

Doc. GA15/CC14/REP/00

THE FIFTEENTH PLENARY SESSION OF THE GENERAL ASSEMBLY
CULTURAL, EDUCATIONAL AND SOCIAL AFFAIRS COMMITTEE

REPORT

ON

**“COOPERATION IN THE FIELD OF PUBLIC HEALTH AMONG
THE BSEC MEMBER STATES”**

RAPPORTEUR: Mr.GAGIK TADEVOSYAN

I. INTRODUCTION

1. The Parliamentary Assembly of the Organisation of the Black Sea Economic Cooperation has worked out comprehensive proposals on social problems of the Member Countries, such as: social guarantees in the transition period, social protection of refugees and displaced persons, social protection of pensioners, child protection within the framework of the Report on “The Social Problems of the Transition Period in the PABSEC Member Countries” and Recommendation 14/1996 adopted by the 7th General Assembly in Baku in June 1996, the Report on “The Rights and Social Protection of Refugees and Displaced Persons in the Black Sea Region” adopted by the 9th General Assembly in Athens in June 1997, the Report on “The Legal Framework for the Social Protection of Pensioners in the BSEC Member Countries” and Recommendation 36/1999 adopted by the 13th General Assembly in Ankara in June 1999 and the Report on “The Legal Framework for Child Protection in the BSEC Member Countries” and Recommendation 41/1999 adopted by the 14th General Assembly in Kyiv in December 1999.

2. Prosperity and well-being of the people of the Black Sea region represent the ultimate goal of the economic development of the PABSEC Member Countries. Taking into consideration that in most of the PABSEC Member Countries in transition situation in the field of public health has been deteriorated, the Thirteenth Meeting of the Cultural, Educational and Social Affairs Committee, held in Volos on 29-30 September 1999, decided to take up the subject on “Cooperation in the Field of Public Health among the BSEC Member States” as the main subject of the Fourteenth Meeting in Bucharest on 5-6 April 2000.

3. Public health has also been one of the areas of concern for the BSEC. The Plan of Action of the Working Group on Health Care and Pharmaceuticals adopted in Tbilisi in June 1996 includes such items as health insurance, joint measures against infectious diseases, combating drug addiction, scientific research, education and training programmes, disasters medicine, protection of the vulnerable groups etc. In their Istanbul Summit Declaration of November 17, 1999, the Heads of State or Government of the Member States of the Organisation of the Black Sea Economic Cooperation considered as a high priority the establishment of an implementation mechanism of the BSEC Agreement on Emergency Assistance and Emergency Response, which has a direct impact on public health in view of the recent tragic disasters in the region.

4. Contributions for the Report and Recommendation 44/2000 on this subject have been received from the national delegations of Armenia, Azerbaijan, Bulgaria, Greece, Moldova, Romania, Russian Federation and Turkey. The Rapporteur would also like to thank the WHO Armenia Liaison Officer, for providing valuable relevant information, as well as the PABSEC International Secretariat for providing information received from international organisations and other sources.

II. INTERNATIONAL AND REGIONAL LEGAL FRAMEWORK

5. The development of **public health**, which is broadly defined as **promotion of health and prevention of disease through the organised efforts of society**, is extremely patchy in Europe. In some countries it is well developed, in other's it is marginalised and responsible for what are often second-class services for disadvantaged groups.

6. There is a number of fundamental developments which have an important impact on the performance of health services. Three of them are worth mentioning:

- i. demographic changes, including the ageing population and the decline in the proportion of the population of working age. These changes will both increase the demand for health care and at the same time limit the ability of health services to respond to this demand;

- ii. innovations in medical science giving rise to new demands within the health services;
- iii. public expectations of health services are rising as those who use services demand higher standards of care.

7. Through its Constitution the World Health Organisation (WHO) has a special mandate to promote closer cooperation for health development, both internationally and bilaterally.

i. Following the 1980s all the 51 Member States of WHO's European region adopted a common policy framework for health development - *the Global Strategy for Health for All (HFA) by the Year 2000*. This strategy, based on a thorough analysis of the health problems of people in the region, outlines strategies that countries, organisations and civil society can use to turn national policies into practical operational programmes at local level through this vast region.

ii. In September 1998 the WHO Regional Committee for Europe updated the HFA strategy, by adopting the "*Health for all in the 21st century*" policy, which represents a comprehensive guidance for the member countries for formulating their national health policies. This updated strategy stresses the global priorities for the first two decades of the 21st century.

8. Good health and wellbeing require a clean environment. Human health depends on the availability and quality of food, water, air and shelter. WHO and its partners work with the countries to support implementation of the National Environmental and Health Action Plans (NEHAPs), comprising a strategy to prevent and control environmental health hazards in Europe. A European region-wide political commitment to action on the environment and health was achieved with the adoption of the *European Charter on Environment and Health* (Frankfurt, 1989), the *Declaration on Action for Environment and Health in Europe* (Helsinki, 1994) and the *Charter on Transport, Environment and Health* (London, 1999).

9. Tobacco use is one of the most dangerous risk factors for health within the region.

Implementation of the *1988 Madrid Charter against Tobacco* and the Action Plan for a Tobacco-free Europe will lead to health and economic gain. WHO begins to work on the Framework Convention on Tobacco Control - the world's first multilaterally negotiated public health treaty that aims to reduce the use of tobacco and thereby reduce tobacco-related deaths.

10. Alcohol-related harm, included accidents, represents a huge European health problem.

The *European Charter on Alcohol* (Paris, 1995) and the European Alcohol Action Plan outline the main public health strategies.

11. Illicit drugs include a wide range of substances which, because of their potential for harm, have been placed under the control of international conventions. Drug use contributes to a further massive spread of HIV infection and hepatitis, especially in the eastern parts of the region. 40% of all AIDS cases in the European region result from intravenous drug use.

12. A need for a common document, determining the basic principles of health care reforms for all the European countries aroused in the end of 80s - beginning of 90s. *The Ljubljana Charter on Reforming Health Care* has been worked out under the aegis of the WHO Regional Office for Europe, and has been adopted by the WHO European member countries in 1996.

The Ljubljana Charter addresses health care reforms in the specific context of Europe and is based on the principle that health care should first and foremost lead to better health and quality of life for people.

13. The European Union (EU), an integrational organisation with a strong mandate for multisectoral action for health, has a large potential for contributing to the development of public health. A number of EU treaties contain provisions on health protection. The relevant provision

of the 1999 Amsterdam Treaty requests adoption of measures and recommendations to contribute to the achievement of the Community's objectives in the field of public health. A number of public health programmes and initiatives have been carried out, in particular "Europe against cancer", "Europe against AIDS", programmes dealing with drug demand, alcohol abuse, health education at school etc. Various Committees of the European Parliament, in particular the Committee on Environment, Public Health and Consumer Protection, the special Committee on drugs, and the Committee on Youth, Culture, Education, the Media and Sport, have prepared several reports on health-related subjects, including reports on AIDS, health education and drug abuse, bioethics, organ transplantation etc.

14. Protection of health is a fundamental right enshrined in the European Social Charter of the Council of Europe (CE). Many provisions of the Charter concern the health of the whole population, such as those on working conditions, social security benefits, social and medical assistance and social protection of elderly persons. The CE, with its essential concern for democracy, human rights and ethics, can be a major force in ensuring that basic ethical values are indeed defended in international agreements guiding individual countries and local communities. In the public health sector the Social, Health and Family Affairs Committee of the Parliamentary Assembly of the CE at present is examining the matters relating to the health security for Europe's population, among which the problem of keeping under control the health risks, emerging from the free movement of goods and products, development of actions with a view to reducing tobacco and alcohol consumption, the ethical principles regarding organ transplantation and grafting of human tissues etc.

III. PUBLIC HEALTH IN THE BSEC MEMBER STATES

15. In the BSEC region, including countries with a developed market economy, and countries in transition of the CEE and CIS, the nature of the public health sector is substantially different.

16. The macroeconomic environment has a considerable influence upon the health services. Social and economic crisis worsened the health situation in the BSEC Member Countries in transition. According to the WHO reports the health sector in most countries in transition faces serious problems. Shortened life expectancy, increased death rate and declining birth rate, re-emergence of diseases like tuberculosis and the growing number of suicides are among the trends which indicate a close link between social stress and health situation. Globalisation of markets is widening the gap between rich and poor. Poverty – whether defined by income, socio-economic status, living conditions or educational level is one of the big risk factors for ill health. Both unemployment and work insecurity have detrimental effects on health, increasing the risk of psychological and physical disorders and suicide.

17. Emergency situations resulting from natural and man-made or technological disasters, such as the Chernobyl nuclear accident in Ukraine, earthquakes in Armenia, Greece and Turkey represent a significant challenge for the public health.

18. Special groups including migrants and refugees are at a particular risk of poor health status. Their needs often receive far less attention, and they cannot always be reached through usual health and welfare channels. This problem continues to exist in some of the BSEC Member States.

19. The economic and social differentiation of the population is rapidly growing along with rising costs of medical services and drugs. The system of health care, which was based on state financing and which guaranteed full and free access to all health services in spite of the incomes

of individuals, is now being reformed due to the strong pressure from both market forces and international finance institutions.

20. In response to political, economic and social changes, including health and health sector challenges, countries of the BSEC region have developed strategies of reforming their health systems. The policy of reforms in many countries is directed at: increasing market elements in health care; decentralisation, evolving role of the public health. Decentralisation is a central tenet of the health sector reform in many countries. It is seen as an effective mean to stimulate improvements in the delivery of services, to secure better allocation of resources according to needs. Privatisation is the ultimate form of decentralisation. Financially hard-pressed governments see privatisation as a way to entice private capital into the health sector, and thus to reduce demands on scarce public funds.

IV. NATIONAL HEALTH POLICY IN THE BSEC MEMBER STATES

Albania¹

21. When political changes took place in Albania in 1991/1992, 24% of the existing Health Centres in cities and 65% of the “health posts” in villages have been destroyed. In 1992 a health care reform was initiated, aimed at reorganising health services in Albania.

22. While there is not yet an official health policy document in Albania, the Ministry of Health issued a paper entitled “Medium-term program for health sector development in Albania, 1996-1999” which put forth the objectives of: improving preventive and curative health care for every citizen; drawing up and enforcing a health policy document; introducing organisational changes within the health institutions to improve efficiency in their operation; introducing market elements in health care financing; decentralising planning and granting more autonomy in decision-making processes; privatising different sectors of health services under a new policy.

23. The cornerstone of such health care reform is to provide coverage for necessary health services and basic pharmaceuticals and care to all people. Albania is considering reforms in line with the current European drive towards a more equitable, cost-conscious and pluralistic health care delivery organisation.

Armenia

24. Immediately following independence in 1991 Armenia faced economic and socio-political problems, which lead to a decline in the field of health care. It was impossible to sustain existing health services in the new economic climate. This reinforced the demand to reform the former health system in the direction of radical changes in funding, open and democratic structures and decentralisation.

25. Most of institutions of health care system of Armenia are still State-owned (about 95%). The State declares equal rights of all the citizens of Armenia to enjoy free medical service in the medical institutions left for that purpose.

26. Decentralisation process, which begun in 1995 included the reorganisation of the budgetary health care institutions into State health enterprises, i.e. semi-independent units which could generate their own revenues parallel to budget financing. In case of necessity and expediency, a policy of privatisation of individual medical institutions will be implemented in order to develop specialised medical institutions and services. Introduction of obligatory medical insurance system is planned since the year of 2001.

¹ 1999 WHO Country Health Report for Albania.

Reforms foresee a need to provide a minimum package of care for the most vulnerable. For this purpose public funds should be utilised.

27. National sanitary and epidemiological standards, aiming to create a favourable environment, are in process of elaboration. It is planned to create an information system for sanitary and epidemiological service in order to monitor the safety of environment, food, communicable and non-communicable diseases.

28. The Republic of Armenia has signed bilateral interdepartmental cooperation agreements with a number of BSEC Member Countries: Georgia, Greece, Romania and Ukraine. Interdepartmental agreements with Russian Federation and Bulgaria will be signed soon.

A plan of creation of a common health care information network with Georgia and Azerbaijan is being prepared with support of Canadian Society for International Health and WHO.

Armenia is cooperating actively with some of the BSEC Member Countries in the framework of the CIS agreements, as well as with Georgian, Russian and Ukrainian specialised institutions, exchanging information on infectious diseases, sanitary and epidemiological problems and the ways to solve them.

29. The Republic of Armenia has signed the Ljubljana Charter on Reforming Health Care, the UN Convention on the Rights of the Child, Convention on the Elimination of All Forms of Discrimination against Women, Charter on Transport, Environment and Health etc.

30. Armenia is ready to host a regional medical centre dealing with heart surgery, or vertebral post-traumatic rehabilitation, or proctology.

Azerbaijan

31. All medical facilities continue to be owned by the State and all health personnel are State employees. The public health system is financed from general revenues, enterprise revenues and both formal and informal payments by users. The first genuinely private sector facility is likely to be a Medical Centre in Baku, to be supported by a loan from the European Bank for Reconstruction and Development (EBRD), contributions from oil companies etc. The Government is committed to complete a comprehensive reform strategy for the sector.

32. Azerbaijan has signed and is successfully implementing agreements on cooperation in the field of health care with most of the BSEC Member Countries: Bulgaria, Georgia, Moldova, Romania, Russian Federation, Ukraine, Turkey and other countries. Development of specialised medical aid, prophylaxis and diagnostics of wide-spread diseases, vaccination and rehabilitation are the priority areas of cooperation. Cooperation is developed also in the fields of training and re-training of the medical personnel, exchange of scientific information on different aspects of contemporary medicine. At the same time with bilateral and multilateral agreements and treaties the country has concluded agreements on cooperation with individual cities of the Black Sea region: Moscow, Novosibirsk, Kaliningrad, Tambov and other cities of the Russian Federation, Ankara, Istanbul, Tbilisi, Kyiv, Kharkov and other cities.

Bulgaria

33. Global political and economic changes since 1990 have put Bulgaria's health care system in a difficult position. There is a number of problems in the medical aid organisation: structures inadequate to needs, absence of economic and financial mechanisms encouraging system development, shortage of funds, absence of the required balance between centralisation and decentralisation, the normatively regulated public-private sector proportions within the medical aid system does not function etc.

34. Health care reform was initiated to find a new approach to solving these problems. The strategy of the Bulgarian health care reform is based on several main principles: division between outpatient and hospital care; prioritisation of primary health care (PHC) in terms of cost-efficiency and quality; decentralisation; privatisation of medical facilities; changes in the health care financing system, introduction of a health insurance system.

Bulgarian public health care legislation regulates social relations concerning public health protection and aims at supporting the creation of favourable conditions for full physical and spiritual development and long active life of people, as well as improving the reproduction of the population. Reorganisation of the public health services has several dimensions, namely: sanitary inspection reform, health promotion and health education work, incorporating a public health perspective in the work of all clinicians, especially PHC physicians.

In the legislative and regulatory sphere, a substantial degree of activity has been developed, aimed at instituting reform. The Parliament endorsed a number of laws, among which: the Act on Health Insurance, the Act on Professional Organisations in Medicine, the law concerning pharmaceutical drugs etc. All these have established the legal basis for sustainable reform in the health care system.

35. Bulgaria has signed health care and medical science cooperation agreements with a number of the Black Sea region countries. Bulgarian cooperation with the BSEC Member States in the health care field is realised mainly in exchange of information and experience in different spheres. The country develops international health care cooperation in a number of fields under EU and WHO programmes.

36. Bulgaria has ratified the Constitution of the World Health Organisation, the UN Convention for fight with the illegal traffic of intoxicating and psychotropic substances, Conventions No. 42,12,113 for mutual protection against the “dengue” disease etc.

Georgia ²

37. Actions have been undertaken in order to establish an appropriate legal framework in the field of health care. The main Presidential decrees in terms of health care reform are:

- “On Activities at the First Stage of Reorganisation of Health Care System of the Republic of Georgia”, 1994;
- “On Privatisation of Health Care Facilities”, 1995
- “Charter and the Structure of the Ministry of Health of Georgia”, 1996;
- “On Additional Measures for Improvement of Health Care System under Market Economy Conditions”, 1995;
- The Law on Medical Taxes.

38. The relevant ministerial resolutions are:

- ”On the Role of the Ministry of Health in the Reorganisation of Health Care System”, 1996;
- “On the First Stage Measures of Health Care System Reorganisation”, 1995
- “Law of Georgia on Health Care”, 1997

39. The relevant law adopted by the Parliament is:

- “Law of Georgia on Medical Insurance”, 1998.

² 1999 WHO Country Health Report for Georgia.

Greece

40. The Greek health care system is a system of compulsory public health insurance with strong elements of a national health system and extensive involvement of the private sector. The National Health System is based on the principles of: equity in the delivery and financing in health care services; primary health care development; a public-private combination in service provision; responsibility of the State for provision of health care services; decentralisation in the planning process, improvements in management and community participation.

41. The public health system consists of a centralised service within the Ministry of Health and public health departments. This service is responsible for monitoring the health of the population especially regarding environmental factors, immunisation, prevention of communicable diseases and the overall supervision.

42. The aims of the planned health care reforms include the following: to determine and interpret factors regarding the health status of the population, to identify the requirements for health and epidemiological profile of the population, to develop information services, to identify and control possible outbreaks of communicable diseases, to monitor the health effects of the environment and to promote health by health education, immunisation screening etc.

43. Cooperation with the BSEC Member Countries in the field of health and welfare is based either on European programmes or on bilateral agreements. Bilateral agreements are valid between Greece on one side and Albania, Bulgaria, Romania, Armenia on the other. Agreements with Ukraine and Georgia are going to be signed. The above mentioned agreements have provisions on cooperation in the fields of medical treatment, pharmaceuticals, public health, primary health care, environmental protection, exchange of delegations, organisation and finance of health systems, medical research etc.

Moldova

44. The Government of the Republic of Moldova expressed its commitment to develop the National Health Policy in 1997 and asked the WHO assistance in order to be included into specific programmes.

45. The major challenges of the initiative are promotion of intersectoral cooperation and active involvement of the population in action for health. The economic constraints influenced the elaboration of a comprehensive legal framework. The Parliament is planning to work out a law on the National Health Policy before the year 2001.

46. The Ministry of Health signed intergovernmental agreements on cooperation in the field of health with Romania, Russian Federation, Turkey and Ukraine. Draft agreement with Bulgaria is in process of negotiation.

Romania

47. Since 1990, the Government and Ministry of Health have introduced health reforms focusing on reorganisation and financing of health services, training, new ways of paying health professionals and new approaches for management of specific major health problems. The health policy principles adopted by the Ministry of Health include: accessibility, universality, solidarity in funding medical services, incentives for effectiveness and efficiency, service delivery linked to health care needs, freedom to choose one's physician, autonomy of medical professionals and cooperation of health care services with other services that have an impact on health, such as education and social services. Free health services are guaranteed for all employees and their families, self-employed and unemployed individuals, pensioners, children, students and pregnant women. Decentralisation of the planning process is encouraged with an increased role for the community.

48. According to the Law no. 100/1998 on public health assistance:

- “public health assistance covers activities addressing the community or the individual, in order to achieve the protection of the community, and to preserve and promote the healthy condition of the population.”
- “public health assistance is guaranteed by the State and financed from the State budget, local budgets, social security health budgets or from direct contributions by beneficiaries, if case may be, according to the law.”
- “public health assistance encompasses activities aimed at preventing illnesses, at promoting and ensuring the health of population, as well as the supervision of hygiene, anti-epidemics and health standards implementation”.

49. Romania has signed bilateral agreements in the field of health and medical science with a number of BSEC Member Countries: Albania, Armenia, Bulgaria, Greece, Moldova, Russian Federation, Turkey and Ukraine. Negotiations are under way to establish cooperation with Ukraine, aimed at implementing the sanitary control over the means of transportation and setting up an operational information system in the field of transmissible diseases.

Russian Federation

50. The reforms of the health system in the Russian Federation, which have started in the beginning of 90s in response to the pressing demands, are still in process. The health sector reforms have been proliferated in a variety of acts, laws and ministerial orders. Among the main of them are the following:

- Law on Medical Insurance of the Citizens of the Russian Federation;
- Law on the Sanitary-Epidemiological Well-being of the Population;
- Decree by the Ministry of Health of the RF on the Phased Transition to Primary Health Care;
- Legislation on the Protection of the Health of the Citizens of the Russian Federation;
- Law on Organ Transplantation;
- Recommendations on the Population’s Health as a Factor in Russia’s National Security;
- Decree about the Measures of Stabilisation and Development of Health Care and Medical Sciences in the Russian Federation.

51. The Ministry of Health of the Russian Federation develops cooperation in the field of health care and medical science with most of the BSEC Member Countries. At present the Ministry of Health has concluded intergovernmental and interministerial agreements with all the BSEC Member Countries, except Greece. These agreements foresee mutually beneficial cooperation in organisation and economy of health, protection of health of mother and child, infectious diseases, including AIDS, organisation of sanatorium/health-resort treatment, exchange of information on the sanitary-epidemiological inspection.

Turkey

52. The Ministry of Health is the major provider of primary and secondary care and the only provider of preventive health services. It is responsible for the country’s health policy. The Parliament is the ultimate legislative body regulating the health care sector. Preventive health services and primary level curative services are universally free. Secondary and tertiary level services are charged.

53. The major national public health strategies are expressed as the main approaches of the health care reform in Turkey, among which: improvement of the health status of population by bringing the whole population under the social health security umbrella; equity in health services; emphasis on preventive services, health promotion and primary curative care focusing on mother-child health and family planing, environmental health, communicable diseases, health

of elderly etc.; efficiency in service provision; appropriate usage of technology; strengthening multisectoral cooperation for health services etc.

54. Among the key problems, identified in designing of health sector reform are: absence of a long term health policies; the resources allocated to the health services are too low compared with other countries; the current health legislation is quite old, reflecting the late 1920s and early 1930s; some of the laws are too detailed to keep pace with the changing needs; lack of information on health and health services etc.

55. With the view of improvement in the health sector, the Government proposed health reform including the following components: family physician and primary health care services reform, hospital and health enterprises reform; health finance reform; health information system; organisation and management reform; human resources reform.

56. The Ministry of Health has signed cooperation agreements in the field of health with the ministries of health of the following BSEC Member Countries: Albania, Azerbaijan, Bulgaria, Georgia, Romania, Russian Federation. These agreements generally aimed at cooperation in the field of health and medicine, exchange of information and experts, treatment of patients.

Ukraine³

57. The President, Supreme Council and Cabinet of Ministers of Ukraine determine the policy in the spheres connected with functioning of public health system. The Ministry of Health of Ukraine is the main state body authorised to work out the strategy of the sector development and to solve problems concerning public health.

58. In line with the Ljubljana Charter on Reforming Health Care a group of Ukrainian specialists, working together with WHO experts, started the preparation of the strategic plan of health care reforms in Ukraine.

59. **Below are some basic statistical indicators for the BSEC Member States, published by WHO⁴**

Member country	<u>Total population</u>		<u>Health services and finance</u>		
	Size	Annual	Health expenditures		
	(000)	growth rate (%)	Total	Public sector	Public sector
	1998	1978-1998	(% of GNP) around 1995	(% of GNP) around 1995	(% of total) around 1995
Albania	3 119	1.0	...	2.5	...
Armenia	3 536	0.8	7.8	3.1	40
Azerbaijan	7 669	1.3	6.1	1.1	19
Bulgaria	8 336	-0.3	6.9	5.5	80
Georgia	5 059	0.1	...	0.6	...
Greece	10 600	0.6	5.9	4.9	83
Moldova	4 378	0.5	...	4.9	...
Romania	22 474	0.1	...	3.6	...
Russian Federation	147 434	0.4	4.8	4.1	87
Turkey	64 479	2.1	4.2	2.7	65
Ukraine	50 861	0.1	...	4.9	...

³ 1999 WHO Country Health Report for Ukraine.

⁴ The World Health Report 1999. Making a Difference. Geneva, 1999.

V. CONCLUSIONS

60. Health is an integral part of a sustainable economic development policy. There is a direct link between economic performance and health indicators. Deep economic and social crisis faced by the BSEC Member Countries in transition led to a decline in the field of public health. Health improvement will contribute to economic growth, because healthier people are more productive. Understanding health's economic role may help to understand importance of investing in health.

61. All the BSEC Member States are attaching a growing attention to the reforms in the field of health sector. While some of them - Greece and Turkey - are mainly working on improvement of standards of health care, the countries in transition are seeking to elaborate a new comprehensive health care policy, meeting the requirements of the market oriented economy and taking advantage of the experience and legal framework of the European Union.

62. Health care reforms should take place as a coherent part of WHO's "Health for All" policy and go in line with the Ljubljana Charter on Reforming Health Care.

63. Health care reforms should be approached not only as an economic issue, but rather a major social one. They should consider the present dilemma where individuals have to make choice between paying for health care or food, clothing and other vital needs.

64. The protection and promotion of health must be a prime concern of all society. Health - as a universal human value, and health care - as a human right, must be the pillar of any health care reform. Social guarantees for the most vulnerable groups, such as elderly, children, people with chronic diseases and disabled, refugees and migrants should be provided.

65. Promotion of cooperation in the field of public health among the BSEC Member Countries will facilitate exchange of experience, harmonisation of legislation, coordination of efforts in solving common problems. Mutually beneficial cooperation can be developed in different ways:

- i. exchange of information on health care legislation, in order to improve and to harmonise the legal basis and organisational principles of health care development;
- ii. conclusion of bilateral, as well as multilateral agreements in the field of health care among the BSEC Member Countries;
- iii. elaboration of a legislative basis for interaction between the medical and insurance agencies;
- iv. exchange visits among the representatives of ministries of health, universities, medical establishments with a view to enrich their experience;
- v. setting up regional medical centres, specialised in specific diseases;
- vi. cooperation among the BSEC Member States within the framework of WHO's European events in order to present a common stand on health problems of regional importance.

