SPEAKER'S CORNER.....

From North Sea to Black Sea: progress towards common public health practice

The European Commission (EC) has noted the need for public health protection in central and east European countries, which aspire to European Union (EU) membership, to approximate towards west European standards, prior to EU enlargement. In 1998 an EC agency funded a seminar at which representatives of public health communities in the 10 "associated" countries in central and east Europe met to share experiences concerning developments in the public health function, and to develop a shared vision of the future for public health across an enlarged EU. Information on the structure and function of public health within Estonia, Latvia, Slovak Republic, Poland, Lithuania, Slovenia, and Romania was obtained (using a self administered questionnaire sent to all seminar participants, notes taken during discussion sessions at the Brussels seminar and information from recently published material^{1 2}).

Many respondents (who were senior figures within academic or government institutions) reported a state of flux after the political changes of the previous decade. Former approaches to public health had been abandoned to varying extents and new models were being developed. Some countries independent only recently, such as Slovenia, were still in the early stages of developing their public health functions. In others, such as Poland and Romania, there had been more stability.

However, these countries have much in common with EU member states, including that public health is held to be of national importance. In countries studied, public health is recognised as a distinct field of activity, and in nearly all there is a designated government minister or senior civil servant who takes a lead on public health matters. Priorities are generally similar in west and east Europe, except that inequalities in health are not yet seen as a public health issue east of the EU (but inequalities were not seen as national public health priorities in the UK even 10 years ago!). This could be an area where collaborative research might yield valuable information on determinants and indicators of health inequalities.

Organisation of the public health function varies considerably between centralised and devolved models. The relation between health improvement and environmental protection aspects of public health also varies; these are sometimes separate areas of activity, while elsewhere they are integrated. The development of a set of core activities regarded across Europe as basic public health functions would promote the acceptance of common standards; east of the EU the

wider public health function is not well developed, with most practice concentrating on "health protection" activities.

In east Europe public health practice is seen generally as a multidisciplinary activity, but it lacks coordinated systems of education, training, and development. However, there were reports of postgraduate (usually Masters level) training schemes for those from backgrounds other than medicine, and sharing of different approaches to training for public health across Europe would be valuable. It would also be valuable to achieve understanding of differences in the standards of training achieved by those who are designated "specialist in public health". A step towards this is now provided by the validation and inspection service of The Association of Schools of Public Health in the European Region (ASPHER),³ and a network of institutions providing European Public Health Masters degrees has been established.⁴

The seminar and subsequent networking have proved interesting and valuable. Continuing discussion of the development of the public health function, and collaboration on training, education and development issues, will be essential if high standards in public practice are to be achieved and maintained across the whole of the Europe.

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