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**CULTURAL, EDUCATIONAL AND SOCIAL AFFAIRS COMMITTEE**

**REPORT\***

**“The Role of the Parliaments in Providing Sustainable Healthcare Systems in the  
BSEC Member States”**

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## **I. INTRODUCTION**

1. Tremendous progress has been made towards meeting the targets set by the Millennium Development Goals. But in spite of this, today, 6 billion people in the world, have little or no access to healthcare. The healthcare systems are facing new problems and ever increasing demands (new pathologies, longer life expectancy, communicable diseases). To meet the challenges, the governments must prepare and adopt a whole system approach, considering the global socio-economic and scientific factors, when prioritizing and allocating the healthcare resources. Healthcare technologies will have a crucial role to play as appropriate investments in using the latest medical equipment, which can improve diagnoses and clinical outcomes.

2. Today, around 1 billion people have little to no access to improved water supply, 2 billion people can spend no more than 2\$ per day and 2.4 billion lack access to improved sanitation. More than 2 million children, under five, continue to die each year, from diseases that can be prevented by currently available vaccines. Nearly 30 percent of the world's population suffers from one or more of the multiple forms of malnutrition. Deficiencies of iodine, vitamin A, iron, and folic acid remain important and preventable factors which lead to morbidity and mortality. The global health priorities are clear and they require the development of collaborative solutions and actions. This raises the question regarding the long-term sustainability of the healthcare sector, beyond having a sound financial basis for the future.

3. Not all countries in the Black Sea region have effective health insurance regulations and wide practices, which results in the lack of quality health services. As policy makers consider how to move towards financing mechanisms that will protect their people from the financially catastrophic effects of illness, they have three broad options to consider: taxation, social security, and private health insurance. Although many European countries are faced with troubles in implementing the private health insurance, it remains an important means for improving the living standard of people and also for developing the quality of the medical services. The public health insurance covers minimum medical services, but it is necessary to ensure equity in access to health services; the quality of health services should be good enough to improve the health of those receiving services and the people should be protected against financial risk, ensuring that the cost of services does not put them in a financial harm situation.

4. *“Ensure healthy lives and promote well-being for all at all ages” (Goal 3 of the Agenda 2030)*, with its specific goals and targets for improving health outcomes, will serve as a global compass to direct public and private stakeholders towards the most pressing health issues. National implementation programs will be formulated on the raising needs for reforms, ensuring the achievement of accessible and adequate health services. Strengthening disease surveillance and response systems of the states are central to improving public health security in each country and globally. International public health security relies on the appropriate and timely management of public health risks, which in turn, depends on effective national capacities, international and intersectoral collaboration.

5. Addressing the social and environmental determinants of health across all sectors and for whole populations, it is important to create inclusive, equitable, economically productive and healthy societies. The 2030 Agenda presents a major opportunity to place health in all the sectors of policy-making. Fighting against environmental risks, hunger and achieving food security and improved food safety and nutrition are vital for the development of the health systems. However, there are still significant threats faced by the communities, like the supply

of clean water and sanitation, which are the main reasons for deaths in the case of many diseases. Going back to the environmental pillar of sustainable development, studies show that about 25% of the worldwide health problems are already environmental in their source.

6. The Parliamentary Assembly of the Black Sea Economic Cooperation has addressed issues concerning the healthcare and the improvement of life quality in the BSEC region, during the past years. The Assembly came up with the Reports and Recommendations of the Cultural, Educational and Social Affairs Committee, calling for adequate measures and reforms at the national level, along with the cooperation with international and regional specialized organizations. Promoting a recovery in living standards by continuing positive macroeconomic trends, accompanied by reforms and programs to reduce poverty and achieve sustainable healthcare, are now one of the greatest challenges for the governments of the BSEC Member States.

7. Since ensuring the healthy lives and well-being of the people of the Black Sea region represent a major goal for the economic development of the BSEC Member States, the PABSEC Cultural, Educational and Social Affairs Committee decided to focus on a topic which regards the sustainable healthcare systems in the Black Sea region. Contributions to the Report were received from the National Delegations of Azerbaijan, Georgia, Greece, Moldova, Romania, Russia, Serbia, Turkey and Ukraine. The necessary additional reference material has been obtained by the PABSEC International Secretariat through the related internet resources and publications.

## **II. INTERNATIONAL AND REGIONAL LEGAL FRAMEWORK**

8. **The World Health Organization (WHO)** has been recognized as one of the global leaders in the field of health governance, playing a demanding role in providing leadership on matters critical to the health and engaging in partnerships where joint action is needed. The core functions, set out in the Twelfth General Programme of Work, provides the framework for the organization of the program of work, budget, resources and results. Entitled "Not merely the absence of disease", it covers the 6-year period from 2014 to 2019. WHO fulfills its objectives through its core functions aiming at shaping the research agenda and stimulating the generation, translation, and dissemination of valuable knowledge; setting norms and standards, and promoting and monitoring their implementation; monitoring the health situation and assessing health trends.

9. According to the World Health Organization report, the shortened life expectancy, the increased death rate and the declining birth rate, reemergence of diseases like tuberculosis and the growing number of suicides are among the trends which indicate a close link between the social stress and the health situation. Both unemployment and work insecurity have detrimental effects on health, increasing the risk of psychological and physical disorders and suicide. Major progress has been made on increasing access to clean water and sanitation, reducing malaria, tuberculosis and the spread of HIV/AIDS. However, more important efforts are needed to fully eradicate a wide range of diseases and address many different persistent and emerging health issues, as well as to achieve a universal health coverage, including financial risk protection, access to quality essential healthcare services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

10. Universal health coverage has therefore become a major goal for health reforms in many countries and a priority objective of WHO. The starting point for creating a sustainable healthcare system is to prioritize the needs of the population so that the finite resources that are available should be deployed in the most effective way. This means that governments and

health ministries must undertake a thorough impact assessment that enables the leading causes of death, illness and disability to be identified and prioritized. The health sector needs to demonstrate the impact of the different health interventions and to prove to other parts of the government and to the society at large, that investment in health should be a priority, as the impact of precarious health affects the total economy of any given country.

11. The increasing globalization of the trade sector, and the merging of pharmaceutical companies, are internationalizing the pharmaceutical production. The produce of high quality medicines requires the development of norms, standards and guidelines, needed to promote quality assurance and quality control, which is also an integral part of WHO's Constitution and a unique responsibility. The good manufacturing practices (GMP) have also been actively promoted by WHO. The pharmaceutical norms and standards are thus more important than ever since they serve as a common reference point for ensuring minimum safety and quality. One of WHO's roles is to continue to define such norms and standards, and to help countries apply them. The public health authorities, the medicine regulatory authorities and the law enforcement bodies should work together to develop guidelines for systematic surveillance of the medicine quality, and to put those systems in place. Quality medicine can not be provided without high quality medicines.

12. *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 purpose of this Charter is to articulate a set of principles which are an integral part of current health care systems or which could improve health care in all the Member States of the World Health Organization, in the European Region. These principles emerge from the experience of the countries which are implementing health care reforms and from the European health for all targets, especially those related to health care systems. This Charter addresses health care reforms in the specific context of Europe and is centered on the principle that health care should first and foremost lead to better health and quality of people's life.

13. The entry into force of the International Health Regulations of 2005 (IHR 2005), on 15 June 2007, is a public health landmark for the WHO and its Member States. It is an international legal instrument which is binding on 194 countries (including all the BSEC Member States), and provides a framework to promote global health security, by collaboratively counteracting microbial threats for health and safety. The global community created a new legal framework to better manage its collective defenses in order to detect disease events and to respond to public health risks and emergencies that can have devastating impacts on human health and economies. The successful implementation of the IHR 2005 contributes significantly to enhancing national and global public health security in the BSEC Member States.

14. The protection of health and the public consultation processes are important values for the *Council of Europe* and its Member States. To support the Member States in strengthening these aspects in an integrated manner, the Council of Europe initiated a health-related project, entitled "Citizens' consultation platform on the right to the protection of health", being carried out under the supervision of the European Committee for Social Cohesion (CDCS). It aims at reviewing the actions, which the Member States have taken with regard to consultation with their citizens on health issues. As an essential condition for social cohesion, the project aims to support them in improving the consultation on health issues with their citizens. This should be achieved by reviewing existing good practices on the promotion of health education and health literacy as well as on consultation and communication mechanisms, and to derive a

Citizens' Consultation Platform as a 'good practice' template, which can be used by policy makers, planners, medical professionals and other stakeholders across the Member States.

15. **Health 2020** is the new European health policy framework. It is the product of an extensive two-year consultation process across the Region and beyond, and it was adopted by the 53 Member States of the Region during the Sixty-second session of the WHO Regional Committee for Europe, in September 2012 (all the BSEC Member States have adopted it). It aims to support action across the governments and society to: “significantly improve the health and well-being of populations, reduce health inequalities, strengthen public health and ensure people-centred health systems that are universal, equitable, sustainable and of high quality”. It gives policy-makers a vision, a strategic path, a set of priorities and a range of suggestions about what should be done to improve health, address health inequalities, and ensure the health of the future generations.

### **Health Indicators for Sustainable Development**

16. The European Region is on track to achieve the target aiming at reducing premature mortality due to cardiovascular diseases, cancer, diabetes and chronic respiratory diseases. Most of the progress in the Region resulted from improvements in the countries with the highest premature mortality. Differences between countries in life expectancy at birth, have also declined over time, but again data availability for recent years is limited. According to the World Health Report globally, life expectancy at birth, rose by 3 years, between 2000-2005 and 2010-2015, that is from 67 to 70 years. The average world life expectancy at birth is 71.4 years, which is close to the average one in the BSEC Member States (table below).

17. The reduction of child mortality is one of the most strongly and universally supported sustainable development goal. Under-five mortality levels are influenced by poverty, education, particularly of mothers; by accessibility and quality of health services; by environmental risks, including access to safe water and sanitation, and by nutrition. Globally, the under-five mortality rate has decreased by 53%, from an estimated rate of 91 deaths, per 1000 live births in 1990, to 43 deaths per 1000 live births, in 2015.

18. The infectious and parasitic diseases (communicable diseases) account for 14 million deaths per year, around 25 percent of the world total. Six major diseases currently cause 90 percent of the deaths from communicable diseases: AIDS, malaria, tuberculosis, pneumonia, diarrhoeal diseases, and measles. HIV/AIDS is the fastest growing health threat to development today. Since the beginning of the epidemic, about 34 million people have died of HIV-related causes. Globally, 36.9 million people were living with HIV at the end of 2014, but almost half (46%) of them did not know their HIV status. An estimated 0.8% of adults aged 15–49 years worldwide are living with HIV.

	2015											
	Albania	Armenia	Azerbaijan	Bulgaria	Greece	Georgia	Moldova	Romania	Russia	Serbia	Turkey	Ukraine
Life expectancy at birth, total (years)	78.0	74.8	70.8	74.3	81.0	74.8	71.6	74.8	70.1	75.0	75.4	71.0
Mortality rate, infant (per 1,000 live births)	12.5	12.6	27.9	9.3	3.6	10.6	13.6	9.7	8.2	5.9	11.6	7.7
Prevalence of HIV, total (% of population ages 15-49)	..	0.2	0.2	..	0.3	0.4	0.6	..	..	..	..	0.9
Fertility rate, total (births per woman)	1.8	1.5	2.3	1.6	1.3	1.8	1.2	1.5	1.7	1.6	2.1	1.5
Mortality rate, under-5 (per 1,000 live births)	14.0	14.1	31.7	10.4	4.6	11.9	15.8	11.1	9.6	6.7	13.5	9.0

Created from: Millennium Development Goals, World bank statistics online portal

### **III. THE ROLE OF THE PARLIAMENTS IN PROVIDING SUSTAINABLE HEALTHCARE SYSTEMES IN THE BSEC MEMBER STATES**

19. In response to political, economic and social changes, including health and health sector challenges, the countries of the BSEC region have developed strategies of reforming their health systems. The policy of reforms in many countries is directed towards increasing market elements in health care; decentralization, evolving role of the public health. Decentralization is a central tenet of the health sector reform in many countries. It is seen as an effective means to stimulate improvements in the delivery of services and to secure the better allocation of the resources, according to the needs.

20. *The Republic of Azerbaijan* has developed a fruitful cooperation, on different bases, in the field of health and scientific medicine, with most of the BSEC Member States. The cooperation agreements, signed with Romania, give priority to the pharmaceuticals and medical technology cooperation, to the exchange of information on measures aiming at combating infectious diseases and also achieving joint scientific research. The Ministry of Health of the Republic of Azerbaijan has a fruitful cooperation with the Turkish Cooperation and Development Administration. With regard to the cooperation with the Russian Federation, an agreement has been signed covering the preventive health care, the combat against infectious diseases, the pharmaceuticals field, joint scientific-research works, the organization of medical conferences.

21. Azerbaijan and Georgia cooperate in the field of primary health care, the combat of infectious diseases, the exchange of medical experts, medical emergencies, the organization of international congresses and symposia devoted to areas, such as Pediatrics, Oncology, Surgery, Gastroenterology. The cooperation with Ukraine in the areas of health and medicine is achieved in the framework of the Intergovernmental Commission on economic cooperation (IPC), as well as through the cooperation of member countries of the European Regional Office of the World Health Organization (WHO). Ukraine is also a permanent partner of Azerbaijan in the WHO European region.

22. The cooperation between Azerbaijan and Greece is implemented through the Intergovernmental Commission. Prominent Greek scientists and doctors constantly hold presentations and make reports on various aspects of health. A constant coordination and exchange of information exist, between Azerbaijan and the Republic of Moldova, in the priority areas of health, infectious diseases and satisfactory sanitary regime. In accordance with the adopted action plan, a direct interaction between the Scientific and Research Institute of Pediatrics, the Rehabilitation Centre and the relevant structures of the Republic of Moldova has been achieved together with the exchange of information and the participation in conferences, seminars and symposia, which are held on the basis of the relations established between the research institutions.

23. Between Bulgaria and Azerbaijan, a fruitful cooperation takes place in the fields of health and scientific medicine, in the framework of the Agreement on Economic Cooperation between the countries. The Ministry of Health has the following proposals with regard to it: to conduct bilateral scientific and research works of eminent academics-doctors of Azerbaijan and Bulgaria; to exchange experience between practitioners and teachers, in the institutes for physicians' advanced training, in the higher schools of Azerbaijan and Bulgaria; to increase the cooperation between Azerbaijan and Bulgaria in the field of Pharmacology and the analytical examination of medicines.

24. The healthcare system in **Georgia** is regulated by the laws on Health Protection, Public Health, Medical Practice and Patients' Rights. According to the World Bank classification on the rate of development, Georgia is above the average line (2016). The public expenditure in healthcare system has increased in relation to the GDP (1.7% in 2012 and 2.8 % in 2015). In 2015, the average mid-year population of Georgia was 3 717 100 million people. Over the last ten years, as a result of economic development and health sector reforms, Georgia has been able to reach Millenium Development Goal 4. After enactment of Universal Healthcare Program, since 2013, the whole population of Georgia was provided with state-financed medical services and the access to healthcare services has been improved. Every citizen of Georgia is provided with the medical service; among them, 533 thousand persons are beneficiaries of the private or corporate insurances while the rest of the population is covered under the Universal Healthcare Program.

25. The studies of the World Bank, the World Health Organization, and the US Agency for International Development, showed that the major achievements of the Universal Healthcare Programme, are the following: increased coverage, rising use of services, reduced financial barriers. The Public Health Programs include prevention, immunization, early detection of diseases, screening promotion of communicable and non-communicable diseases, also the control of the spread of Tuberculosis, Malaria, viral hepatitis, HIV/AIDS, and the sexually transmitted diseases and the promotion of healthy lifestyle activities among the whole population of Georgia. The public medical services in priority areas, include geographical access to integrated medical services through the following means: the service for mental health, diabetes monitoring, children's hematological services, dialysis and the kidney transplantations, palliative care of incurable patients, programs for the patients with rare diseases, emergency aid, rural doctors and referent service programs.

26. In 2015, with the effort of the Government of Georgia as well as with the support of the US Center for Disease Control, of the World Health Organization and with the goodwill of “Gilead”, the National Hepatitis C Elimination Program was launched, which is unprecedented in the world. (The Ordinance of the Government of Georgia N169, 2015). Infected patients are provided with the diagnostic tests, the tests necessary for monitoring, as well as with the expensive medicines (like Harvoni, Sofosbuvir, Interferon, Ribavirin) which are necessary for Hepatitis C treatment. Since 2014, Georgia together with other 44 countries, has participated in the new initiative of The Global Health Security Agenda. From the 11 Action Packages of Global Security Agenda, Georgia is the leader in the bio-surveillance package and supports the packages of laboratory surveillance and zoonotic infections.

27. In **Greece**, the public health services are provided equitably to all citizens, based on the principles laid down in the provisions of Law 1397/1983. The Private Clinics in Greece have reached a total of 174, of which 77 are General, 81 special and 16 mixed, with a total capacity of around 17.447 beds. The National Centre for Emergency Assistance (EKAB) was established by Law no. 1579/1985, with the purpose to coordinate the provision, in exceptional cases, of direct aid and emergency medical care to the people and their transfer to health care units. The National Transplant Organization was established by Article 15 of Law 2737/1999 as a private law entity, under the name of "National Transplant Organization" based in Athens and supervised by the Ministry of Health. The purpose of the National Transplant Organization is to assist the Ministry of Health in the formulation and implementation of the national policy in the field of organ transplants, tissues, and cells.

28. The fact that all the social determinants of health are affected by the economic crisis, is well recognized by both the academic society and the state, including the involved

stakeholders. In this context, the sustainable financing and effective functioning of the Public Health System and the Welfare State represents a major challenge for the state, which can be addressed only by the deployment of the necessary reforms aiming mainly at universal health coverage, equity and the quality of helathcare, together with the support by human resources. A major reform in the section of the Primary Health Care is developed jointly by the EU and WHO-Europe and currently is in the phase of deployment, based on a public Primary Health Care Reorganization Plan, involving decentralized structures (local health unit), including family physicians and multidisciplinary health teams, with specific reference population and community-oriented services, focusing on prevention and public health.

29. A great number of Declarations and Memoranda of Understanding has been signed between the BSEC Member States and accordingly applied. For the period 2016 – 2018, Greece has been the BSEC Working Group Coordinator Country and has elaborated an Action Plan (BSEC Action Plan 2016-2018), that has been discussed in November 2016. The National Health Operation Centre (Na. Hoc) of Greece recommends, that the main purpose is to be completed and installed a so called "DEFKALION" system in the BSEC Member States and to be used effectively. In this context, a proposal has been made by the Na.Hoc that the initial system implementation, beyond the mere exchange of information, should be able to create a Network of Certified Laboratories which through the "DEFKALION" system should be able to exchange real-time test results, with the main objective to prevent the spread of infectious diseases among the BSEC Member States.

30. The Ministry of Health of *the Republic of Moldova* develops and coordinates the implementation of the public policies whose purpose is to reduce the unequal access of population to the health services and to improve the level of the medical services. During 2016, many national programs have been approved in the Republic of Moldova aiming at continuously strengthening and monitoring the emergency service, stipulating the improvement of the quality of life and the access to better sanitation, minimizing the consequences of HIV and sexually transmitted infections, reducing the tuberculosis rates, the morbidity, the disability and promoting the adoption of healthy habits in all stages of life. The National Cancer Control Programme for 2016-2025 is targeted to reduce cancer death rate by 7% until 2025.

31. The demographic situation in the Republic of Moldova for 2016, highlighted significant deviations for certain indicators, as compared to the similar period of the previous year. However, the circulatory diseases come first, in the structure of the main death causes, with 57.0% or 617.5 deaths per 100 thousand inhabitants (2015 – 57.7% or 648.2). The tumors are on the second place, in the structure of the main death causes, amounting to 16.2% or 175.2 per 100 thousand inhabitants (2015 – 15.3% or 172.0). The digestive diseases follow, being on the third place, in the structure of the main death causes, reaching 9.6% or 104.0 per 100 thousand inhabitants (2015 – 9.4% or 106.0). The Medicines and Medical Devices Agency (MMDA) has a strong cooperation with both the BSEC Member Countries and the countries with the observer status, in order to authorize the medicines and to exchange information on counterfeit medicines.

32. Following the approval of Order no. 251 of 08.04.2016 of the Ministry of Health, a total number of 925 medicines were authorized in 2016, which is 59% more as compared to 2015. The number of European medicines, authorized on the market of the Republic of Moldova, amounted to 643 medicines (71% more, as compared to the previous year). The positive dynamics of the authorized medicines is due to the decline by 25%, of authorization/reauthorization tariffs. The Quality Control Laboratory achieved, in 2016, a



series of major objectives that marked its activity: accession to the Convention on the development of a European Pharmacopoeia, reorganization of the microbiological analyses laboratory, in compliance with the WHO requirements, ISO 17025, preparation of documents to be submitted to the WHO, preparation of the Quality Control Laboratory to be conferred the status of WHO prequalified laboratory.

33. **The Romanian** health system is centered around the patient and is based on the principles of universal access to quality and equitably financed health care services. Its main objective is to provide conditions that enable and support the attainment of the best possible health of citizens. The Government of Romania, through its programme and the National Health Strategy for 2014–2020, formulated specific objectives centered on seven main areas: *Strengthening the health system*: developing a strategy for developing and modernizing the Romanian health system, promoting health in all public policies and evidence-based health policies, reviewing the financing system and implementing a rigorous control of public spending, improving the use of emergency services by strengthening integration of care; *Health system management*: reorganizing the health insurance system, creating the institutional framework for improving the quality of health care services, improving the management of European funds to finance public health policies, depoliticizing health system management by providing career and professional development opportunities, redefining the health information system and developing an Integrated Information System for Public Health (SISSP).

34. *Organization of health care services*: increasing access to basic health care services, promoting the coordination and integration of health care services, coordinating health care by providing pathways for patients based on disease categories, developing multifunctional outpatient health centers that offer care in a number of medical specialties as well as laboratory and other services, implementing and monitoring instruments to ensure the quality and safety of health care services, assuring professional management of the national health programmes, providing an efficient information system that integrates all components of the health system horizontally and vertically. *Human resources*: developing projects to attract staff, including subsidizing rents for resident doctors and young professionals practicing outside large cities; *Infrastructure*: accessing additional financial resources from European funds and through public–private partnerships, especially for the EC’s Financial Framework 2014–2020, for infrastructure projects, including completing the national infrastructure expansion of the Mobile Emergency Service for Resuscitation and Extrication (SMURD), renovating and equipping hospital outpatient departments, developing and implementing e-health care services nationwide; *Medical technologies*: developing and implementing an HTA policy, developing specific policies for key health technologies, establishing the National Pharmaceutical Company, compensating medicines for low-income pensioners.

35. The demographic situation in **the Russian Federation** is consistently improving. In 2015 and 2016 the life duration increased for more than 1,2 years and for the first time rose to more than 72 years for men and almost 78 years for women. The mortality from all main reasons and for all age groups reduced: children – 12,4 %, people of active working age – 3,3 %, people older than active working age – almost 1 %. The fundamental law, which regulates the relations in the health care system in Russia is the Federal Law № 323-F3 «On the foundations of the health care of the citizens of Russian Federation», which was adopted in 21.11.2011. It legally defines the key concepts and main principles of the health care. This law establishes the public system of health care and also the municipal and private systems of health care, it defines the procedures of their functioning and also the regional programs of free health assistance to the citizens and the rules of the approval of such programs.

36. The main targets of the development of the health care system for the present day are defined in the Decree of the President of the Russian Federation, dated May 7, 2012 «On the development of the state policies in the sphere of health care». For their implementation the state program of the Russian Federation under the name of «Development of health care» was adopted. This program is aimed at the establishment of the conditions that are necessary for the preservation of health of the citizens of the country, which in its turn demands the accessibility, prevention, diagnostics and effective treatment including the use of innovative medical technologies. These aims are reflected in the Strategy of the development of the medical science of the Russian Federation till 2025 (dated December 28, 2012), the Strategy of the provision of medicines to the population of the Russian Federation till 2025 and the plan of its realization (dated February 13, 2013), and also a Set of measures for the procurement of the system of the health care of the Russian Federation with medical personnel till 2018.

37. In order to achieve these aims the Presidium of the Council of the President of the Russian Federation on strategic development and priority projects has approved the passports of four priority projects aimed at the following measures: at the improving of the provision of medical assistance to women during the period of pregnancy and after the birth including the establishment of the net of prenatal centers in the Russian Federation ("Technologies and comfort for mothers and children"); at the improvement of the processes of the provision of medical assistance by improving information technologies ("Electronic health care"); at the use of the automatic monitoring system of the medicines movement from the producer to the end user with an aim to protect the people from the false medicines and for the swift removal from the market of counterfeit and low quality medicines ("Medicines, Quality and Safety"); at the ensuring of a timely urgent medical assistance to hard to reach population of the Russian Federation ("Development of the sanitary aviation").

38. The Health Care legislation in *the Republic of Serbia* includes laws and regulations, aiming to define: the rights and the obligations of the beneficiaries in the health care system, the health care providers, the type and the procedure for the establishment of the medical institutions, the management of the health care system and its financing. The Health Care legislation is one of the key dimensions in the national and international activities related to the health, since it plays an active role in the development of a comprehensive support for healthier individuals and communities. The Serbian public health system is founded on the principles of equity and solidarity and despite the economic changes, the idea of universal coverage for the extensive level of services has been kept in the country. The entire population has the right to use a large package of services (prevention, promotion, treatment and rehabilitation) and virtually, everyone is protected from severe financial risks.

39. The main objectives of the Serbian health legislation are dedicated to monitoring the citizens' living and working conditions; the prevention and the fight against epidemics of communicable diseases; information system development and data collection, processing and analysis; the promotion of voluntary blood donation; the examinations, in case of ionizing and non-ionizing radiation; supporting activities of humanitarian organizations, as well as the construction of the medical institutions, founded by the Republic of Serbia. The monitoring of the health of the population is a priority for the state and is conducted under the following laws and regulations: the Law on Health Care (Official Gazette of the Republic of Serbia, No. 106/15), the Law on Medicines and Medical Devices (Official Gazette of the Republic of Serbia, No. 30/10 and 107/12), the Law on the Protection of Persons with Mental Illness, the Law on Protection of Population against Communicable Diseases; the Law on Sanitary Surveillance of Food and Items of General Use.

40. In accordance with the Constitution of *the Republic of Turkey* "Everyone has the right to live in a healthy and balanced environment". One of the main duties of the Ministry of Health is to provide the protection and the development of the public health, the reduction and the prevention of disease risks, as well as to conduct diagnosis, treatment and rehabilitative health services. The Ministry is obliged to manage the health system and to establish the policies regarding the countrywide planning, also the dissemination of the health institutions to be opened by public & private legal entities and by natural persons. The Ministry is entitled to support the activities regarding the: health information systems and integration, exchange of information and experiences on topics such as: health informatics standards, physician and hospital appointment systems, e-health applications, teleradiology, personal health recording system and electronic health records.

41. The Drug Tracking System (ITS), which has started to be implemented in the Republic of Turkey, is a good application in the context of the sustainable health policies. It is the only worldwide successful example of the follow-up and monitoring system applied to the pharmaceutical industry. With this system, it is possible to monitor the position of each drug (production facility, drugstore, pharmacist) in the procurement and distribution processes. The system provides the ability to check the status of the drugs constantly, at all stages. With this system, the entry of fake, illegal and substandard products is prevented in the country's legal supply chain.

42. The main purpose of the country health policy is to increase the awareness level of the health personnel and of the public, to ensure the rational use of drugs. The pharmaceutical industry will be ensured to have a competitive structure that is able to export more, integrate the high technology of international standards with R & D, take the necessary steps to develop new molecules in the long run and produce higher value added drugs, mainly biotechnological and biosimilar products. In this framework, the R & D ecosystem will be developed and the pharmaceutical industry will be addressed with a strategic approach.

43. The country has developed several Priority Transformation Programs aiming at strengthening the Guidance Capacity of the Public; preparation of medium and long term strategies and road maps in the pharmaceutical and the medical device sectors, establishment of data infrastructure for determination of future needs, setting the data sharing standards. One of the priorities refers to the Expansion of R & D and Innovation Areas Policy, in order to increase the number of the qualified domestic and foreign researchers and to establish accredited research, testing and measurement centers, to work closely with the domestic and the foreign private sector. The Republic of Turkey pays a special attention to the World Health Organization, which is a leader in the international health governance, since it is the only health institution under the UN umbrella, which ensures the proper and the efficient use of resources, within the regional health cooperation and partnership. On the other hand, the country considers that the meetings, within the framework of the BSEC, tackling the health issue, are important, in order to strengthen the cooperation between the countries.

44. During the years of independence of *Ukraine*, the Verkhovna Rada of Ukraine has fulfilled considerable work on the formation, development and improvement of the legislative regulations with regard to the protection of the public health. The basic principles of the right of the Ukrainian citizens to health protection and medical care, equal access and non-discrimination are defined by the Constitution, adopted by the Verkhovna Rada, in 1996. In accordance with Article 49 of the main law, everyone has the right to health protection, medical care and medical insurance. Health protection is ensured through the State funding of the relevant socio-economic, medical and sanitary programmes. The State creates the

conditions for effective medical services, which are accessible to all citizens. In the state and the communal health facilities, the medical care is provided free of charge.

45. The fundamentals of the Ukrainian legislation on health, granting the citizen's rights in the areas of health, are guaranteed by the State through: building an extensive network of health facilities; organizing and conducting state and public activities with regard to health protection; allowing state and public control in the field of public health; adopting state regulations aiming at collecting, processing and analyzing the social, environmental and special medical statistic information. The Parliament of Ukraine attaches a special attention to the legislation with regard to the child health protection. In 1991, the country ratified the United Nations Convention on the rights of the child. According to Article 6 of the Convention, the States recognize that every child has the inherent right to life, and must work to ensure the child's survival and development.

46. The main provisions of the Convention are foreseen in the Law of Ukraine "on the protection of children" (2001). The law stipulates that the State shall adopt measures in order to: reduce the level of the infant and the child mortality; ensure the provision of necessary medical assistance to all children; combat disease and malnutrition through providing children's access to food quality and clean sanitary water; create safe and healthy working conditions; provide adequate services to mothers, for prenatal and postnatal care; ensure that all groups of the society, in particular parents and children, are regularly informed on health and healthy nutrition, on the advantages of breastfeeding, hygiene, sanitary living conditions of children and the prevention of accidents; conduct education campaigns in the field of family planning and reproductive health.

47. The Ministry of Health of Ukraine is interested in the improvement of the bilateral relations between Ukraine and the BSEC Member States. Ukrainian pharmaceutical enterprises constantly work on the expansion of the assortment of the medicines and are ready to export to the markets of BSEC Member States a number of pharmaceutical forms and medicines. The quality of local products is controlled according to the standards which are in compliance with the standards of the leading countries of the world. Medical high schools and post graduate educational institutions of Ukraine make it possible to ensure the training of the medical personnel in accordance with the requirements on the basis of the agreements. The Health Ministry of Ukraine is also interested in the cooperation in the sphere of the education and the advance training of medical specialists.

#### **IV. CONCLUSIONS**

48. The 17 Sustainable Development Goals (SDGs) of the 2030 Agenda integrate all the three dimensions of the sustainable development (economic, social and environmental), recognizing that eradicating poverty and inequality, creating inclusive economic growth and preserving the planet, are inextricably linked. Health is centrally positioned within the 2030 Agenda, with one comprehensive goal (SDG 3) and its 13 targets covering all major health priorities, and have links to targets in many of the other goals.

49. Available data show that despite the evident progress, major challenges remain in terms of reducing maternal and child mortality, improving nutrition, and achieving further progress in the battle against infectious diseases, such as HIV/AIDS, tuberculosis, malaria, neglected tropical diseases and hepatitis. The situation analysis in the BSEC Member States also provides evidence of the importance of addressing noncommunicable diseases and their risk factors such as tobacco use, mental health problems, and environmental health issues. Data on water and sanitation and air quality show that much more needs to be done in order to reduce

the risks to health. Weak health systems are a major obstacle in many countries, resulting in major deficiencies in Universal Health Coverage, for even the most basic health services and also in an inadequate preparation for health emergencies.

50. The BSEC Member States acknowledges the need to consolidate, stimulate and strengthen the healthcare communities as an essential element for sustainable growth and economic development. International cooperation is the key to advancing the agenda for research and development for health information, and also in the efforts meant to secure health information and evidence for the 21st century. The health information challenges faced by the Black Sea region can only be efficiently and sustainably addressed through broad international cooperation: harmonization, cooperation and the sharing of knowledge, experiences and good practices.

51. The Black Sea Region is on track to achieve the Health 2020 targets but much potential remains for further health gains and reductions of inequities. To achieve the implementation of Health 2020 adequately, data collections need to be strengthened and new health monitoring approaches need to be explored. These include the use of non-traditional data sources such as qualitative evidence and narrative studies. Enhanced international collaboration is required, in order to move the health information research and development agenda forward in the Region.

52. Good health is essential to sustain economic and social development and poverty reduction. Access to needed health services is crucial for maintaining and improving health. At the same time, people need to be protected from being pushed into poverty because of the cost of health care. Universal health coverage is defined as ensuring that all people have access to needed promotive, preventive, curative and rehabilitative health services, of sufficient quality to be effective, while also ensuring that people do not suffer financial hardships when paying for these services.