

Building Bridges in Budapest

By Barbara Ruben and Julia Ross

Just as Budapest's many bridges over the picturesque Danube bind together the city, health care professionals of Central and Eastern Europe (CEE)--separated from each other and much of the rest of the world before the fall of communism--were united at AIHA's Partnership Conference for Central and Eastern Europe. The conference, held from May 1-3, gave AIHA's 15 CEE hospital, health management education and healthy communities partnerships; health ministry officials; and other senior health care professionals an opportunity to explore with each other the progress and challenges of health care and health reform.

"For the first time we have brought together health care providers, educators and local community elected officials, each of whom has a key role to play in realizing long-term, sustainable change so vital in improving health care in each of our countries," said AIHA Executive Director James P. Smith.

A symbol of this spirit of cooperation came during the conference banquet, held at the Hungarian National Gallery, when members of partnerships from the Czech Republic and Slovakia, the new nations that once shared a homeland, held an impromptu toast to each other. "Years from now history books will remember this moment," said one partner, as he raised his glass to his colleagues.

This theme of collaboration ran through the conference, from a meeting of the nursing task force--which is organizing nurses on a regional level--to workshops in which partners from across the CEE developed leadership, assessment and management skills together.

During the conference opening session, Donn Rubin, AIHA director for CEE programs highlighted the area's tremendous growth, with 12 of 15 partnerships established within the last year. "Each AIHA partnership is planned and designed to meet the needs and priorities identified by the European partners," he said. "Not surprisingly common issues emerge that cut across partnerships and give rise to cooperative efforts."

Mihaly Khny, parliamentary secretary of state for Hungary's Ministry of Welfare, echoed these thoughts: "The opportunity to learn from each other's successes and failures is of great importance and promotes development of health care and serves to form a basis of better health of our population throughout Europe."

After the nursing task force meeting, Ainna Fawcett-Henesy, RN, acting regional nursing adviser for the World Health Organization (WHO), said, "I really felt as if I were part of a big family of nursing, and I can't ask for more than that."

Along with a chance to share the progress of their partnerships, participants also learned about health care and health reform throughout the region.

"People see much of what they considered their safety nets and welfare quickly eroding under the new systems," said Thomas Cornell, USAID representative to Hungary. To understand the administrative tools and clinical knowledge necessary to bolster these faltering systems, Cornell suggested those in the CEE could learn much from Americans, who have had some of the same experiences.

"These hospitals [in the United States]--at one time or another--have faced the very same problems of reduced resources, higher patient expectations and the need to meet the challenges of the modern world--that your own hospitals in Central and Eastern Europe are facing. It is both technically important--and comforting--to know that the problems you face

today are not unique to transition," he said. "It is also important to know that you will continue to face these same problems well after transition is considered past."

In the conference's keynote address, J.E. Asvall, MD, WHO's regional director for Europe, discussed directions for public health as Europe heads toward the 21st century, outlining areas of accomplishment and ones that are cause for concern.

According to Franklin Apfel, MD, WHO's regional adviser for communication and public affairs, priorities in the organization's Europe office have changed dramatically since 1989. Today, 70 percent of the office's budget goes to CEE and NIS. Additionally, WHO's Health for All strategy promotes a new, positive view of improving health, from disease prevention, primary care and access to basic health care for everyone. Rather than acting alone, "we try to work as catalysts and form networks around us" with groups such as AIHA, schools and communities, he noted.

"Instead of taking a 'don't' approach to health promotion - - don't drink, don't smoke, don't have fun - - the emphasis is on action to competently improve our health," Apfel said.

But public health goals and clinical know-how must be accompanied by adequate funding for lasting, widespread change, World Bank representatives told participants.

Ten percent of new World Bank loans focus on health, up from only 1 percent 10 years ago, said Brad Herbert, a portfolio manager with the Central and Southern European departments of the World Bank. The World Bank has loaned Croatia \$40 million and Hungary \$80 million for health projects. Herbert cited slow rates of decision making and implementation of projects once the loan is made as impediments to making progress in health care.

Maris Jesse, World Bank project coordinator and ministry liaison with the Ministry of Social Affairs in Estonia, had some advice about raising funds for large projects. Officials began a search for more than \$34 million to finance the building of a new medical facility in Estonia. With an \$18 million World Bank loan, \$16 million from the Estonian government and donors from countries across western Europe, they were able to secure adequate funding.

To amass such a large amount of funding, health managers must do a lot of planning, be assertive, establish a realistic time schedule and be flexible, Jesse said.

"Don't just sit and wait until someone comes to you and says I have free money," she advised.

Given the great amount of positive change accomplished by partners--from updating their technology to reducing infant mortality to mobilizing the community to fight drug abuse--an understanding of the tools needed to measure the impact of their work is vital. This is sometimes imprecise and difficult work, but "when you develop meaningful measures of impact, you can reduce risk and verify what you're doing. It's a very empowering experience," said Curtiss Swezy, AIHA's director of program reporting and assessment, who monitored a special plenary session on the topic.

Measurement is particularly important when making the case for continued support from donors, said Mary Ann Micka, MD, MPH, USAID's chief of the health and population division of the Europe and New Independent States Bureau. "It's not enough to just say we're improving health care. I need you to tell me how much and how," she said.

Measurement tools can take many different forms, from a hospital budget to comprehensive patient records to documentation of reduction in specific diseases, said Lorraine Tregde, MPA, former executive director of Bronx Municipal Hospital Center and adjunct faculty at New York University. And partners shouldn't worry if at first their progress reports are limited, she said: "You take baby steps, one and then another until you can take a giant step."

But sometimes the consequences of a project may take a long time to be seen. For example, the impact of building a health education center for children may not be felt until they are well into adulthood and continuing to practice healthy lifestyles as a result of the program, said George Weiner, PhD, director of planning and institutional research at the MetroHealth System in Cleveland, Ohio.

And measurements of non-traditional methods of care may be overlooked, said Roger Bulger, MD, AIHA board member and president of the Association of Academic Health Centers in Washington, DC. The effects of the mind and emotions on healing can be enormous, he said.

"As we have grown in our capacity to cure and diagnose, we have begun to forget what people had as healers before all that technology. We need to remind ourselves of that," he said.

But some impact is easy to measure, according to conference participants.

"The conference has been a fascinating opportunity to learn about what our colleagues in other parts of the world have accomplished, including new information that we didn't even have about Albania," said Susan Mueller, coordinator for the Bronx, New York-Tirana, Albania hospital partnership.

"I'm grateful to have the opportunity to exchange ideas that we take back to our community and use," said Alena Chlapkov, MD, mayor of the Slovak town of Turcianske Teplice and a healthy community partner member. "This is unprecedented."