

THE FIFTEENTH PLENARY SESSION OF THE GENERAL ASSEMBLY

RECOMMENDATION 44/2000¹

COOPERATION IN THE FIELD OF PUBLIC HEALTH AMONG THE BSEC MEMBER STATES

1. The Parliamentary Assembly recalls its Recommendation 14/1996 on “Social Guaranties during the Transition Period in the PABSEC Member Countries” adopted by the 7th General Assembly in Baku in June 1996, Recommendation 36/1999 on “The Legal Framework for the Social Protection of Pensioners in the BSEC Member Countries” adopted by the 13th General Assembly in Ankara in June 1999 and Recommendation 41/1999 on “The Legal Framework for Child Protection in the BSEC Member Countries” adopted by the 14th General Assembly in Kyiv in December 1999, stressing the imperative need for comprehensive legal, economic and social actions with a view of preserving social protection of the population, including public health care.
2. The Parliamentary Assembly notes with concern that health care in most of the PABSEC Member Countries is seriously affected by the economic recession, growing poverty and hardships, budgetary constraints, rising costs of medical services, inadequate structures and absence of proper mechanisms.
3. As a result, the main trends in many of the BSEC Member Countries are characterised by such negative developments as shortened life expectancy, increased death rate and declining birth rate, re-emergence of diseases like tuberculosis, affecting first of all the most socially vulnerable sections of the population. All these have grave consequences for the future development of the countries of the region, and indicate that the present health care policy is failing to meet the basic needs and to provide adequate social protection which should be a primary goal of the society at the beginning of this century.

¹ Rapporteur: Mr. Blagovest Sendov (Bulgaria), Chairman of the Cultural, Educational and Social Affairs Committee

The Assembly debate on 8 June 2000 (see Doc. GA15/CC14/REP(d)/00 – Report on “Cooperation in the Field of Public Health among the BSEC Member States”, discussed by the Cultural, Educational and Social Affairs Committee at its Fourteenth Meeting in Bucharest on 5 April 2000; Rapporteur: Mr. Gagik Tadevosyan)

Text adopted by the Fifteenth General Assembly in Tirana on 8 June 2000

4. The Assembly recognises the fact that health care situation in the transition countries and in the countries with a developed market economy of the Black Sea region is quite different and hence demands different approaches. Therefore the Assembly emphasises the fact that sustainable economic development represents the crucial factor, securing the appropriate environment for meeting the requirements of a modern and reliable health care policy.
5. Health care is not solely a medical problem. The key determinants of health lie outside the health sector, with social and economic factors being of particular importance. Therefore, the Assembly underlines the fact that health care reforms must support the creation of favourable conditions for full physical and spiritual development and long and active life of the people.
6. Cooperation among the Black Sea Member States through bilateral or multilateral agreements, as well as their cooperation with international and regional specialised organisations should be regarded as a potential instrument of solving the complex health care issues.
7. **The Parliamentary Assembly recommends** the Parliaments and Governments of the BSEC Member States:
 - i.* **to address** health care reform as an imperative priority of the overall economic reforms, based on the principles of ethical values, human dignity, solidarity, accessibility, universality, reliable financing system, incentives for effectiveness and efficiency, aimed at improving public health and the quality of medical assistance;
 - ii.* **to enact** effective national legislation securing the health care protection as a fundamental human right enshrined in the European Social Charter of the Council of Europe, and as a crucial factor of the development of the society, providing necessary framework for health care management and community participation, decentralisation, increasing protection of the most vulnerable sections of the population, first of all children, people with chronic diseases, disabled and elderly;
 - iii.* **to bring** national legislation and regulations in conformity with international standards in respect of health care protection, particularly by incorporating the “Health for All in the 21st Century” policy into the health care regulations of the Member States, and to accede to relevant international and European legal instruments in the field of health care, first of all to the Ljubljana Charter on Reforming Health Care;
 - iv.* **to design** appropriate strategies for multisectoral approach and partnership between governments, private sector and national institutions responsible for economic development, social affairs, education, environment etc., encouraging also the involvement of NGOs, which represent an important component of a modern society in providing social care services, thus mobilising untapped resources;

- v. *to formulate* health care strategy aimed at:
- reducing use of tobacco, as one of the most dangerous risk factors for health,
 - decreasing consumption of alcohol, which represents a serious problem for the public health, particularly gravely affecting the young generation,
 - combating drug trafficking in the region due to its harm potential for public health and its impact on the massive spread of AIDS,
 - strengthening control in order not to allow imports of expired drugs and foodstuffs;
- vi. *to pay* special attention to health care of migrants and refugees who are at a particular risk of poor health status since they can not always reach health assistance through usual health and welfare channels;
- vii. *to provide* full support to developing and expanding cooperation among the BSEC Member States in the field of public health, as well as to setting up an effective mechanism through:
- concluding bilateral and multilateral intergovernmental and interdepartmental cooperation agreements,
 - exchanging legal information in order to harmonise the health care legislation of the BSEC Member States,
 - elaborating legal framework for interaction among the medical and insurance agencies of the Member States of the Organisation of the BSEC,
 - encouraging visits by representatives of ministries of health, universities, medical establishments, and, at the same time, organising congresses and symposiums on specific problems of health care in the Member Countries,
 - carrying out common medical research programmes and publication of scientific works,
 - setting up regional medical centres specialised in specific diseases,
 - studying the opportunity of creating a common health care, sanitary and epidemiological information network of the BSEC Member States called upon to provide information on infectious diseases, sanitary and epidemiological problems,
 - developing a common stand on health problems of the Black Sea region within the framework of WHO and other international and regional specialised organisations;
- viii. *to cooperate* on emergency situations, resulting from natural, man-made or technological disasters which represent a significant challenge for public health and to consider as a high priority the establishment of an implementation mechanism of the BSEC Agreement on Emergency Assistance and Emergency Response.

8. **The Parliamentary Assembly invites** the Council of Ministers of Foreign Affairs of the BSEC to consider this Recommendation.

