

PUBLIC HEALTH PERSPECTIVE

Albanian castles in defence of Balkan public health

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Public health is a rare lamp that can push back the dark shadows of vulnerability, misfortune and poverty in our increasingly complex world. In the Balkans (South Eastern Europe, SEE) its wick must be turned up and its bright flame lengthened. Political support can provide oil to fuel its lamp. Health diplomacy and the principles of human security can be useful tools (1,2).

When the political will falters or is subverted health damage may result. The World Health Organization (WHO) and the Council of Europe called attention to the growth of population vulnerability and the declining health status in the Balkans. Together and within the context of the Stability Pact, they targeted social cohesion. One outcome was the Dubrovnik Pledge, a political agreement that made a commitment to regional health development by meeting the health needs of vulnerable populations. Country projects relating for example to infectious diseases (Albania), nutrition (Serbia), mental health (BiH) and emergency medical services (FYROM) were additional outcomes. Another outcome was the Network for Public Health for Southeast Europe (PH-SEE) (3). This network has an impressive list of publications covering a wide range of subject materials and books for students and has addressed the development of schools of public health and the need for a health curriculum for peace (4). Most recently it launched this journal, the *South Eastern European Journal of Public Health (SEEJPH)*.

The value system of public health is succinctly and differently expressed in the Skopje Declaration, for peace, public health and human rights (5) another outcome of the PH-SEE network. It was later adopted by the World Federation of Public Health Associations. In words and spirit of the Skopje Declaration our actions must “*build a better Balkan world, closer to the human heart’s desire*”.

Public health emphasizes a cybernetic or systems principle: its improvement must be addressed using strategies and action plans that are multidimensional, interdisciplinary and strongly backed by adequate human resources, by considerable ingenuity and with policy instruments commensurate to the same level of complexity of the problem space. Training for competence improvement of public health professionals and the strengthening of schools of public health is a regional priority embedded in the same principle.

Throughout the region the role of knowledge for development is being vigorously debated (6). The emergence of a Balkan research culture will depend upon abundant light and enlightenment. Progress in public health will depend on the existence of more autonomous institutions for research and education, mechanisms for accreditation and evaluation, which can include scientific journals, such as this one as well as competence to innovate and implement and direct education towards human development. A place in the new world will depend on science, truth and reconciliation as well as a rightful place for the Balkans in Europe. Development must be inseparable from socio-economic reform, target better wages, housing, living and working conditions and promote health security, which equates to “*freedom from want and freedom from fear*” (7).

By use of metaphor, we can say that the regional intellectual capacity of public health is expressed and in the launch of the SEEJPH, much akin to a line of new Albanian castles (from Lezha to Shkodra), which can stem the tide of greed and corruption and pave a way for regional health development by building on what went before. The SEEJPH is a new vehicle for discussion and debate. It can help institutional renewal of public health, give a boost to investment in training for competence, promote

policy implementation and the design of multidimensional action plans to ensure human safety and health protection. It must be prepared to break down academic barriers and build the public health community of the Balkans. It should be positively viewed and strongly supported as a channel for change promotion.

Asclepios and his disciple Hippocrates, father of Western medicine, acted as change agents when they proclaimed: “*we have an opinion, let’s discuss it, if the evidence warrants, let’s change it*”. Today we have evidence-based medicine, health technology assessment and frequently modified or changed clinical guidelines. Half of what is true today will be questioned in the next few years. Can we predict which half? Do we have such good discriminators? A competent SEEJPH can help.

Public Health training has become less fragmented and now presents a more uniform profile. This process was aided by the establishment in the Balkans of the Association of Schools of Public Health in the European Region (ASPHER, Zagreb, 1968) as a contact point, then as a hub for informational exchanges between related schools and institutions. ASPHER is a network of expertise whose functional links integrate training, science and public health policy and promote cooperation in Europe and between regions and continents.

Over the past three decades the Balkan region has courted disaster (8), suffered from economic sanctions, political upheavals, radioactive fallout (Chernobyl), armed conflict, wars (Bosnia and Kosovo), socioeconomic disaster and ecological calamity as well as earthquakes, floods and most recently a creeping health disaster in Greece of uncertain dynamics, a result of austerity measures imposed by the government, in response to the global financial crisis (9).

In 2005, I suggested that “*within an enlarging and safer Europe, the language of health is key to a better future.... without adequate socio-economic management, population vulnerability can trigger a creeping social disaster*” (10). Where cultures, religions, and national languages come together as in the Balkans, public health can be the common denominator for development. I have also argued that the region’s best future is its organization without borders and within a single European space (this was implicit in the apt phrase of the late Tony Judt: “*border breaking, community making*”).

The outcome of any complex activity is hard if not impossible to predict. All we can hope for is that ingenuity and leadership will prevail, that Balkan governments will provide public health governance within a competent infrastructure capable of monitoring success and failure and with effective corrective mechanisms for the righting of wrongs. In the Balkans let’s now hope for frequent, significant ups with fewer, smaller downs.

Development of schools of public health, journals such as this and the recent return of the Presidency of ASPHER, albeit temporarily to the region where it was born (SEE) are some significant ups (Professor Vesna Begovic, Serbia assumed the ASPHER Presidency in 2013). Let’s hope that a new moment for regional public health has come. If the Balkans makes it in public health, it will make it in Europe! Failing to manage the health of the Balkan region can have serious consequences for Europe (11,12). Europe without its cradle will not sleep well.

Endnote: The title is a tribute to extensive activities between Greece and Albania, conducted by the Athens School of Public Health sponsored by the Greek Ministry of Health. It gave the writer opportunities to mentor students, visit castles and archaeological sites, interact with many directors of the Institute of Public Health, Tirana, several NGO’s and hospitals, university staff, members of

parliament as well as health ministers, two who the writer interacted with in Prizren and Belgrade and one who was honored by the School. Projects were conducted throughout Albania one funded through PHARE. The Athens School is one of two Schools inaugurated by Eleftherios Venizelos (1919, 1929). He initiated a short-lived revolution in public health, with the help of the international community. The School conducted the first Balkan public health forum when the creation of schools in Albania and Serbia were also discussed (1992).

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