

International Development Collaboration at STAKES

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Dear Reader,

in this letter you will find the latest project news from the **International Development Collaboration (IDC) at STAKES**. This newsletter is also available at our website <http://www.stakes.fi/hedec/>

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International co-operation on health and social wellbeing takes a big step forward

**EXPERTS AND TOP-CLASS POLITICIANS
GATHERED IN JOENSUU, FINLAND**

The International *Forum on the Northern Dimension in Social Protection and Health* was arranged in the city of Joensuu, Finland, on September 16 to 17, 2002. Hosted by the Prime Minister of Finland, **Paavo Lipponen**, the meeting gathered together top-level experts and politicians from over ten countries around

Northern Europe, Finland's neighbouring areas, and the Russian Federation. Among others, present at the Forum were the Prime Minister of Norway, **Kjell Magne Bondevik**, Member of the European Commission, **David Byrne**, the Russian Deputy Health Minister, **Viktor Korbut**, and the Finnish Minister for Health and Social Services, **Eva Biaudet**. The representatives from different organisations, e.g., *the World Health Organisation, UNAIDS, and the European Investment Bank* also attended the meeting.

The most important topics of the forum were the Northern Dimension co-operation in social protection and health, Finnish neighbouring area co-operation in social protection and health, and the questions relating to the HIV/AIDS epidemic in Russia and in the neighbouring areas.

Two reports commissioned by the *Finnish Ministry for Foreign Affairs* and prepared by International Development Collaboration at STAKES were published in the Joensuu Forum. The first report is the draft proposal for the implementation of a *Northern Dimension Partnership in Public Health and Social Wellbeing*. The second report contains a proposal for a *Medium-term Action Plan (2003-2005) for the Finnish Neighbouring Area Co-operation in Social Protection and Health*.

In addition, a publication prepared by STAKES, *Being positive*, containing a series of articles on HIV/AIDS, concentrating especially on the HIV-epidemic in the Russian Federation and Finland's neighbouring areas, was released at the Joensuu Forum. Altogether more than

350 participants, representing some dozen countries, attended the Joensuu Forum.

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Picture (from left): Minister for Social and Health Services Eva Biaudet (FIN), Commissioner David Byrne (EU), Prime Minister Paavo Lipponen (FIN) and Deputy Health Minister Viktor Korbut (RUS), attending the press-conference in Joensuu.

NORTHERN DIMENSION PARTNERSHIP PROPOSAL ON SOCIAL PROTECTION AND HEALTH

A proposal on intensified international co-operation in health and social wellbeing was discussed at the Joensuu Forum by invited representatives from eleven countries and twelve international organisations. The meeting agreed to continue the planning as a joint effort on the basis of a proposal prepared by two experts from STAKES, Dr **Olavi Elo** and Dr **Anneli Milén**. The Partnership programme preparations should be finalised and commitments received from countries and organisations by the follow-up meeting next fall (2003) allowing the implementation to begin.

Health and social problems are common to all countries in the northern part of Europe. They are, however, aggravated in countries in economic transition. The problems are being addressed, e.g., through regional and cross-border programmes, each focusing on some of the priority problems. Strengthening of the partnership for the enhancement of public health and social wellbeing in all partner-

ing countries within the Northern Dimension concept is urgently needed. The proposed approach is two-pronged, combining wide population-based actions with targeted interventions. It recognises the need for strengthening the institutional and knowledge base and for adjustments in the health and social services infrastructure and human resources.

The Partnership aims to reach people, in particular the young, to promote their health and enhance their social skills. The components include prevention of the increasing use of illicit drugs, reduction of excessive use of alcohol, reduction of tobacco smoking, and promotion of a healthy diet. Targeted interventions for prevention of cardiovascular diseases, cancer, accidents, and violence are among proposed activities. The spread of infectious diseases, especially HIV/AIDS, sexually transmitted diseases, tuberculosis, and hepatitis, which are threats locally and across borders, justifies vigorous joint preventive action. The problems are complex and require the health and social sectors to work jointly to solve them.

The proposal is based on a wide partnership of countries, organisations, financial institutions, business and industry, communities and civil society. The partnership builds on experiences of national and international, multilateral and bilateral projects and programmes, aiming at enhancing collaboration and co-operation. Additional resources for jointly identified priority programmes and long-term sustained commitment by equal partners are required. The aim is for the partners to commit to a joint programme, planned and implemented together, initially in the Northern Dimension Area with potential rapid expansion to other regions. An international Partnership Forum and Fund is proposed to be established to support joint priority activities and the intensified co-operation.

In this connection, the decision was taken to establish an ad hoc Working Group with representatives from potential participant countries and international organisations. The first meeting will take place in November 2002.

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PLAN FOR NEIGHBOURING AREA CO-OPERATION – FOCUS ON CHILDREN AND THE YOUNG

In April 2002, the *Ministry for Foreign Affairs of Finland* and the *Finnish Ministry of Social Affairs and Health* agreed to draw up an action plan for Finnish-Russian neighbouring area co-operation in social protection and health. STAKES has been responsible for the preparation of the proposal for the action plan. The main expert in this task was counsellor **Elli Aaltonen**, PhD. The proposal was under discussion at the Joensuu forum, and it has now been left to the Ministry for Foreign Affairs for further processing.

In the proposal, the fields of priority proposed for Finland's co-operation with neighbouring areas in social wellbeing and health are

- prevention of drug abuse among young people,
- promotion of young people's health,
- prevention and treatment of communicable diseases,
- development of both family-centred social and healthcare services and the administration supporting them, and
- strengthening of civil society.

The foremost beneficiaries of co-operation with neighbouring areas, according to this proposal, would be young people, children, and families with children. Special attention is paid to young people's health risks, for instance, to the prevention of alcohol abuse, drug abuse, smoking, and communicable diseases, and to their treatment. Young people will be encouraged, in many ways, to take care of their health in order to avoid social exclusion. In the case of children and families with children, the main problems are poverty and poor health, which, in turn, cause insecurity as well as physical and mental diseases among children, the breaking up of families, and, in

extreme cases, force children to live on the streets. These problems can be prevented and alleviated by developing family-centred healthcare and general practitioner activity and by means of social work and child welfare casework.

It is proposed that, in the future, co-operation with neighbouring areas in social wellbeing and health would involve wider collaboration with more sectors (the sectors of social welfare, health education, youth work and the police) and non-governmental organisations (NGOs). The strengthening of civil society is proposed as one field of priority. The proposal emphasises that co-operation with neighbouring areas must not remain a detached effort. Instead, it should be a means of providing support for the implementation of the neighbouring areas' own social wellbeing and health programmes. Similarly, the proposal encourages the improvement of co-operation and co-ordination between international actors, authorities and organisations as well as Finnish actors in neighbouring areas.

The preparation of the proposal for the action plan is directed by a Steering Group chaired by Mr **Markku Kauppinen**, Director of the Neighbouring Area Co-operation Unit, Ministry for Foreign Affairs of Finland. The members of the Steering Group are Chief Physician **Tapani Melkas** from the Ministry of Social Affairs and Health, Senior Adviser **Eva Varis** from the Ministry for Foreign Affairs, Director **Pauli Leinikki** from the National Public Health Institute, Secretary General **Jouko Vasama** from the Association of Voluntary Health, Social and Welfare Organisations (YTY), Deputy Director General **Mauno Konttinen** from STAKES and Director **Ali Arsalo** from STAKES.

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For more information on the Joensuu Forum, please see:
http://finnbarents.urova.fi/pohjoinen_ulottuvuus/joensuu.asp

STAKES provides Technical Assistance for the Lesotho Health Sector Reform

In April 2002, International Development Collaboration at STAKES started its first project funded by the **European Development Fund**. This project, *Technical Assistance for the Lesotho Health Reform Programme*, is part of the nine-year health reform in the country, launched in 2000.

The Lesotho Health Sector Reform Programme is implemented by the **Lesotho Ministry of Health and Social Welfare** (MOHSW). It includes eight areas of intervention financed by several international organisations: **the World Bank, Ireland Aid, the African Development Bank, WHO, UNICEF** and **the EU**. The budget for the Lesotho health sector reform is EUR 1.4 million.

The project implemented by STAKES covers decentralisation and the monitoring and evaluation of the health management information system (HMIS) of the reform programme. The STAKES' input is 75 man months of long and short term advisers.

The purpose of the project is to improve the management of health care services through developing a Monitoring and Evaluation (M&E) system and the decentralisation of services.

The purpose of the M&E component is to produce a health management information system (HMIS). The main result areas of the M&E component are

- restructuring and strengthening the health and social welfare services data system by improving accuracy, reliability, relevancy, completeness, use, and feedback,
- participating in the process of defining the catchment population for all health administration areas and creating a database of denominators,
- developing M&E tools including policies, guidelines, training, software etc., and
- three areas/districts.

The purpose of the decentralisation component is to produce a framework for a decentralised health care system, piloted and based on a strategic plan, in order to empower health areas and local units to provide quality services.

The activities of the decentralisation component support the following areas:

- Policy development.
- Development of a strategic plan for decentralisation.
- Development of a district health/essential service package.
- Piloting of the combined package, but main responsibility being on piloting decentralisation.

The project's long-term goal is to strengthen MOHSW capacity within the health and social welfare sectors. In turn, the enhanced capacity is expected to improve performance, create accountability, transparency and confidence among service providers and consumers.

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Picture: Lesotho women making a living by selling hand-knitted baskets in the streets of Maseru, the capital of Lesotho

In a nutshell: Sector Wide Approach (SWAp)

Sector-wide Approaches (SWAp) have emerged as a new framework for development partnerships during the late

1990s. A majority of SWAPs are planned and implemented in sub-Saharan African countries with high aid-dependency, and most SWAPs focus on social sectors (education, health) with a strong public sector role. These characteristics are clearly reflected when inventorying Finland's involvement in SWAPs. Finland has participated in SWAP processes in Ethiopia (education), Mozambique (education, health, agriculture), Zambia (education), Tanzania (education) and Nepal (education).

SWAPs and other programme-based approaches aim at

- improving aid effectiveness by supporting stronger leadership of the partner governments in reform processes,
- reducing aid transaction costs through joint, harmonised and co-ordinated procedures that are based on the partner governments' own systems, and
- increasing the comprehensiveness and coherence of development efforts in the sector in harmony with the partner governments' own policies.

The emerging poverty reduction strategy processes in many partner countries imply new opportunities for SWAPs. Health and education are in all cases the core of the social sector strategies to combat poverty. The challenge is to build a strong link between the poverty reduction strategies and SWAPs, and to avoid duplication of efforts in the two processes.

The Finnish Government's ***Decision-in-Principle on Development Co-operation (2001)*** strongly supports the shift towards programme-based approaches where adequate conditions for this prevail. The shift from projects to programmes will take time. Finland's programme with Mozambique in the health and education sectors provides an example of a typical arrangement during the transition period: project implementation continues for three more years bridging our bilateral co-operation to the SWAPs; Finland will contribute to the common funds in both sectors; and the aim is to eventually move to direct budget support.

IDC at STAKES has been responsible for the follow-up of the development of the *Sector-Wide Approach in Health in Mozambique (2000-2002)*.

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STAKES supports the Social Security Reform in Mongolia

The aim of this project, started in August 2002, is to produce a strategic development plan (a 'master plan') for the social security sector in Mongolia. The comprehensive plan will comprise policies and strategies designed to establish an efficient social security sector appropriate to a market-oriented economy in Mongolia.

In addition, the team of experts will develop with the Government of Mongolia and the ***Ministry of Social Welfare and Labour*** (MSWL) a comprehensive framework for the medium and long-term development of the social security sector. Also, the mobilisation and co-ordination of both internal and external resources for the financing of the social security sector will be supported.

The project covers three main areas of social security: social insurance, social welfare (i.e. social assistance and social services), and employment services. The priority issues in the project are

- 1) extending the coverage of social insurance,
- 2) overall strengthening and diversification of the social insurance system,
- 3) development of active labour market policies, in particular vocational training,
- 4) targeting of last-resort social assistance,
- 5) developing community-based social care and decentralising social service provision,
- 6) strengthening the poverty reduction impact of social insurance,

- 7) enhancing co-operation between administrative structures,
- 8) involving NGOs and the private sector in the social security provision, and
- 9) developing a client-oriented and inclusive approach to social security.

The project will collect empirical data on social issues, labour market developments, and social service provision in four aimags and in metropolitan **Ulaanbaatar**. The four aimags selected for the study are **Dornod, Ovorkhangai, Dundgov** and **Uvs**. The data collection will be organised as a series of case studies on selected communities. The total number of communities sampled as part of the study will be 40-50.

Furthermore, the project will establish working groups to discuss specific issues related to employment policy, social insurance, social assistance, social services, and social legislation. In addition, a regional-level working group will be established in each of the aimags participating in the project. To build consensus to support the proposed reform of the social security sector, a series of workshops with a wide participation of representatives from various stakeholder groups will be organised.

The plan will be completed by March 2003. The main part of the plan will set out a detailed plan for social sector development for a three-year period. The project is funded by the **Asian Development Bank** (ADB).

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Preparing the Czech Social Security for EU membership

The EU Phare Twinning project *Testing the Preparedness for the Application of EC Social Security Legislation*, co-ordinated by the IDC at STAKES, was launched at the end of June 2002. The objective of this project is to enable the Czech Republic to take the obligations of the EU membership by ensuring the pre-

paredness of the Czech administration for implementing the EU social security legislation. The first quarterly report has now been prepared on the project.

The project has started very well: during the first months, almost 20 Finnish experts from the **Ministry of Social Affairs and Health, the Social Insurance Institution**, and STAKES have visited Prague and met with their Czech colleagues. The first Twinning Steering Committee Meeting, held at the end of August, confirmed the project work plan for the first months.

Also, during the first reporting period, a summary report on the state of affairs in the EU Social Security Co-ordination has been produced.

Finnish experts have started their work on preparing draft reviews on the **Czech Social Security Administration** (CSSA). Reviews on management and administration, financial flows, organisational structures, internal control and information technology will be finalised by the end of January 2003. Also, the draft structure and timetable for the testing are being prepared.

Experts from STAKES participated in the expert meeting on *Quality Management in Health Care* held in the first week of October. The meeting decided the two pilot areas (**Brno** and **Mlada Boleslav**) in which the co-operation of health and social services will be elaborated.

At the end of October, there is a seminar on Health Care issues and the first training events will take place in November-December.

According to the PAA of the project, **Mr Kari Välimäki**, on the basis of the first months' experience, it seems that the Covenant will be executed without any major amendments.

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Picture: (from left) PAA Kari Välimäki (FIN), Director of the International Department Jana Silhanova (CR), Director-General Jarkko Eskola (FIN) and Senior Legal Officer Mervi Kattelus (FIN) in the Seminar *EU and Health Care*, in Prague, in October 2002

Russia continues to improve the welfare of children

The welfare of children as well as homeless children continue to be on the agenda of the *Russian president Vladimir Putin*. In this connection, Mrs **Valentina Matvienko**, Deputy Prime Minister in charge of social affairs, has met President Putin on a regular basis to report the progress and results achieved in dealing with this issue. Moreover, in May 2002, Vladimir Putin allocated from the reserve fund of the President 28 million roubles on the maintenance of social protection of children.

Abreast with the public child welfare producers, the Russian NGOs are also active in searching solutions for improving the well-being of children in the Russian Federation. As a result, the **All Russian Union, Civil Society for the Children of Russia** was set up. This organisation unites more than 400 NGOs working in the sphere of child welfare. The union's main tasks are to develop a uniform position for public organisations on the key problems of childhood and to adjust effective co-operation with authorities in Russia.

Although much is being said at the governmental level on the collaboration of governmental and non-governmental

organisations, this kind of service delivery is still rather limited. This is due to the fact that in Russia, there is no effective legislative framework to allow formal contracting of NGOs for the delivery of social, educational and health services.

One step on the process of improving children's right in Russia was the EU-financed project **Partnership in Education, Health and Social Assistance**, implemented by STAKES. The main objective of the project, finalised in June 2002, was to improve the welfare of children and to help create new models of services. In the framework of the project, a deep analysis of legislation regulating the division of child welfare services was made. Also, an extensive comparison on the differences of deprivation of parental rights in Russia and selected European countries was conducted. The summary of recommendations was given to the Deputy Minister of Education, **Ms Chepurnyh**.

The local and international experts of the project prepared a great number of documents, including models for early intervention services, models for establishing services and mechanisms of partnership building in the different pilot projects, and quality standards for children's homes and foster care.

A lot of attention was also paid to the need of prevention work, which was not, however, the main focus of this project. Still, the experts involved in the project emphasised in several forums that the importance and level of prevention work should be included in the agenda in future projects in order to help the Russian children live at home.

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Collaboration with STAKES and the Republic of Karelia continues and becomes diversified

The collaboration between STAKES and the Republic of Karelia in the Russian Federation has continued since 1993. The first collaboration program was set up for the years 1995-2000, focusing on primary health care (PHC) and on the rehabilitation of handicapped children.

During 1997-1999 STAKES implemented the Tacis-project *Support to the Implementation of social and health care reforms in the Republic of Karelia*. The project concentrated on PHC and on the development of medico-social services.

In 2000, the former activities were continued and a further bilateral collaboration program for the years 2001-2003 was prepared. The program focuses on 1) development of service structures and administrative preconditions, 2) development of the content and quality of services, and 3) training of staff and involvement of human resources.

The Suoyarvsky, Prionezhsky and Medvezhegorsky districts and the Vepsskaya National Volost were chosen as the pilot districts for the bilateral project. In these pilot areas, round table discussions and workshops inside and between the pilot districts and the relevant ministries are organised. Also, a study tour to Finland for the key persons has been arranged. In the Medvezhegorsky district, development of services for handicapped children is continued.

The project also supports the development of vertical and horizontal information systems. In the framework of an Interreg-project, Finland is taking part in the development of a comprehensive IT register and portfolio of international development projects in the area.

Also, under the bilateral co-operation, an umbrella organisation was set up to coordinate all international projects in the social and health sector in the Republic of Karelia.

Under the umbrella organisation, STAKES has been chosen to implement a project on the control of communicable diseases in rural areas within PHC during 2002-2003. The pilot district for this project is the Kondopoga area in Karelia. Besides preventive and practical work in the rural ambulatories, the project will develop collaboration and information systems regionally and with the different actors involved in health promotion and disease prevention. The project will propose the renewal of the national training programs for PHC and for the control of communicable diseases. The project is financed mainly by Norway through the *Task Force on Communicable Disease Control in the Baltic Sea Region*.

In the future, collaboration programs for Karelia will be planned according to the newly prepared action plan for neighbouring area co-operation (see p. 2-3).

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Training in International Health and Tropical Medicine

The *Faculty of Medicine* and the *Institute of Development Studies at the University of Helsinki*, in association with the *National Public Health Institute KTL* and the *Finnish Society for International Health*, are organising training in global health issues and tropical medicine during spring term 2003. The training consists of a series of lectures, held at the University premises (Haartman Institute), three hours every Wednesday afternoon between January 8, 2003 and May 7, 2003.

The aim of the course is to raise awareness towards the global health problems and their reasons and to provide knowledge and skills for working in developing countries. The course is free of charge and open to all interested parties. The participants can also sit the final examination, which, together with active participation in the lectures (75%), is worth three study-week credits for university students.

For more information (in Finnish), please see:
<http://www.ktl.fi/livingstone/kehlaak.htm>
<http://www.valt.helsinki.fi/kmi/kehlaak.htm>