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PARTICIPATORY DEMOCRACY IN PUBLIC HEALTH: COMMITTEE FOR HEALTHCARE SYSTEM ADVANCEMENT IN MACEDONIA

INTRODUCTION: PARTICIPATORY DEMOCRACY

The participatory democracy is defined as a process emphasizing the broad participation of constituents in the direction and operation of political systems. Etymological roots of democracy (demos - people and kratos - ruling) imply that the people are in power and thus all democracies are participatory. However, participatory democracy tends to advocate more involved forms of citizen participation than traditional representative democracy.

Participatory democracy strives to create opportunities for all members of a population to make meaningful contributions to decision making, and seeks to broaden the range of people who have access to such opportunities.

The King Baudouin Foundation's publication "Participatory and Deliberative Methods Toolkit, How to Connect with Citizens, A Practitioner's Manual"¹ classifies the participatory approach

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as an active involvement of the public in the decision-making process. The participatory approach implies active involvement of the public in the decision-making process whereupon the term “public” depends on the subject. The public could be ordinary citizens, interested parties in a project or a policy, experts or even members of the Parliament or the private industry. Generally speaking, the process could be seen as a three-level cycle of planning, implementation and evaluation whereupon the participatory approach could be used in some or in all cycle phases.

The Organization for Economic Co-Operation and Development (OECD) underlines that the participatory democracy does not absolve the elected Governments from the right and the duty to make political decisions but only provides them with new implementation methods and enhances the legitimacy of the taken decisions. The OECD’s Handbook “Citizens as Partners”² reminds that the inclusion of the citizens is a two-way relation between the government and the citizens wherein the latter are actively engaged, on the principle of partnership, in the decision and policy-making process.

The level of participation of the public could be different depending on whether the goal is:

- Sharing information
- Consultation
- Active participation: based on a partnership wherein the citizens/interested parties, the experts and/or the politicians are actively engaged in the debate.

The advantages and disadvantages of the public’s participation in the decision-making process are given in the table below:³

Due to the decision of the French and Netherlands voters to vote against the European Constitution in 2005 as well as the decision of Ireland to vote against the Lisbon Treaty in 2008, the European institutions have been engaged in debates on Europe’s future and enforced the project “Plan D for Democracy, Dialogue and Debate”.

The Plan D was spearheaded by six transnational citizens’ projects managed by civil society organizations, the aim of these projects being to test

1 Elliot J et al, 2005, *Participatory Methods Toolkit, A Practitioner’s Manual*, King Baudouin Foundation and the Flemish Institute for Science and Technology Assessment (viWTA).

2 *Citizens as partners, OECD Handbook On Information, Consultation And Public Participation In Policy-Making*, OECD, 2001

3 Irvin.R et Stansbury J, *Citizen participation in decision making: Is it worth the effort?*, *Public administration review*, Jan/Feb 2004;64,1;ABI/INFORM Global

innovative consultation methods as well as enable people to connect with each other as European citizens and debate the future of the EU.

	Advantages of citizen participation in the government decision making		Disadvantages of citizen participation in the government decision making	
	Advantages to citizen participants	Advantages to government	Disadvantages to citizen participants	Disadvantages to government
Decision-making process	Education (learn from and inform government representatives) Persuade and enlighten government Gain skills for activist citizenship	Education (learn from and inform citizens) Persuade citizens, build trust and allay anxiety or hostility Build strategic alliances Gain legitimacy of decisions	Time consuming	Time consuming Costly May backfire, creating more hostility toward government
Outcomes	Break gridlock; achieve outcomes Gain some control over policy process Better policy and implementation decisions	Break gridlock; achieve outcomes Avoid litigation costs Better policy and implementation decisions	Worse policy decision if heavily influenced by opposing interested groups	Loss of decision-making control Possibility of bad decision that is politically impossible to ignore Less budget for implementation of actual projects

The positive outcome of this plan is that, as a result of the pioneer work done through foundations, the techniques of the participatory democracy have been tested and debated on an European level enabling their further usage on national level.

In the past several years many participatory democracy techniques have been developed on both national and local level: citizen panels, consensus conferences, citizen jury, focus groups, planning cells, citizen consultations. All these methods recognize that the active citizen participation in the policy-making process could be a good investment in better governance. It is considered that every policy-making process that engages the public contributes to the creation of confidence in the government, the quality of democracy and the strength of the citizen capacity.⁴

The first experimental phase of using the participatory democracy techniques on European level showed that participatory democracy could

4 Citizens as partners, OECD Handbook on information, consultation and public participation in policy making

work. When summing up the results, the European Commission drew the following conclusion: "Those projects showed that the development of participatory democracy on EU-related issues at local, regional, national and cross-border level is possible, both in terms of quality and logistics." It is said in the conclusions that the public support for EU could be provided by an open live debate and active citizen participation in the European issues.⁵

PARTICIPATORY DEMOCRACY IN PUBLIC HEALTH

The participatory democracy finds its place as well in achieving changes in the fields of social security and public health.

The social environment is an important determinant of health. The people living in urban areas are exposed to various interlinked dangers to health. The Millennium Development Goals emphasize the multidimensional nature of poverty and the relationship between health and social conditions. They are an opportunity to move beyond sectorial interventions and develop a wide-ranging social response and participatory processes that could address the key reasons for health disparities.

The World Health Organization (WHO) promoted the Global Healthy Cities Movement engaging networks established in six regions of the organization itself. This movement represents a participatory strategic planning process involving the public as well. The approach was formally undertaken back in 1986 when the so-called Ottawa Charter for Health Promotion was signed: "(the health promotion is) the process of enabling people to increase control over, and to improve, their health"⁶. Moreover, the Ottawa Charter highlights that: "the health advancement functions through concrete and effective activities of the community in the process of setting priorities, decision making, strategy planning and implementation aiming for better health conditions. In the heart of this process is the strengthening of the local democracies – property and control of their efforts. Based upon actual material and human resources, the local democracy development tends to facilitate self-help and social support as well as to foster flexible systems enhancing the citizen health-related participation. It requires a complete access to information, learning opportunities and financial support."

5 Communication from the Commission "Debate Europe-building on the experience of Plan D(COM(2008)158/4

6 Ottawa Charter for Health Promotion, First International Conference on Health Promotion, Ottawa, 21 November 1986 - WHO/HPR/HEP/95.1

The European region of the WHO Health Cities Network includes over 90 cities in 30 states working in the fields of healthcare and sustainable development. They are also connected via national, regional, metropolis and thematic health cities networks. The city selection criteria are revised every five years under the revision of the key priority themes that are subject to political declaration and a set of strategic goals. The goal of the current fifth phase (2009-2013) is health and health parity within all local policies, the three principal subjects being supportive environment, healthy lifestyle and healthy urban design. As participants in the project, many cities have changed their health-related decision-making approach and planning process. Nearly 80% out of 47 cities that have been subject to research had mechanisms enabling their representatives to participate in the decision-making process.⁷

The City of New Castle, Great Britain, is a positive example of a local community having overtaken the demonstration of the pollution effects on the citizens' health and the development of alternative solutions.⁸

Examples like this one prove that any local population having accepted the challenge to develop mechanisms such as participatory democracy and having succeeded in convincing the local authorities to cooperate, benefit from the possibility to expand the basic services and citizen rights. The health benefits deriving from such initiatives are multifold and include physical benefits too (water supply and canalization network, lowering the level of dissatisfaction, stress and depression as well as the risk of displacement.)

Participatory democracy is also considered as a fundamental element in the value-creation of the healthcare system.⁹ The decisions concerning the resource allocation within the healthcare system require public debate or discussion. The public forums are an excellent opportunity for thorough discussions about the importance of some ethical criteria such as the number of individuals concerned by one particular service, its effect on the disease prevention, on the healing process as well on the life quality afterwards, the importance it has for a typical patient using it as well as the social implications this service could have once it becomes widely available.

7 Priestley R, Lipp A and Price C. 2003. Intersectoral partnerships for health. In A Tsouros and J , Farrington, eds. WHO Healthy Cities in Europe: a compilation of papers on progress and achievements. WHO Regional Office for Europe.

8 Barten F. et al, Healthy governance/participatory governance: towards an integrated approach to social determinant of health for reducing health inequity, Knowledge network on Urban settings, WHO centre for Health Development, Thematic Paper6, 2008

9 Larson.N.L et al, Values, Participatory Democracy and Health care reform, American Journal of Pharmaceutial Edication, Vol.58, winter 1994

The result of these discussions should be taken into consideration when setting priorities among actual services and defining the basic ones. These discussions also guarantee the legitimacy of the decisions.

Finally, it is because of the participatory democracy that the responsibility for the problems in the society as well as for their solution-related decisions can no longer be solely assumed by the leaders.

The participatory democracy encourages a more closely listening and comprehension of the positions the opponent parties hold; the discussion will not only lead to a compromise but also make the participants discover their common interests thus allowing the realization of the concepts of social solidarity and personal responsibility.

STRUCTURE AND ORGANIZATION OF A COMMITTEE

Over the last few years, the Ministry of Health has initiated an open consultation process in order to promote the healthcare system of Republic of Macedonia. As a result, an independent body was formed on June 15, 2009, designated as Committee for Advancement of the Healthcare System of Republic of Macedonia.

Goal of the Committee

The Committee for Advancement of the Healthcare System was formed in order to implement activities aiming to analyze the healthcare situation in Republic of Macedonia i.e. the realization of measures and activities taken, the orientation/proposal of directions and health-related reform compatibility by implementing a wide-range consultation process and reaching consensus with all interested parties in Republic of Macedonia, including its development partners.

Structure of the Committee:

The Committee comprises the following members:

1. Representative of the development partners
2. Representative of the non-governmental sector for patient rights protection
3. Representative of the Medical, Dental and Pharmaceutical Chambers of Macedonia
4. Representative of the Faculty of Medicine, University "Ss. Cyril and Methodius", Skopje
5. Representative of the Association of Medical Nurses and Obstetricians
6. Representative of the Autonomous Trade Union of the workers in

Health, Pharmacy and Social Care of Republic of Macedonia

7. Representative of the Faculty of Law, University “Ss. Cyril and Methodius”, Skopje, expert on constitutional law
8. Legal representative on legislation in the field of public health and
9. Representative of the Ombudsperson office
10. Two financial experts (one national and one international).

It has been agreed that, if needed, the Committee's membership may include other representatives as well.

It is the Minister of Health who adopts the decision establishing the Committee on the basis of the nominations delivered by the institutions/organizations they represent, as well as the requests submitted by the experts validating their expertise and experience in the specific area and the active knowledge of English language.

Members of the Committee are also the Program Coordinator and the Head of the Committee's Secretariat.

Basic working principles of the Committee

The basic working principles distinguishing the Committee are:

- Legitimacy
- Responsibility
- Protection of personal information
- Confidentiality
- Coordination and cooperation

Technical, financial and administrative support of the Committee and its subcommittees

The administrative and technical tasks for the Committee and its subcommittees are responsibility of the Committee's Secretariat in accordance to the Statute of the Committee regarding all activities as defined in the Work Program of the Committee and the subcommittees starting from the organization and realization of the sessions to the organization and realization of other events as defined in the Work Program of the Subcommittee.

On June 16, 2009 the Minister of Health made a decision establishing the Secretariat of the Committee for Advancement of the Healthcare System of Republic of Macedonia. This decision was preceded by nominations for the positions of program coordinator, Head of Secretariat, Secretariat members responsible for the Committee's administration, members of the subcommittees, logistic support, finance-related issues, IT support etc. This list of positions was extended on June 18, 2009 due to the nomination of members of the Committee's Secretariat for positions within the subcommittees.

The Secretariat implements all activities as defined in the Work Program of the Committee in order to:

- Prepare and organize in time the meetings of the Committee and the subcommittees,
- Prepare and organize in time all activities (public debates, workshops, panels etc.) of the Committee and the subcommittees, and
- Implement in time all other activities (administrative, financial, translation-related, logistic and e-communication-related activities) and realize the Work Program of the Committee.

The Head of Secretariat coordinates the persons holding position within the Secretariat in order to implement successfully the goals justifying its establishment and cooperates on daily basis with the Program Coordinator. The Head of Secretariat attends the Committee's sessions.

The persons holding position within the Secretariat are directly subordinated to the Head of Secretariat.

All persons holding position within the Secretariat are expected to have the knowledge and the skills needed for successful task accomplishment including active knowledge of English language.

As far as the regular work recording is concerned, the Secretariat keeps a special archive for the Committee's work.

Work Program of the Committee

Organization and functioning of the Committee

The work of the Committee for Advancement of the Healthcare System of Republic of Macedonia is organized in sessions. During its first constitutive session, the Committee adopts basic documents, that is: Statute, Agenda and Work Program. It also establishes subcommittees and elects a permanent president among the Committee's members; elects the Coordinator of the Work Program nominated by one of the Committee's members; appoints the Head and the members of the Committee's Secretariat nominated by the Minister of Health as one of the Committee's members.

The work of the Committee for advancement of the healthcare system of Republic of Macedonia gave way to the preparation of the "Green Book" in thematic areas which constitute the subcommittees' fields of work:

- I. Healthcare System Management
- II. Administering Healthcare
- III. Funding
- IV. Pharmacy
- V. Patient rights protection

The implemented activities resulted in increased number of people engaged in the open consultation process for advancement of the healthcare system of Republic of Macedonia; diffusion of the idea as well as of the possibilities for managing wide-ranging democratic participatory processes providing every citizen with the opportunity to participate individually or as a representative of the governmental, professional or non-governmental sector; introduction of the possibility for e-participation; introduction of an innovative consultation format for the interested parties on questions that they find important for the healthcare system development and for the opening of a forum for exchanging opinions, ideas and view-points. The support coming from the international development partners of Republic of Macedonia for this process (EU, WHO, UNICEF, WB) demonstrates that the international community encourages transparent consultation and decision-making processes based upon wide participation and openness toward all interested citizens and groups.

The realized activities defined in the Committee's Work Program for Advancement of the Healthcare System of Republic of Macedonia have resulted in the elaboration of the Compilation of contributions that served as a basis for the Green Book, an 800 pages long five-chapter book concerning the Committee's work. An additional special chapter titled "Reflections" comprises the opinions of many members about different issues in the area of public health.

Many members as well as other individuals and organizations have contributed toward the Committee's work by giving in their reflections, ideas and proposals using a standardized format that covered: the current situation in Macedonia, possible solutions and commentaries using sources of information and bibliographies as references. In the reporting period for the second quarter (September 30, 2009-December 31, 2009) the Committee has selected two experts per subcommittee to prepare a contribution summary. As a result, summaries have been made for all five areas of interest presenting the contributions as an adequate material for public consultations.

Organization and functioning of the Committee

The Subcommittee's work is also organized in sessions.

It is during its first session that every subcommittee elects its own president and vice-president by the majority of votes of the present members.

The subcommittee's sessions are convoked by the subcommittee's president who is obliged to do so also at the request of the Committee's President or of at least two subcommittee members who are supposed to

submit the needed material concerning the questions they propose to be included in the session agenda.

If the subcommittee's president fails to convoke a session when he is obliged to do so, it is the Committee's president who will take the charge.

In the absence of the subcommittee's president, the session will be conducted by the subcommittee's vice-president who will also sign the minutes of the session.

The subcommittees' leaders meet once a month one hour prior to the Committee's session in order to exchange experiences and information as well as to coordinate the joint sessions.

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Cooperation and coordination between the Committee and the Ministry of Health and other organs and organizations

The Committee actively cooperates with the Ministry of Health as well as with other organs and organizations relevant for the realization of the activities defined in its Work Program through various forms of cooperation (written, verbal and electronic communication, meetings, workshops etc.).

Within the framework of cooperation and accordingly to paragraph 1 of this article, the Committee is authorized to ask for documents, both written and verbal information necessary for its work.

As far as the written and electronic correspondence of the Committee is concerned, the Secretariat keeps special written and electronic archives.

Public Relations

The Committee follows a complex Work Program with an established one-year implementation time frame. The final product of the Committee's work in all phases (preparatory activities, elaboration of a green book on the basis of analytical activities, public debate about the green book, preparation and explanation of the report on the public debate, revision of the green book in accordance to the recommendations received during the public debate, general debate about the green book with the professionals, preparation and publication of a report on the public debate with the professionals, revision of the green book in accordance to the recommendations received during the public debate with the professionals, preparation of a white book, elaboration and issuance of a draft legislation) implies the creation of a continuous, positive and appropriate communication with the public.

Article 6 of the Statute adopted at the constitutive session held on

June 15, 2009, defines the functioning of the Committee including the need not only of organization and active participation in different types of document-related public debates (panels, public debates, workshops and other activities) determined by the Work Program but also of media coverage of various happenings of interest taking place within the framework of the Work Program and active policy implementation in the public relations area. Article 12 states that the Committee communicates directly with the public and is responsible for the accuracy of the given information.

In this regard, the Committee adopted a Communications strategy. This document aims to emphasize the necessity of planned positive and targeted communication of the Committee so that the latter could establish an active and appropriate communication with all interested subjects both national and international in the process of implementing activities and achieving results that justify the creation of the Committee.

More precisely, the goal of the Committee's Communications strategy is to provide:

- Consistent, accurate and timely communication with the public and the interested subjects,
- Active participation and role of the Committee and all interests parties in the communication,
- Development of a Communication action plan that will include adequate communication measures in each of the work phases of the Committee and
- Public insight into the Committee's work.

The basic communication methods and instruments of this strategy are generally divided in two groups:

Internal:

- Formal working reports (preliminary, reports on the progress, final)
- Work and action plans
- Sessions (audio/ video/ written records)
- Internet

External:

- E-newsletters
- Newsletters
- Internet website (www.sc-healthreform.org.mk)
- Addressing the media (printed, audio, video)
- Consultation meetings, panels
- Online communication
- Written correspondence
- Open forums

For the purposes of the external communication, the Committee appoints a spokesperson.

Attachment 1: Position and Structure of the Committee

PRINCIPAL DOCUMENTS

- Statute
- Agenda
- Work Program
- Communications strategy

OTHER DOCUMENTS

- Minutes
- Reports
- Time frame
- Organogram of the Committee's Secretariat
- Schedule of meetings of the Committee and the subcommittees
- Program of the Committee and the subcommittees

SUBCOMMITTEE A – PUBLIC HEALTH MANAGEMENT

1. Structure of the Steering Committee of FZOM (Health Insurance Fund of Macedonia)
2. Role of the Ministry of Health and FZOM
3. Law on Medical Nurses and Obstetricians and their role
4. Preventive Social Medicine
5. Quality control of healthcare services
6. Evaluation of the national healthcare needs
7. Autonomy of university hospitals
8. Bioethical questions in the medicine
9. Role of the local authority in the healthcare system
10. Healthcare Academy within the Public Health Institute: training, research, map of medicine
11. National inventory of health resources
12. Ministerial inter-sectoral healthcare council
13. Forms and contracts of the healthcare system
14. Health and medical technology evaluation council
15. Law on death certification
16. Accreditation of healthcare facilities
17. Planning and managing human resources
18. Law on pharmaceutical activities

SUBCOMMITTEE B – ADMINISTERING HEALTHCARE

1. Promoting rational use of medicines
2. Role of the family doctor and other medical professionals in the primary healthcare
3. Out-of-hospital services
4. Legal status of clinical protocols
5. Management and agreements for patients with chronic conditions
6. Defining the basic package of services in consultation with all interested parties
7. Dental protection
8. Role of the healthcare homes
9. Immediate Medical Care
10. Minimum requirements in the contracts with the service providers
11. Hospital therapeutic committees
12. Structure and functions of the hospitals
13. E-Health
14. Continuous medical education and accreditation systems
15. Skills for financial and administrative hospital management
16. Waiting time reduction measures
17. Hospital ranking system

SUBCOMMITTEE C – FUNDING/ RESOURCE MOBILIZATION**1. Sources of Funding**

- 1.1. Individuals/ families/ employees
- 1.2. Employers/ corporations

2. Contribution Mechanisms

- 2.1. Direct taxes
- 2.2. Indirect taxes (taxes on tobacco, alcohol and medicines)
- 2.3. Personal income taxes
- 2.4. Voluntary health insurance
- 2.5. Direct payment of medical service provision:
- 2.6. Negative contributions
- 2.7. Contributions according to the financial possibilities and the overall taxes/ contributions

3. Agencies for resource mobilization

- 3.1. Central government
- 3.2. Social security agency
- 3.3. Commercial insurance funds

- 3.4. Other insurance funds (health saving accounts)
- 3.5. Employers
- 3.6. Health saving accounts with reserved amount of resources
- 3.7. Healthcare service provider
- 4. Entity for pooling financial resources**
 - 4.1. One
 - 4.2. More than one
- 5. Purchase**
 - 5.1. Contribution from the healthcare service provider
 - 5.2. Voucher system
 - 5.3. Budgeting of the family doctors through fixed budgets whereupon the patient chooses a healthcare service provider from secondary healthcare
 - 5.4. Methods of payment for the chronic diseases
 - 5.5. Dental protection within the basic package of services
- 6. Organization of the financial system**
 - 6.1. Introduction of VAT in the hospitals
 - 6.2. Unit for national healthcare accounts
 - 6.3. Legal frame regulating the private sector involvement in the healthcare

SUBCOMMITTEE D – PHARMACY

- 1. Supply and availability of medicines
 - a. Rational use of medicines
- 2. Functions of the competent body for medicines
- 3. National Medicine Registry
- 4. List of essential medicines
- 5. Medicine price implementation
- 6. Property (and functioning of the pharmacies and the laboratories within the hospitals and the medical centers)
- 7. Healthcare organizations' reserves in medicines and operational supplies for emergency cases

SUBCOMMITTEE E – PATIENT RIGHTS PROTECTION

- 1. Role of the citizen associations in the domain of healthcare
 - 1.1. Informative and educative role
 - 1.1.1. Empowerment of the patients through information and

education; Active role in the decision making (FZOM, Ministry of Health) – introduction of legal obligation to request opinion on matters of important interest to the patient rights

- 1.2. Cooperative, controlling and corrective role
 - 1.2.1. Mandatory on-site info/ monitoring of the application of patient rights in the healthcare institutions at the request of the patients' NGO
 - 1.2.2. Involvement of patient rights counselors
 - 1.2.3. Role of the Ombudsperson in the patient rights protection
 - 1.2.4. Conducting patient satisfaction surveys
- 1.3. Increasing the access to healthcare services for vulnerable and marginalized groups (outreach)
 - 1.3.1. Establishing legal frame regulating the work done by healthcare promoters among the Roma people and other marginalized population (street children)
2. Matters of interest in the area of healthcare service funding from the perspective of patient rights protection
 - 2.1. List of diseases or conditions that will be treated pro bono
 - 2.2. Provision of healthcare services in accordance to the benefits of the current scientific discoveries
 - 2.3. Solving the problem by providing healthcare services to elderly people and children without health insurance
 - 2.4. Enabling employees of illiquid companies to exercise their right to healthcare
 - 2.5. Enabling patients for whom contribution payments are made untimely to exercise their right to healthcare
 - 2.6. Disparity in medicine prices
 - 2.7. Introduction of penal measures by law in healthcare institutions where the patient is required to purchase/ bring its own medicines and medical aids
 - 2.8. Regulation of alternative and complementary medicine as a source of non-regulated healthcare costs for the patients
 - 2.9. Appreciation of the evidence-based medicine guidelines
 - 2.10. Provision of healthcare services to people with disabilities that aren't covered with the basic package of services but are important for their rehabilitation or improvement of their health condition

3. Rights protection among special groups of patients
 - 3.1. Mentally ill individuals - legal status for individuals with mental disorders (reforms in the area of mental health)/ Instruments encouraging the employment of medical staff and social workers
 - 3.2. Individuals suffering from addictions – center for drug and alcohol addiction treatment/ Legal instruments binding the local authorities and the healthcare sector to impose standards regarding the number of centers vis-à-vis the number of inhabitants/ Instruments encouraging the employment of medical staff and social workers
 - 3.3. Prisoners – Healthcare services for prisoners/ Instruments encouraging the employment of medical staff and social workers
 - 3.4. Rights of the individuals with disabilities – Braille alphabet/ investment in application of standards/ strengthened penal measures
 - 3.5. Individuals with HIV – Rights protection among people living with HIV, access to healthcare services without being subject to stigma or discrimination, permanent access to antiretroviral therapy
 - 3.6. Citizens coming from the Roma community – Enable the Roma people that are born and live in Macedonia but lack legally regulated citizen status and therefore cannot benefit from the healthcare under any condition, to exercise their right to healthcare services
 - 3.7. Individuals suffering from one of the most difficult diseases – hemophilia.
4. Patient security and integrated healthcare
 - 4.1. Introduction of psychologists in hospitals and healthcare institutions in order to supervise the psychic condition of the patients prior to and following surgery
 - 4.2. Consolidation of a continuous cooperation among the clinics in favor of the patients (integrated healthcare)

Abstract

The participatory democracy is defined as a process emphasizing the broad participation of constituents in the direction and operation of political systems. The participatory democracy as well finds its place as well in achieving changes in the fields of social security and public health. This paper describes the process and outcomes of the first attempt to apply the concept of participatory democracy in the health sector in Macedonia, involving a wide base of stakeholders of the process, including professionals, public administration, academia, civil society and patients, that was introduced and facilitated by the Ministry of Health in 2010, and it is aimed to serve as both lessons learnt for other sectors and template for other processes of reforms that require wide participatory approach for understanding, addressing and negotiating the various interests of its stakeholders.

Резиме

Партиципаторната демократија се дефинира како процес во кој се нагласува широкото учество на учесниците во управувањето и функционирањето на политичкиот систем. Во таа насока, пристапот на партиципаторна демократија наоѓа свое место и во постигнувањето на промени во областите на социјалната заштита и здравството. Овој труд се осврнува на првиот обид за примена на концептот на партиципаторна демократија во здравствениот сектор во Република Македонија, преку вклучување на широка база засегнати страни, вклучително професионалната и академската заедница, јавната администрација, граѓанското општество и пациентите, кој беше инициран и фацилитиран од страна на Министерството за здравство во 2010 година, и е наменет да послужи како искуство за останатите сектори, и воедно како матрица за слични процеси на реформи во кои е потребен партиципаторен пристап за разбирање, адресирање и преговарање на интересите на различните засегнати страни.

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