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

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March 2006

News

Jutta Immanen-Pöyry is the new director of International Development Collaboration: “I am proud to join the STAKES team”.

MSc. (Econ.) Jutta Immanen-Pöyry brings her vast international business and health care marketing experience to STAKES. She started as the new director in January 2006.

- I have learned to appreciate the wide substance know-how of STAKES. I am really proud to join the team, Immanen-Pöyry says.

Before STAKES Ms. Immanen-Pöyry had been working for Finpro as a senior consultant at the Helsinki Trade Center since January 2002.

- My area of responsibility was healthcare and wellbeing. The work consisted of both company and individual consulting as well as international (multi-company/multi-country) projects.

The biggest project for her was the “Finnish Wellbeing Center Project in Sendai, Japan”. The goal of the project was to establish a Finnish-style care cen-

tre for older people in Japan.

- It was a joint effort of several Finnish parties, including STAKES. This cooperation gave me the opportunity of collaborating closely with STAKES’ experts.

Before joining Finpro she was working as a marketing director for Medixine Oy. She was responsible for the sales and marketing of their internet portal and mobile software tools applied in the healthcare industry.

Experiences from sales

The biggest part of her working life has been dedicated to the sales and marketing of meteorological instruments and systems.

- I worked for almost 20 years at Vaisala Oyj. My main tasks consisted of management and development of the sales organization and the international distribution channel.

Vaisala is doing business with about 100 countries all over the world.

- Thus I had the opportunity of working with many developing countries and participating in several UN, development banks or other internationally financed projects.

“It is easy to agree with values of STAKES”

In her new position Immanen-Pöyry is looking ahead to hard work, challenges and great achievements.

- It is easy to agree with the values of the IDC at STAKES. The work supports socially, ecologically and democratically sound and sustainable durable development in the social and health sector.

Jutta Immanen-Pöyry sees that one of her challenges is to make use of her financing and marketing experience.

- It is important to use the present network and also to create new ones.

Sports and mentoring

Mrs. Immanen-Pöyry has been married more than 20 years and has two grown-up sons.

- My leisure activities are very typical of a

Finnish woman: Nordic walking, cross-country skiing, winter swimming, golf, reading and travelling.

Part of her freetime goes to professional tasks as well.

- I sit at the board of two companies and act as a mentor for small start-up companies at Innopoli, The University of Technology.



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Text by: Ms. Anne Rissanen, Communications Officer, IDC at STAKES

International Development Collaboration at STAKES — 15 years Anniversary



Mr. Mikko Vienonen presented several versions of health care reform realities with different dance steps

International Development Collaboration (IDC) at STAKES celebrated its 15th Anniversary in September 2005.

Thus the IDC is older than the mother organization, STAKES, its activities beginning in the form of a project funded by the Finnish Ministry for Foreign Affairs. Subsequently it has established itself as a financially self-sustainable unit at STAKES, with the current staff of 20.

In the course of the last 15 years, the IDC at STAKES has implemented over 100 projects in nearly 40 countries and has advised several national and international bodies on social and health policy. Most projects have focused on Eastern European countries in transition and Sub-Saharan Africa. The work has been mainly funded by the European Union, the Finnish Ministry for Foreign Affairs, the World Bank and the Asian Development Bank. The annual budget of the unit is EUR 4-5 million.

The speakers at the Anniversary Celebration included the Minister for Foreign Affairs Dr *Erkki Tuomioja*, MEP and Head of STAKES Supervisory Board Ms *Heidi Hautala* and the Head of the Office of EU Directorate General Enlargement Mr *Timo Pesonen*. Thereafter, all four heads

of the IDC at STAKES who served from 1990-2005 spoke: Mr *Mikko Vienonen* (WHO Moscow Office), Mr *Risto Pomoell* (Finnish Ministry of Social Affairs and Health), Dr *Anneli Milen* (IDC at STAKES) and Dr *Ali Arsallo* (IDC at STAKES) each gave personal accounts of their experience of working with the unit.

The celebration took place at the Hotel Kalastajatorppa, a masterpiece of Finnish functionalist architecture, in the good company of almost 200 guests.

New book about IDC's work

In honour of the anniversary the IDC at STAKES has published an anthology of articles "*What Are We Doing There? - Experiences and lessons learned from development cooperation in health care and social welfare*", edited by Ursula Aaltonen and Simo Mannila. The book consists of 19 articles in three main sections namely Policies, Projects and Themes.

The STAKES staff has written altogether 6 articles, the representatives of the Finnish Ministry for Foreign Affairs have contributed 3 articles, and the rest of the book consists of contributions by external experts or co-operation partners. The latter group also includes representatives of the European Commission, the WHO and three Russian authors.

Text by: Dr. Simo Mannila, Senior Expert, IDC at STAKES.

A new project started by STAKES to examine occupational health and HIV/AIDS perceptions in Russia

As HIV prevalence increases further in the Russian Federation, a growing impact on the economic situation of the country is being felt. The International Finance Corporation is a client for the new project which aims to study and analyse perceptions of HIV/AIDS and other occupational health issues in the private sector in Russia.

The IDC at STAKES is responsible for implementing the study which will be implemented in St. Petersburg and

Petrozavodsk. This study will create a basis for possible workplace programs and communications strategies.

Research will be based on two parts: in-depth, confidential interviews of company directors, mid-level management and employees, and also a questionnaire to employers and employees.

The whole study is coordinated by West Bridge Consulting (UK), which will also supervise implementation in the Moscow region. The third partner is the Finnish Institute of Occupational Health, its specialists have an advisory role.

The study is partially funded by the Finnish Ministry for Foreign Affairs

through a donor agreement with the IFC. It is planned to publish the results in September, 2006.

Text by: Ms. Outi Karvonen, Project Manager, IDC at STAKES



Kosovo has now a strategy to develop its social protection

STAKES completed "Kosovo Social Protection" -project in spring 2005. The one-and-a-half year project was financed by the World Bank.

The main purpose of the project was to assist the Ministry of Labour and Social Welfare (MLSW) and one of its biggest departments, the Department of Social Welfare (DSW), in creating the mechanisms through which the unit can develop the policies and Strategic Plan.

The project had three objectives:

1. To formulate and develop the policies
2. to draft a Strategic Plan and budgets
3. to support a mechanism of social services provision and its administration and cash benefits.

Kosovo still faces many challenges

The Stakes Team concentrated on assisting the personnel of MLSW and DSW, giving technical and professional assistance to all levels of the administration. The structure of the Kosovo central administration has fallen under the UN interim administration (UNMIK) since the war ended in 1999. Negotiations concerning the future status and development of the Kosovo region started in February and is led by former Finnish president, Mr. *Martti Ahtisaari*.

Unemployment and poverty

The economic and social environment in which Kosovo is developing is not an easy one. The official unemployment rate is over 50 percent and most of the Kosovars can be classified as living in poverty. The basic pension is about 50 euro per month.

The region is still unstable and there are serious tensions between the Albanians and Serbs. However, some confidence and trust can be recognized in people's willingness to rebuild the devastated country.

One component of the project was to build up a Strategic Plan for developing the social policy in Kosovo. This objective was successfully completed. In cooperation with the project's experts and the local civil servants such an outcome was achieved.

The most encouraging result was that

the plan was processed following the "right" steps, i.e. the Kosovars were deeply involved in the process and contributed through interviews and active participation in the workshops. The role of Team Experts was to steer the procedure, provide a structure and framework and to draft the preliminary plan.

Strategic Plan in a nutshell

The key social challenges were split into three categories, i.e. policy level challenges, legislative environment challenges and the Department's administrative challenges.

Key policy level challenges were the low economic development, high unemployment, poverty and the situation of the most vulnerable groups. The challenge of the legislative environment lay in it being far behind the modern European society.

The vision is to build up a society that would be based on a stable economy with a high level of social protection fulfilling people's needs and which is financially sustainable.

Six strategic lines were recognized as follows: improving employment and combating poverty, determining the guaranteed minimum income, developing service delivery and targeting the most

vulnerable, developing legislation that is in harmony with international standards and which fills existing gaps, strengthening co-operation and partnership at all levels, and also improving the efficiency of the administration. Under each main strategic line, concrete measures for implementation were drafted.

Finally, the preliminary schedule, (i.e. timing of reforms) was estimated in keeping with the budget frames for the next few years. The Strategic Plan to develop Kosovo's social protection fulfils all quality standards.

Hopefully it will play a key role when the Kosovars plan their future society. It also fulfils the basic requirement of the strategic planning process, i.e. the organization and all relevant actors should commit themselves to the process and the outcome. Otherwise the plan will be just a paper among others.

The STAKES Team had an impression that this would not be the case concerning the first Strategic Plan to developing social protection in Kosovo.

Text by: Mr. Klaus Halla, Short Term Expert, for the IDC at STAKES, Director of Development, Ministry of Social Affairs and Health in Finland.



Prizren is a beautiful town in Kosovo



Minister of Health and Social Services of Finland, Dr. Liisa Hyssälä in opening ceremony.

Work in the Barents region goes forward - Low Threshold Support Centre opened in Murmansk

Under Finland's management, the Barents region co-operation over health care has been developed considerably since the beginning of last year, while seeking new approaches.

The planning of a multi-lateral programme across traditional sectoral lines was started almost a year ago with the objective of stopping the spread of HIV in the Barents region and mitigating the harmful effects of the epidemic.

By the end of 2004, approximately 300 000 HIV cases had been officially registered in the Russian Federation since the beginning of the epidemic (Russian Federal AIDS Centre, 2005; EuroHIV, 2005). The actual number of total infections is much higher: an estimated 860 000 people (420 000–1 400 000) were living with HIV in the Russian Federation at the end of 2003 (UNAIDS, 2004). In early 2004, more than 80% of all officially reported HIV cases since the beginning of the epidemic had been among drug injectors (Russian Federal AIDS Centre, 2004). Unsafe drug injecting practices still account for most HIV transmission, with an estimated 30–40% of injecting drug users (IDUs) using non-sterile needles or

syringes, which greatly increases the odds of HIV transmission.

Preventive work for high-risk groups

HIV epidemic is mainly concentrated around injecting drug users, however finding now additional momentum among commercial sex workers and their clients. That was one of the main reasons when the decision was made to start the Barents Region HIV/AIDS programme from the implementation.

Programme would start from the implementation of a project towards creation of preventive services accessible to high-risk or vulnerable groups. The purpose of the project is to make services that prevent the spread of HIV/AIDS available to high-risk groups in the Murmansk region, while also establishing an operational model that is easily transferable to the other regions of North-Western Russia and the Northern Dimension Partnership on Health and Social Well-being (NDPHS). The representatives of the Murmansk health committee have expressed the committee's interest in an accelerated start up for the first tangible project. There was significant commitment at the institutional and individual levels to address the HIV/AIDS epidemic.

LTSC helps all kinds of clients

The activities of the project are carried

out through a Low Threshold Support Centre (LTSC), which is serving both for IDUs and bridging populations in conjunction with other local specialists.

For intravenous drug users, the LTSC is providing free of charge needle exchange, condoms, information on treatment and social assistance opportunities, free HIV, Viral Hepatitis B, syphilis and pregnancy tests, information on safe substance administration and overdose prevention, as well as referrals to medical specialists.

The non-injecting partners of IDUs are able to receive free HIV tests, information on treatment and social assistance opportunities, as well as information on safe sex, condoms, and possible opportunities for participating in self-help groups for partners of IDUs, pregnancy test, and referrals to medical specialists.

Sex workers get a similar package, plus information on the basics on their human rights in contact with the police.

Together with the Oblast AIDS centre

Localization of the new LTSC was decided together with the Oblast authorities and other stakeholders. The centre is situated on the first floor of the Oblast AIDS Centre, but has a separate entrance and three rooms. The Murmansk city authorities had allocated financial resources for renovating and improve the premises. All necessary office and medical equipment, including needles and syringes, condoms, were purchased.

The Oblast and city authorities, including the Oblast vice Governor and representatives from the Ministry of Internal affairs, had a fact-finding trip to Finland. The aim of the trip was to obtain first-hand experience of LTSC work, and to get acquainted with the Finnish working methods in harm reduction.

The Local Project Co-ordinator and the staff of the new LTSC participated in experience-sharing training event, held in Helsinki, at National Public Health Institute. The training was supplemented by site visits to existing LTSCs in Helsinki, in order to obtain first-hand impressions of LTSC work and to meet with clients.

Before the opening ceremony, a special advertisement of the Centre was prepared and displayed on Public transport in Murmansk city. New information materials (for IDUs, their partners, pregnant

IDUs, commercial sex workers) were also prepared as part of the PR component of the project. The Centre was officially opened on November 23, 2005. The project was launched by the Minister of Health and Social Services of Finland *Liisa Hyssälä* and by the Vice-Governor of Murmansk Oblast *Ludmila Chistova*. Several other official representatives from Finland, including the Finnish Consular General in St. Petersburg and Murmansk Oblast authorities were also presented at the opening ceremony. Information was aired on local TV and radio.

Currently the Centre is operating three times per week. During the first month (07/11-15/12), The Centre was visited by 47 people. The Barents initiative is a very important component in the regional effort against HIV/AIDS. Since it is directed exclusively to the Russian part of the Barents Region, its expansion to other countries and areas in the region of North-West Russia will be explored. This is expected to produce several new projects that will create further networks of implementing authorities or NGOs in the region.

Text by: Dr. Zaza Tsereteli
Program Coordinator, IDC at STAKES, The BEAC Program on HIV/AIDS
ITA for HIV/AIDS, Northern Dimension Partnership



Head of the LTSC, Dr. Feodor Bailuk (left) and Dr. Zaza Tsereteli in front of the Centre in Murmansk.

Many children and young people are at the risk of exclusion in Nevsky District, St. Petersburg

By the beginning of 2004, about 787,800 children and adolescents lived in St. Petersburg, amounting up to 17% of the population. Many of them live in secure families: they attend schools, sports functions and other leisure activities. As a rule, such children and adolescents are under the supervision of grown-ups most of the time.

At the same time, some 2.5% of the children from these families are living in unfavourable family circumstances, i.e. where one or both of the parents are alcohol or drug dependent, have recently been imprisoned, or live in an antisocial way. According to the analytical data on the state of children in St. Petersburg, prepared by St. Petersburg Regional Center "Family" (public institution), 17070 families with children broke up in 2002, with the subsequent financial and psychological problems, often caused by parental divorce.

Children without parents

In the previous year the total number of civil suits in the civil law courts amounted to 2117 for parental rights annulments. The amount of children taken from their parents who were deprived of their parental rights amounted to 1334 in 2002, with 669 instances where both parents of the children were deprived of parental rights. About 2918 children and adolescents were left without parental care. About 5786 minors and 1878 parents were registered at the departments of minors' affairs (St. Petersburg Internal Affairs Board); 35297 minors, including 3586 neglected children were brought to the police departments in 2002.

During 2004, STAKES and the NGO Stellit from St. Petersburg initiated a planning process with the authorities of St. Petersburg aimed at finding ways to prevent the social exclusion of children. The process resulted in a project plan

that was approved by the Ministry of Social Affairs and Health to support the "Prevention of social exclusion of children and youth at risk in schools in the Nevsky District of St. Petersburg, 2005-2007". Three pilot schools are included in the implementation.

The main beneficiary groups of the project are children still at school, but who already have some problems that require early intervention to prevent dropping out of school and further social exclusion, and their families.

New working model for the experts who are working with children

The main focus of the project is the creation of a working model that includes new working methods targeted to different groups, such as teachers and other relevant school staff, as well as the authorities responsible for child care at different levels (municipal, district, city government) and NGOs. These target groups are represented in the project organisation (steering group) and will also actively participate in the project as part of an expert network. The process of creating the new working model will be supported by capacity building.

The St. Petersburg Governmental Committee on Labour and Social Protection of the Population has many ongoing programs to develop child protection services. One of the most important plans is to establish an open-care Family Centre in every district. The task of the centre is to support children and families in difficult circumstances by providing tailor-made services. The Nevsky district Family Centre is one of the major partners of the project.

Text by: Ms. Minna Sinkkonen,
Project Manager, IDC at STAKES.

Update on global issues on health and development in 2005

Year 2005 was a very busy for development issues globally with significant meetings and far-reaching commitments being made by the countries attending these meetings. Health was kept on the agenda of international development discussions throughout the year.

The UN Millennium Project reports were published in January. The Project's experts analysed the situation regarding the present status in achieving the Millennium Development Goals (MDGs). The report of the Task Force on Child and Maternal Health and those of the three Working Groups of the Task Force on HIV/AIDS, Malaria, TB, and Access to Essential Medicines highlight the situation regarding the achievement of the health related MDGs 4, 5 and 6. The reports also recommend actions, which are needed to ensure that health targets will be met in as many countries as possible.

The Child and Maternal Health report emphasises strengthening health systems as the core social institutions for equitable delivery of good quality services to all.

The report also stresses the importance of sexual and reproductive health and rights; universal access to services and the specific services for the adolescents were mentioned. The report recommends adding a new target about access to reproductive health services under MDG 5 and some new indicators to measure the achievement of other targets under this Goal.

The HIV/AIDS report describes the diversity of the epidemic and gives 10 imperatives that, if followed, should ensure that the world meets the Goal for AIDS:

1. Focusing on vulnerable populations
2. Ensuring equitable access to treatment
3. Investments in health systems
4. Integration of prevention and treatment
5. Empowerment of women and girls

6. Planning for orphans and vulnerable children

7. Requiring more from the UN

8. Expanding international and domestic financing

9. Empowering governments

10. Holding governments accountable.

The 2005 World Summit (High Level Plenary Meeting of the 60th session of the UN General Assembly) held on 14–15 September aimed to take stock of the achievements and recognise the challenges ahead if the world's nations are to reach the eight MDGs by 2015, as agreed. Before the summit there were months of preparation and negotiations over the outcome document, which - because of this wrangling - turned out to be less incisive than many would have wanted. During and after the Summit, there has been strong criticism towards the whole process, especially towards the reluctance to start to implement the proposed organisational changes within the UN.

However, the General Assembly adopted the outcome document and along with it commitments to achieve the MDGs by 2015. All developing countries committed to preparing national plans for achieving MDGs and developed countries agreed to ensure further debt relief by 2006.

The health-related commitments were linked to rapid impact initiatives to support anti-malaria efforts, education, and health care; a commitment to innovative sources for financing health sector development; and a commitment to strengthening health systems by increasing investments in health, building on existing mechanisms and through partnerships, aiming to provide sufficient numbers of health workers, infrastructure, management structures and supplies to achieve health related MDGs by 2015.

Children and their rights and health care are well highlighted in the document, which also takes a firm stand against violence targeted to girls and women in conflict situations.

The third and final High Level Forum on Health MDGs was held on 14–15 November. Major topics discussed were financial sustainability and fiscal space; global health partnerships and aid effectiveness; and health in fragile states.

In the last decade over 70 global health partnerships (GHPs) have been created. Two papers on partnerships were presented in the HLF meeting: The first is an update assessment of the country level perspective on GHPs and global initiatives; the second paper proposes a set of best practice principles that the GHPs should follow when operating at country level. The principles are based on the Paris Declaration on Aid Effectiveness, agreed in March 2005.

It was agreed that the High Level Forum (HLF) will not convene any more in the current format. After a review of the whole process and after HLF's impact has been prepared, proposals are to be developed on how the dialogue can continue. The issues for future discussion include e.g. aid architecture, which in the health sector has become more and more complex. There is room for clarifying the role of UN organisations and GHPs and distinguishing the comparative advantages of key actors.

The G8 leaders met at Gleneagles, Scotland in July and reached an agreement on several important issues that have a bearing on Africa, including aiming at universal (or rather close to universal) access to HIV/AIDS treatments by 2010; funding for treatment and bed nets to fight malaria; full funding to totally eradicate polio from the world; and a commitment on ensuring that all children have access to good quality, free and compulsory education and to basic health care, free of charge when a country chooses to provide it.

African Health Ministers met in Gaborone, Botswana, in October. The Gaborone declaration commits the African countries to the achievement of universal access to treatment and care by 2015 through the development of an integrated health care delivery system based on essential health package delivery close-to-client.

Scaling up of the treatment of AIDS, tuberculosis and malaria, strengthening health systems and preparing and implementing of costed human resources for health development plans are the ways to achieve this.

The UN General Assembly High Level Meeting on HIV/AIDS was held in June.

The meeting discussed on HIV/AIDS prevention, treatment, care, human rights issues and vulnerable groups, especially children. Prevention was raised as one of the main themes during 2005.

On World AIDS Day in December, members of the European Union released the statement that reaffirms EU's commitment to comprehensive and integrated approach to the epidemic. The EU member states recognise that without a massive scale up of HIV prevention, more and more people will continue to be newly infected, posing a major threat to affected countries' ability to tackle the epidemic and provide AIDS treatment.

Prevention services must be comprehensive and it requires governments, communities and people to confront issues, often controversial, in an open and informed way. Special efforts must be made to ensure effective prevention services to those who are most vulnerable, including: women, young girls and orphans, sex workers, injecting drug users, prisoners, gay men, migrant populations and refugees.

Text by: Dr. Marja Anttila,
Senior Expert, IDC at STAKES

Universal access to HIV/AIDS prevention and treatment — is it really possible?

The meeting of the G8 countries last summer tried to answer to one of the burning questions in development: Why are we not able to halt the AIDS pandemic?

Their first concern was no longer the lack of money or lack of political support. Neither was it how to make the increased funds work, which was already discussed earlier last year by the main actors. The conclusion then was that everyone should align actions and funding with one national strategy and action plan, decided and steered by one national authority and monitored with one system. Even the big agencies such as the World Bank and the Global Fund agreed on the donor harmonisation, as stated in the report by the Global Task team.

The concern in the G8 meeting in June and in the World Summit in September was coverage – not so surprising to an epidemiologist. The issue is simply that it is impossible to control an epidemic if efforts cover only a minority of the people at risk. Only 10% of pregnant women worldwide have access to methods for preventing mother-to-child transmission. Only one in every five persons who is at risk of the infection receives any preventive advice on how to avoid becoming infected. The WHO aimed to ensure treatment - not to cure but to delay - for three million people by the end of last year. Only one million were reached.

The political meetings were a basis for the development of a new global initiative. The “Universal Access” programme led by UNAIDS was launched in January this year in Washington by more than 40 senior representatives from donors and developing countries, funding agencies, the UN, and people living with AIDS. Finally, it is being recognised that scattered efforts with low coverage are worth next to nothing in combating a pandemic. Furthermore, the focus is not only on access to treatment, as in the G8 meeting, but also on ways to ensure better coverage for prevention, care and support.

This welcome emphasis is not new. But for the first time there is sufficient

political commitment and almost sufficient funds to realise it. However, as the low coverage of mother-to-child prevention shows, even strong scientific evidence, a simple method of prevention and sufficient money do not ensure success.

The challenges for realising “Universal Access” are many. The newly-established Global Steering Committee raises relevant concerns about sustainable financing: where will the money come from ten to thirty years from now? What about the huge lack of human resources and weaknesses in institutional capacity in the health sector? How can we ensure that goods, such as diagnostics, medicines, and condoms, really will get to the people? The Committee mentions human rights, stigma, discrimination and gender equity. These “soft” issues –the non-medical aspects– are known or should be known as the biggest challenges we face. They must be taken more seriously in the work of the Global Steering Committee and anyone who works towards universal access.

Combating the HIV/AIDS pandemic should not take place in a vacuum. The wider concerns raised about links between the HIV/AIDS millennium development goal and the other goals should reflect also in Universal Access: education, poverty, hunger, fair trade, just to mention a few.

Increases in aid funding require special efforts to tackle the accompanying problems if we are to maximise the impact of additional aid and minimise the risks of developing countries becoming increasingly aid dependent. Limitations in capacity due to poor governance and shortages of human resources are apparent when funds increase.

Governance reforms, essential as they are, may be hastily pursued. Delivery of additional aid tends to be fragmented and poorly coordinated. And finally, the incapacities of donors to tackle the new situation may become serious. These problems are not unsolvable but must be taken into account early enough and seriously enough.

Text by: Anneli Milén,
Senior Expert, IDC at STAKES



Mental health care services under development in Bulgaria

The improvement of mental health care services is one of the priorities settled on by the Bulgarian government in its National Programme for Mental Health of Citizens.

Finnish and Bulgarian experts collaborate in the framework of the EU Phare Twinning project "Facilitating the transition from institutional mental health care to a model of community psychiatry in Bulgaria" (2005-2006).

Responsibility for the project implementation belongs to the International Development Collaboration at STAKES with the support of experts from STAKES' Mental Health Group and other Finnish institutions working in the field of mental health.

The project kicked off with a seminar involving more than 40 participants in Sofia at the beginning of November 2005.

In the framework of the project it will be created the conditions for a multiplication of the piloted model of community psychiatry through an evaluation and a further development of the existing practice.

Attention will be given to modifying training programmes for mental health professionals at national and municipal level training institutions. Prevention of mental health disorders and promotion of mental health among children, adults and vulnerable groups will be the main focus.

Text by:

Dr. Timo Tuori, Resident Twinning Adviser, IDC at STAKES and
Ms. Anne-Marie Grouev, EU Project Leader, IDC at STAKES.



Bulgaria is a candidate country for the European Union.

What's new at STAKES? – introducing Design for All

In this and future newsletters we start to share some interesting news and views from the other divisions at the National Research and Development Centre for Welfare and Health. The first "What's new at STAKES?" introduces us the national and international activities of Design for All, coordinated by the group on Socially Sustainable Development in the Social Services division at STAKES.

Design for All is a strategy to support socially sustainable development. It means improving access to the built environment, developing services accessible to all and producing user friendly products. Equality is a key issue – the Design for All approach supports full participation of all citizens.

As a mainstream concept the Design for All approach has been integrated in policies and design practices in Europe since the early 1990's. Recognition of a major global change, ageing populations has shifted the focus of Design for All and accessibility discussions. The original focus on users with disabilities has been replaced with a

wider focus: understanding that all citizens - including ageing, disabled, cultural minorities etc - are the real scope for inclusion, accessibility and Design for All.

The Finnish Dfa is growing rapidly

The Finnish Design for All Network was created in 2002 as a response to the EU's Information Society programme eEurope 2002. Information Society for All was the equality objective of the programme and the establishment of Design for All networks in all EU member states was one of the responses to it. The Finnish DfA network with its 33 member organisations is the largest and most cross-disciplinary country network. The network has been coordinated by STAKES from the very beginning.

STAKES coordinates also EDeAN

The umbrella network, The European Design for All e-Accessibility Network EDeAN has at present 160 member organisations in 23 EU member states. In 2006 STAKES coordinates not only the Finnish DfA network but also EDeAN. This coincides with both the Finnish EU Presidency and the start of the new EU's Information Society programme i2010, in which e-inclusion is one of the three key focus areas besides information and innovation. Through the i2010 action

programme and EU's R&D programmes there is an established link also to developing countries. An Information Society for All is a shared objective and cross-disciplinary, international networking one of the means for reaching it.

Take a note of the major event in 2006: the International Design for All Conference on 13-15 September 2006 by the Polar Circle in Rovaniemi, Finland.

Text by: Ms. Päivi Tahkokallio
EDeAN Secretariat Manager 2006 and
Finnish Design for All Network Manager
STAKES



Considerable progress in expanding health care coverage in Turkey — Rewarding study tour took place at STAKES in December

Turkey started negotiations in October 2005 for the membership of European Union. The negotiations will last several years, and within that period Turkey is preparing its administration to fit to the EU requirements.

At the same time the country is developing the services for the population e.g. on the health sector and in social protection.

The Government prepared in 2003 a strategic programme on the development needs of the health sector, Transformation in Health. It is reporting the fact that while Turkey has made considerable progress in expanding health care coverage, it continues to rank far behind most middle-income countries and EU accession countries in terms of health status and access to healthcare, with infant and

maternal mortality rates especially high. The inequity between various parts of the country and between social groups is remarkable.

To improve the situation the government has launched several initiatives. Various sources of EU funding are open to the country and the World Bank has approved a loan that corresponds to the development needs.



Dr. Vappu Taipale, Dr. Sinan Yol and Dr. Mauno Konttinen

Fruitful study tour for both sides

Finland is also establishing cooperation relations with the Turkish social affairs and health sectors. Based on the visits of the health ministries from both countries, a framework of cooperation was agreed.

The first practical form of collaboration was a study tour of six persons from the various departments of the Health ministry.

The group visited Finland in December 2005 to become familiar with the requirements of EU processes and to learn the Finnish health care system, and how the services have been organised. The Finnish systems were explained in relation to issues such as public health, maternal and child health, financing of health care, and eHealth. After having been given the background information the members of the delegation visited places that were of special interest to them individually.

Dr. Suleyman Altun was interested in his sector, which is maternal care. He visited in Community Health Care Centres (City of Helsinki) and also a Maternity hospital. He also got a possibility to have discussions with Senior Officer Maire Kolimaa at the Ministry of Social Affairs and Health.

Turkey is also developing its social security system and various activities have been launched as a result of significant changes in the population structure, an inability of the current system to provide protection against poverty and the problems of the current social security institutions.

Text by: Ms. Ulla Parviainen,
Senior Expert, IDC at STAKES

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Colleagues meet each other!

Senior Officer Maire Kolimaa from Ministry of Social Affairs and Health and Dr. Suleyman Altun Mother and Child Health & Family Planning General Directorate from the Ministry of Health shared their experiences of maternity and child care issues and examined also "the Finnish Invention" – the maternity pack, which is given for every new-born baby in Finland for free.

