

Dear Reader,

in this newsletter you will find the latest project news from the International Development Collaboration at STAKES.

Newsletter is also available at our website at <http://idc.stakes.fi>

October 2007

News

Missions abroad can be a welcome and rewarding experience

IDC at STAKES' field of operations is challenging. Our projects and programs touch a wide range of activities within the social and health sectors.

Apart from the in-depth mastering of each area of expertise the work in international development collaboration requires significant social and cultural skills and commitment to the goals set for each project. Thus we can say that the experts working in our projects really are the cornerstone of our operations. I would like to thank them all and am counting on a continuous close collaboration with our existing and new partners. For some experts the international project work has become a permanent lifestyle, while for somebody else's career, a short mission abroad can be a welcome and rewarding experience.



As part of this newsletter, Aulikki Kananaja tells the story of how her international missions made a positive impact on her whole career. You will also find other interesting news from STAKES and an article that considers global topics in Public Health, by Dr. Marja Anttila of IDC at STAKES. Enjoy reading!

Text: Jutta Immanen-Pöyry, Director, IDC at STAKES

Working with the new EU member states:

Slovak Republic

STAKES has started working as a junior partner in an EU twinning project in the Slovak republic.

The aim of the project is to raise the standard of all activities performed by rehabilitation facilities that provide care to persons addicted to psychoactive substances.

During the project, national care standards will be evaluated to ensure they meet EU standards. Professionals will also be trained and personal and professional standards will be adopted by the responsible institutions.

The project "Improving and broadening the rehabilitative care for persons addicted to psychoactive substances in the Slovak republic" started in August 2007 and will last 18 months. The leading partner is the French Inter-ministerial Task Force Against Drugs and Drug Addiction (MILDT).

Text: Minna Sinkkonen, Project Manager IDC at STAKES

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Exciting opportunities exist with IDC at STAKES

Experts working in our projects are highly qualified professionals who have experience in international development programmes. We are constantly looking for experts to work on long- and short-term assignments in our projects worldwide.

We are seeking to recruit:

- Health and social policy experts
- Health care and social protection experts
- Health and social management experts
- Health economists

- Human resource development experts
- Reproductive health experts
- Experts in social and health management information systems
- Training experts
- Health technology experts and other health professionals experienced in eg. HIV and AIDS, eHealth.

Send us your CV to idc@stakes.fi
More information is also available from our website.

Aulikki Kananoja: “International experiences – a challenge to old orientations”

My international experiences started long before I became involved in Russian projects at the end of the 1990s. After realizing in my first job that my methodological skills in social work were poor, I applied for an Asla-scholarship to study social casework in the United States.

I received the Asla scholarship in 1969 – six years after completing my Finnish degree and a period of professional work, first in the Save the Children Association and then in the Insurance Rehabilitation Agency. I completed my Masters Degree in social work in the States in 1971. On returning to Finland, I maintained a strong hand in international matters. I served for 11 years as a national secretary for Rehabilitation International.

As the Chairperson of the Finnish National Association of Social Workers, I regularly met European colleagues for professional meetings. During those years, I developed an identity as a member of the international community of social work. It was an important step when I moved to be a lecturer in social work in the University of Helsinki and the development director in the social service administration of the City of Helsinki, in 1985.

To Russia in the 1990s

My first contacts with Russia were related to social work education. Social work in Russia was very much under construction in the 1990s, after the Soviet period. The will to develop social work education and the profession was strong. It was interesting to be involved in this dynamic process. – When working in STAKES from 1991, IDC (formerly HEDEC) asked me to be a consultant, first in a social work education project, and later as a consultant on policy questions in the EU Tacis-project Social and Health Care Reform in the Republic of Carelia. This was an opportunity.

Rewarding teamwork

My consultancy role was transformed to the post of the team-leader later. I did not speak a word of Russian, but we had a fantastic team, with secretaries and interpreters with an excellent command of the English language. The most important experience of the Carelian Reform Project was the challenge of being involved in the basic change process that the Republic was going

through. The drive for reforms was unbelievable, both in the central administration and among the professionals in the field. There was a strong commitment to initiating changes and in learning new orientations. It was



Aulikki Kananoja

a healthy experience, as well, to see the heavy burden related to the practices of the previous administration and to accept the slow pace of changes. This experience made me reassess my own orientations and review my established ways of functioning and to be critical towards self-evidence and old doctrines. – I hope this learning will stay with me even now, when I am retired.

Text: Aulikki Kananoja

Continued co-operation with the Czech Republic on EU social security co-ordination issues

The Czech Republic has chosen Finland as its partner in the Twinning project “Strengthening of the Czech Social Security (CSSA) capacity in the field of social security co-ordination”.

The Finnish input will be co-ordinated by STAKES and additionally by experts from the Ministry of Social Affairs and Health, the Social Insurance Institution (KELA) and the Finnish Centre for Pensions (ETK). The project will include a series of

seminars and workshops covering all aspects of social security co-ordination and related verdicts of the European Court of Justice. The main focus in the training will be the new Regulation No. 883/2004 and its implementing regulations. It is estimated that the project will begin in the first quarter of 2008 and will last for 12 months. The United Kingdom will be a junior partner in the project.

STAKES was the leading Finnish partner in 2002–03 in the Czech-Finnish project “Testing the preparedness for the application of EC social security coordination”. That was prior to the Czech Republic’s EU membership and so the upcoming project will be

implemented in a new situation where the Czech authorities have several years of experience of EU social security co-ordination issues.

Text: Timo Sorsa, Deputy Director, IDC at STAKES



Public health - Some global topics of today

Health and migration is an important public health issue that has been increasingly highlighted in the international arena this year. In Europe, this issue has recently been discussed at the Portuguese Presidency Conference on "Health and Migration" at the end of September.

Migration has significant impacts on the health of the migrants themselves, on public health systems of the receiving country and on the health of the whole population. In the EU, health is valued as a human right. Every person coming to the EU should enjoy promotion and protection of their health regardless of their country of origin or their professional or legal status. A healthy population is also critical to the economic performance of any country, therefore countries should aim to maximise the health and productivity of their entire workforce. Poor health among migrants is often caused by the poor conditions in which they live within the EU - poor living conditions, poor working conditions and poorer access to health services. Migrants usually enjoy a better level of health than the citizens in their country of origin, but at the same time they can be carriers of diseases. Thus migration also links to disease control globally. Both public health and migration are becoming more and more important components of the EU's external policies.

International recruitment of health workers

The migration of health workers is another significant issue in international health policy debate, in Europe and elsewhere. International recruitment of health workers has been taken as a solution to shortages of health professionals, not recognising its detrimental effects on the 'source' country's health services. This issue has been debated at the World Health Assembly; it has received attention at the EU level and in the Council of Europe. The WHO has identified the lack of human resources for health as a critical issue undermining many of the achievements reached in public health in

the developing countries. The migration and international recruitment of health workers brings challenges for both individual health workers and policy makers in 'source' and 'destination' countries. Uncontrolled health workforce migration can be improved by e.g. establishing bilateral agreements to recruit health workers, introducing codes of practice, establishing twinning or staff exchange programmes between health facilities, or developing regional guidelines or frameworks.

The EU is committed to supporting developing countries in their efforts to overcome the human resources crisis in health. The EU emphasises the importance of strengthening the capacities of countries to integrate human resources for health into strategies for poverty reduction and social governance. Support needs to be provided to help establish, manage, monitor and evaluate human resource development strategies as part of the national health system. Engaging civil society and the private sector in the national response is important to ensure national ownership. There is also a need to support the capacity development of public administration, including human resources management training, the implementation of civil service reform, and the promotion of decent work and salary and non-salary incentives of health workers.

Infectious diseases

The burden of infectious diseases in the world is still substantial. HIV/AIDS, malaria and tuberculosis combined kill approximately 6 million persons a year. There are around 40 million persons living with HIV and AIDS in the world, with over 3 million people that belong to the productive workforce unable to work because of AIDS-related illness. Malaria kills over 1 million persons annually; at the same time the proliferation of low-quality and counterfeit drugs and irrational drug use aggravate the situation. Tuberculosis remains a public health problem also in Europe, with the emergence of multi-drug resistant and extensively drug resistant strains bringing additional challenges.

Infectious diseases are now spreading geographically much faster than at any time in history and they also seem to

emerge more quickly than ever before. Today, at least one newly emerging disease is detected every year. We now know nearly 40 diseases that were unknown a generation ago and during the past five years the world has witnessed more than 1,100 epidemic events.

Global public health security

These easily spread health threats are discussed in this year's World Health Report – A Safer Future. The report emphasises the importance of strengthening health systems in building global public health security. Full implementation of the newly approved International Health Regulations (IHR 2005) by all countries is necessary, as well as good global cooperation in surveillance and outbreak alert and response between all organisations and parties involved. Open sharing of knowledge, technologies and materials is needed to optimise secure global public health. Vaccines, treatment regimens, and facilities and diagnostics need to be available for all, not just for the wealthier part of the world. All countries also share the responsibility for capacity building within the public health infrastructure.

There is a need for resources for training of public health personnel, advancement of surveillance, laboratory capacity building, and the continuation and progression of prevention campaigns. No single country - however capable, wealthy or technologically advantaged - can alone prevent, detect and respond to all public health threats.

Text: Marja Anttila, Senior Expert, IDC at STAKES

Dr Anttila has over 15 years of full-time experience in international health and health sector development co-operation. She has worked for more than ten years as a Senior Expert at STAKES, being in charge of several assignments for various donors. Dr Anttila has earlier worked as a Health Adviser for the Ministry for Foreign Affairs of Finland (MFA) and has a wealth of experience in planning, management, evaluation and co-ordination of international health and social sector projects.



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STAKES collaborates with WHO on key health issues

The WHO Collaborating Centre on Mental Health Promotion, Prevention and Policy was established in STAKES in early 2006. The Centre was designated as a result of a joint application by STAKES, the National Public Health Institute (KTL) and the Finnish Institute of Occupational Health (TTL).

– We consider this a recognition of the persistent work that Finnish experts have been doing over mental health issues, such as mental health promotion and prevention, says Dr. Juha Lavikainen, Director of the WHO Collaborating Centre for Mental Health Promotion, Prevention and Policy

Co-operation with EU projects

In March 2007, the centre organised a high-level international seminar for mental health experts. One main focus of the Centre has been the co-operation with the Master's programme in mental health promotion organised by Åbo Akademi in Vaasa. The Centre participates also in many EU programmes, such as SUPPORT—which adds to the emerging EU Mental Health Strategy—and the ProMenPol project, which supports the practices and policies of mental health promotion in 2006–2009 in three key settings: schools, workplaces and older people's residences.

The STAKES representative works as a WHO counterpart in the field of mental health. STAKES was also involved in organising a ministerial mental health conference in Helsinki in 2005.

Promotion of Equity in Health

STAKES is home also to the WHO Collaborating Centre on Promotion of Equity in Health. One of the main activities of the Centre during this year has been to contribute to organizing the European Conference on Public Health - the annual meeting of the European Public Health Association (EUPHA). The conference will be held

in Helsinki between October 11–13, 2007. The main objective of the conference is to enable information sharing and the formation of a common European knowledge base and practices. The conference brings together health professionals from across Europe's public and private sectors, non-governmental organizations, research institutes and policy centres.

The title: "Future of Public Health in the Unified Europe" is based on an assumption that health information is an essential resource for the development of public health in Europe. The conference has raised a great deal of interest, more than organisers had ever expected.

Revising the Finnish Health in Transition (HIT) report

One of the main activities of this WHO collaborating centre is to organize other expert meetings, and to produce reviews and reports.

– Currently, we are actively collaborating with the WHO European Observatory on Health Systems and Policies. For instance we are revising with them the Finnish Health in Transition (HIT) report and participating in the Observatory's project to produce a book describing and assessing health care reforms in the Nordic countries, says Dr. Ilmo Keskimäki, the Director of the WHO Collaborating Centre on Promotion of Equity in Health.

– In the domestic field we continue to contribute to equity-orientated health policy development in Finland. This work includes substantial support to the Ministry of Social Affairs and Health in drafting an action plan to tackle inequities in health in Finland, he says.

The other activities of the Centre include analysing equity in the Finnish health care system.

– Researchers attached to the Centre have internationally recognised expertise in investigating equity in access, quality, outcomes and use of health services, as well as in analysing the distribution of the burden of health care financing, he says.

Research has focused on the Finnish health care system but has also developed methods to evaluate equity aspects in other health care systems.

Text: Anne Rissanen, Communications Officer, IDC at STAKES



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