue between the health provider and the consumer. A major complaint from consumers in many countries is the lack of communication between the consumer and the health professional. In addressing this issue it is essential to raise the understanding and knowledge of communication strategies on the part of the consumer.

In a sense the consumer does not know how to bridge the gap between themselves and the professional. Similarly, the professional very often does not know how to communicate with the consumer. The Balkans PHC project is focusing on these issues and the application of strategies which will enhance the "two way street" of communication. Disabled and elderly and members of minority populations such as Roma are frequently intimidated by the climate of health care services. The intimidation is often a result of a lack of knowledge about the system and about the freedom to freely express individual concerns. Many believe that an attempt to "force communication" will result in some "penalty". This may not be true, but can be believed.

Communication is significantly influenced by the attitudes and beliefs of health professionals and consumers and these in turn influence behavior. The assumption that the consumer is unable to appreciate or understand the nature of the illness or disability and this is purely the domain of the professional is an inappropriate attitude, but one that is commonly held. Awareness of attitudes and beliefs is an essential feature in understanding the variables affecting communication. A commitment to inter-professional education, which will include the study and influence of attitudes and beliefs, is now regarded as an essential component of health professional education.

Physical access to health care facilities has to be addressed in improving the ability of the consumer to reach health services and the professional. Stairs in a primary health care clinic can be an insurmountable barrier for many disabled. Equipment in an examination room, which can only be reached with full physical function is equally a barrier for many consumers. The design of many health care facilities assumes an ability to walk, use stairs, and toilets, which have no accessibility facility. Also the visually impaired have an added challenge.

An effective primary health system is a core social institution, no less than a judicial or political system. The right to vote underpins a democratic political system and a right to health underpins the call for an effective health system accessible to all.

By Malcolm Peat

Strengthening Public Participation in Primary Health Care Policy and Planning: The Role of the Voice of Consumer Working Group

«The Health Care Act stipulates the rights of the patients which clearly place the patient at the centre of provision of health-care services» *patient brochure, Ministry of Health, Serbia.*

Public participation in health care delivery is being strengthened in countries around the world and Serbia is no exception. The Balkans Primary Health Care Policy Project is working with consumer organizations to strengthen their participation in primary health care policy and program development in Serbia. The premise underlying increased participation of consumers in primary health care policy and program development is twofold. First, it is assumed that the expertise brought by consumer experiences will provide a better understanding for health care providers and policy makers of the needs of the consumer and will contribute to the design of more accessible and acceptable primary health care services (PHC). Secondly, client health outcomes are improved when consumers are partners in their own care and treatment. Health care professionals can provide good advice that can improve the patient/ clients ability to care for themselves when working in partnership with their patients/clients.

There are many examples of how increased participation can improve access and appropriateness of services. Women who are physically disabled have significant challenges accessing routine gynecological exams in Dom Zdravljas (DZ) because of the physical barriers that prevent access to the building as well as the lack of specialized equipment to conduct the examinations. These women could provide advice to the DZ on how to improve access while at the same time supporting the DZ through advocacy to obtain the appropriate equipment.

Many older people suffer from chronic health conditions such as arthritis, diabetes, heart conditions or depression from a recent loss of a husband or wife that require frequent visits to the doctor. Improved information and supports to seniors on management of those health conditions through diet, exercise and social interaction or support from other seniors can improve their overall quality of life and health outcomes. Working with consumer groups, health care professionals have designed diabetes support programs that use self help models to improve the health of people living with diabetes.

Young people seeking information on reproductive health issues want to be treated respectfully; they want factual and accessible information and they want their health informa-

Voice of Consumers Working Group Meeting

tion or reason for seeking health services kept confidential. These young people could give constructive ideas on how DZs could improve services to youth making small, affordable changes in the organization's policies and information resources (The Youth and Health Project and the Balkans Primary Health Care Policy Project are working together on these issues). These are just a few examples of how involvement of the voice of consumers in the primary health care policy and program design can be a win/win situation for everyone. As one Voice of Consumer Working Group member stated, "There are only three Dom Zdravljas that are accessible for disabled people. We need to help change that."

In order to increase public participation in PHC policy development the project has established the Voice of Consumers Working Group with the specific objective of establishing mechanisms for public participation in PHC policy development for improved services. The PHC Policy project team will work with the Ministry of Health (MOH) and other stakeholders to implement an inter-related set of activities supporting the Voice of Consumers working group…………………………… …………*(to be continued on page 4)*

The first activity, which is currently in progress, is to develop the Voice of Consumer Working Group strategic communication plan in order to establish mechanisms for communication between consumer organizations about the PHC policy project, and to increase health care provider and public awareness about the needs of consumers, especially vulnerable groups, and profile successes or best practice initiatives related to improved access and services. Meetings have been held over the past six months to develop terms of reference for the working group, confirm membership and start to develop a work plan. On May 16, 2007 the first training event was held between Canadian consultants, a local communication expert, members of the primary health care project team and members of the Voice of Consumer's Working Group to start communication planning. The working group members present also reviewed the group's terms of reference and began to identify tasks and training needs. Participants were very enthusiastic about the potential for their organizations to contribute more effectively to the development of a strong primary health care system. Lively discussion took place as members of the group identified common communication objectives that will form the foundation for their work.

Two more meetings were planned to complete the communication plan and to start public relations skills training which was identified as a priority. More information about the work of this group will be available on the primary health care website at www.canbhp.org as the project proceeds*.

By Karen Gibbons

**For more information contact Ivan Tasic at ivan.tasic@canbhp.org or telephone ++ 381 11 324 0088.*

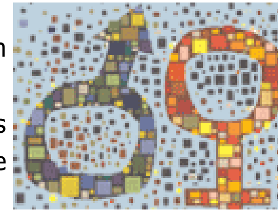
Gender and Health

In recent years, with support from international organizations such as CIDA, gender has become a focus within health care. The scope of such initiatives extends beyond reproductive programs and ensuring access to services for girls and women and includes recognizing the different health needs of each sex. Two examples may clarify this. Throughout the world women outlive men. This is primarily because men die disproportionately from accidents, suicides and homicides – all examples of male risk taking behavior, that is, of gender. We teach medical students that crushing chest pain is the classic sign of angina. However, there is clear evidence that in women the main sign of coronary artery disease is fatigue. Understanding the differences between how men and women present with a particular disease, how roles each assume in any society effect well-being, and how each can best be treated is all part of addressing gender in health care. Throughout the Balkans nurses are almost exclusively female. Local language defines nurse as female. The leadership of the nursing chambers and associations, is, however, disproportionately male. There is a perception that doctors are also overwhelmingly female although, again, men dominate in more prestigious and better paid surgical specialties and in the leadership of chambers and associations.

In reality, Public Health Institute data for the Federation of BiH for 2005 show that women make up 54% of all physicians in the public sector – in other words, in reality, there is an almost equal representation of sexes in medicine with an unequal distribution across specialties. There are many reasons for and results of these imbalances. Neither primary care physicians nor nurses are well paid. There is a lack of respect for nurses who rarely have much of a care-giving role in practice. The double career (homework and profession) expected of women in the Balkans precludes or limits participation in the rigorous training required for some specialties. A disproportionate number of female physicians are unemployed. Do women prefer to stay home and raise their children or is this either an impossible dream or a myth? Are there policies and practices that could be changed so that women are not limited to lower status and lower paid jobs within health care? The BPHCPP will not only abide by the strong gender equality laws in both Bosnia and Herzegovina and Serbia but will look for ways of implementing them in all that we do. Gender affects both supply and demand in primary health care. The socially constructed roles of women and men and how they interact with each other ……….*(to be continued on page 5)*

(this is the meaning of gender) have implications for access to, and distribution of, resources. Historically, gender equality was promoted in the Former Yugoslavia. Both women and men in these regions generally believe that gender discrimination is non-existent, citing the few examples of successful women in senior positions as evidence. While women have embraced opportunities to be active in the labour force, they continue to play their traditional roles within the family. Gender has rarely been discussed in relation to health human resource policy and planning despite the recognition that both formal and informal care systems have a gender dimension. Gender inequities persist in systemic, though not explicit ways. Understanding the effect of gender roles on the health of men and women is not a part of medical education or practice.

The BPHCPP has the following principles regarding gender:



- Gender equality concerns men and women, both of whom will benefit from elimination of gender disparities.
- Fundamental to the gender strategy is a human rights framework that identifies power imbalances and the lack of control many women, in particular, experience over their lives and the resources of their families.
- All aspects of the BPHCPP may affect men and women differently. These differences can be magnified by socio-economic factors. The gender strategy for the project recognizes these differences and will require unequal distribution of resources and activities to equalize outcomes for women and men.
- Although equal participation of women does not, in itself, ensure gender equality, the project will hold this as a guiding principle.

All aspects of the BPHCPP will model gender equality by considering the needs of women and men and by ensuring that the needs of both are represented in decision making, planning, use of language, and assessment of outcomes. We will involve both those who provide care and those who receive care in planning, and will try to identify and minimize stereotypes that have harmful health effects.

By Susan Philips

Gender Equality and Health in Bosnia and Herzegovina

Gender Equality and Health is just not numbers but is influenced by various factors that operate at the individual and group levels. One of the main determinants especially in transitional societies is of the socioeconomic nature. Here the key factors are income, education and employment. In Bosnia and Herzegovina, the per capita gross national income was US $ 6250 PPP in 2003, below the European standard.[1] *In order to ensure equal access to the above mentioned determinants, a legal framework guaranteeing equality of genders must be present.*

Bosnia and Herzegovina, aside from ratifying numerous international conventions guaranteeing second generation rights, has ratified the most important convention that deals with rights of women and that is Convention on Elimination of All Forms of Discrimination against Women (CEDAW). At the national level, it has adopted the Gender Equality Law in 2003[2]*, which can find its base in both the annexes of the Dayton Peace Agreement, as well as the Entity Constitutions, guaranteeing the right to health of all citizens.*

This legal framework is supported by the mechanisms that have been setup at all level of government from local communities, cantonal, entity levels all the way to the state level. The mechanisms were formed before the passing of the State level law, and were instrumental in lobbying for the adoption of the Gender Equality law, as they are in lobbying now for the implementation of the law, as well as harmonization of all laws in accordance the with the State level law on Gender Equality. The State Level Gender Agency has passed a National Gender Action Plan last year that has a chapter[3] *that is dedicated to health and gender equality.*

By Bergin Kulenović

[1] Highlights on Health in Bosnia and Herzegovina 2005, WHO Europe, p. 2.

[2] Law on Gender Equality , "Official Gazette of BiH", no 16/03.

[3] BiH Gender Action Plan, Chapter 10 " Health, Prevention and Protection"

NEWS & EVENTS

Study visit to Finland and Estonia

In the period from September 15 to September 22, 2007 a seven member delegation from Bosnia and Herzegovina and Serbia visited Finland and Estonia. The study visit was an excellent opportunity for the delegation from the region to learn from the experiences of Finland and Estonia which are successfully managing the process of change within their health systems. Participants gained a better understanding of the scope and relationships within primary health care (PHC), and between PHC and secondary care, as well as the interaction with different levels of governments. The challenges of decentralization and of changing consumer and professional expectations have been identified as critical areas of focus in the improvement of PHC.

Information for Planning of Health Human Resources (HHR)

The Project has started data collection on current human resources for health in Bosnia and Herzegovina in collaboration with Public Health Institutes in Republic of Srpska and Federation of Bosnia and Herzegovina, the implementing partners in this segment of the Project. The detailed information on health workforce, unemployed health professionals and those graduating from the educational institutions will give a solid base for development of the health human resource plan. It will also serve as a starting point for the Public Health Institutes to adjust the obligatory reporting forms for collection of information on HHR.

Global Change and Health: Who Are the Vulnerable?

The Canadian Society for International Health and the Canadian Coalition for Global Health Research are organizing the 14th Canadian Conference on International Health, to be held November 4-7, 2007 in Ottawa. The theme is "Global Change and Health: Who are the Vulnerable?" Representatives of Roma, patients' rights and disability rights groups from Serbia and Bosnia and Herzegovina will participate in the conference. This group will meet with consumer and advocacy groups in Canada to exchange experiences in ensuring equal access to health services for all.

Human Resources for Effective Primary Health Care Service Delivery, Regional Conference Banja Luka, Bosnia and Herzegovina October 8-9, 2007

It is our pleasure to inform you that the first Regional Conference will be held on October 8 and 9, 2007 in Banja Luka focusing on Human Resources for Effective PHC Service Delivery. Speakers from Croatia, Slovenia, Hungary, United Kingdom, Canada, Serbia and Bosnia and Herzegovina will share their experiences in organization and delivery of PHC services. In stimulating discussions the relationships between the planning, management and use of the health workforce and the delivery of PHC services will be examined. We are looking forward to seeing you on October 8 and 9, 2007 in Banja Luka.

Project Steering Committee in Serbia

The first Project Steering Committee (PSC) Meeting for the Serbian component of the Project will take place on the 18th October, 2007 in Belgrade. The Project has enjoyed guidance and support by the Ministry of Health. The PSC will provide an opportunity for CIDA and the Ministry of Health to review and ensure that the Project is aligned with changing priorities of the Parties.