

**SOUTH-EASTERN EUROPE  
HEALTH NETWORK**

# **SUBREGIONAL COOPERATION STRATEGY (SCS)**

**SEEHN – WHO  
2018 – 2023**



**Keywords**

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# Foreword

The South-eastern Europe Health Network (SEEHN) plays a critical role in promoting health in Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia, and has a long-standing collaboration with the World Health Organization (WHO) Regional Office for Europe regarding the subregional health agenda. Given the universality of the United Nations 2030 Agenda for Sustainable Development, which calls for all countries to fully engage in its implementation at all levels, the SEEHN Secretariat and the WHO Regional Office for Europe have jointly developed this strategic document, which aims to support achievement of United Nations Sustainable Development Goal (SDG) 3 and other health-related SDG targets, especially the key target of universal health coverage, in the member countries of SEEHN.

This subregional cooperation strategy (SCS), which has been shaped through a series of consultations with representatives at all levels of SEEHN and the WHO Regional Office for Europe, as well as scientific institutions in south-eastern Europe, has the following seven strategic priorities:

1. Sustain and strengthen collaborative efforts between SEEHN and the WHO Regional Office for Europe.
2. Achieve SDG 3 and other health-related SDGs in SEEHN member countries.
3. Work towards achieving universal health coverage in SEEHN member countries.
4. Strengthen public health in SEEHN member countries.
5. Ensure emergency preparedness and response in SEEHN member countries.
6. Promote partnerships for health and well-being in SEEHN member countries.
7. Achieve policy coherence between WHO global goals and SEEHN member countries' economic, social and environmental policies.

It gives us tremendous pleasure to present to you this strategic document, the first of its kind in the WHO European Region.

We take this opportunity to thank all of those involved in developing this SCS, which has the full commitment of SEEHN and the WHO Regional Office for Europe.

Members of both organizations will be involved in implementing, monitoring and evaluating this SCS, and we look forward to working with national counterparts and international partners in advancing the cause of health nationally, regionally and globally.

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## Abbreviations

BCA	Biennial Collaborative Agreement
EDQM	European Directorate for the Quality of Medicines and Health Care
EU	European Union
EU13	Countries that joined the European Union after May 2004
GDP	Gross domestic product
MoU	Memorandum of understanding
HIV/AIDS	Human immunodeficiency virus / acquired immune deficiency syndrome
MKD	The former Yugoslav Republic of Macedonia
RHDC	Regional Health Developmental Centre
SCS	Subregional cooperation strategy
SDC	Swiss Agency for Development and Cooperation
SDG	Sustainable Development Goal
SDR	Standardized death rate
SEEHN	South-eastern Europe Health Network
WHO	World Health Organization

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# Section 1

## Introduction

This subregional cooperation strategy (SCS) was jointly produced by the South-eastern Europe Health Network (SEEHN) and the World Health Organization (WHO) Regional Office for Europe in order to define strategic collaboration between these two parties. This is the first SCS for SEEHN; it covers the period from 2018 to 2023 (inclusive), and is aligned with the national policy frameworks of the SEEHN member countries (Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) as well as European regional policy frameworks, including Health 2020 and the Chisinau Pledge on “health, well-being and prosperity in south-eastern Europe by 2030 in the Context of the 2030 Agenda for Sustainable Development”. Through the Chisinau Pledge, SEEHN member countries promised to coordinate efforts towards achieving universal health coverage and improving emergency response and health workforce mobility in south-eastern Europe. Moreover, SEEHN and the WHO Regional Office for Europe agreed to work together to achieve these strategic priorities, considering that both parties would:

- make use of the specific and necessary expertise and resources available;
- further develop cooperation by implementing mutually beneficial activities at SEEHN, national and regional levels;
- jointly address the priorities of, and generate added value to, each other’s health agendas at all levels.

The SCS was developed after an extensive series of consultations among representatives of all levels of SEEHN and the WHO Regional Office for Europe, using concepts and strategies provided by SEEHN and its member countries, and WHO policy framework documents, strategies and programmes. In addition, south-eastern European scientific institutions, SEEHN Regional Health Development Centres (RHDCs) and other international partners were involved in the discussions during which the action plan that is to be the main modality of implementation of this SCS was created.

In accordance with the principles guiding WHO cooperation in countries, the SCS is based on the following tenets:

- ownership of development by the SEEHN Secretariat on behalf of its member countries;
- alignment with common priorities of the SEEHN member countries in order to strengthen their national systems and thereby support national health policy frameworks;
- harmonization with the work of the SEEHN Secretariat’s national and international partners;
- collaboration as a two-way process that fosters the contributions of the SEEHN Secretariat on behalf of its member countries to the subregional and regional health agenda.

The aim of the SCS is to promote collaboration between the SEEHN Secretariat on behalf of SEEHN member countries and the WHO Regional Office for Europe via seven strategic priorities:

1. Sustain and strengthen collaborative efforts between SEEHN and the WHO Regional Office for Europe to promote and protect health in south-eastern Europe, by taking deliberate action to influence governance in multiple policy arenas.
2. Achieve United Nations Sustainable Development Goal (SDG) 3 and other health-related SDGs in SEEHN member countries, by taking advantage of the 2030 Agenda for Sustainable Development to renew countries' commitments to health, and seek intersectoral action to advance the priorities of the European Health 2020 policy framework.
3. Work towards achieving universal health coverage in SEEHN member countries, by taking the following steps:
  - increase health funding;
  - ensure financial risk protection;
  - ensure access to high-quality essential health care and public health services;
  - ensure access to safe, effective, efficient, high-quality and affordable essential medicines and vaccines;
  - recruit, develop, train and retain health workers in SEEHN member countries.
4. Strengthen public health in the SEEHN member countries by establishing an SEEHN platform on cross-border issues in public health services.
5. Further strengthen mutual regional and national action on preparedness and response to regional emergencies and related population movements and migration.
6. Promote partnerships for health and well-being in SEEHN member countries by working more closely and efficiently with partners to make the best use of their support and implementing whole-of-government, whole-of-society and health-in-all-policies approaches in policy development.
7. Achieve policy coherence between WHO global goals and SEEHN member countries' economic, social and environment policies.

SEEHN and the WHO Regional Office for Europe will collaborate to achieve these strategic priorities by implementing mutually beneficial activities at global, regional and national levels, generating added value to each other's health agendas at all three levels.



## Section 2

### Health Situation and Trends in SEEHN Members Countries

This section provides an assessment of health-related trends in the SEEHN member countries (Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) using data from the European Health for All family of databases.<sup>1</sup> In addition, data for individual countries are compared to averages for SEEHN, the WHO European Region and the countries that joined the European Union (EU) after May 2004 (collectively referred to as the EU13).

The data show that SEEHN member countries have made substantial progress in improving the health of their populations. Trends among the countries are similar and, in some areas, are converging (although Israel and the Republic of Moldova are the countries that most frequently diverge). However, challenges remain in some areas, such as addressing the burden of noncommunicable diseases (NCDs; especially cancer and circulatory and digestive diseases). In addition, the quality of the data varies among countries, so data collection methods need to be improved. Nonetheless, this analysis shows that, overall, national policies of SEEHN member countries are aligned with the targets set out in Health 2020.

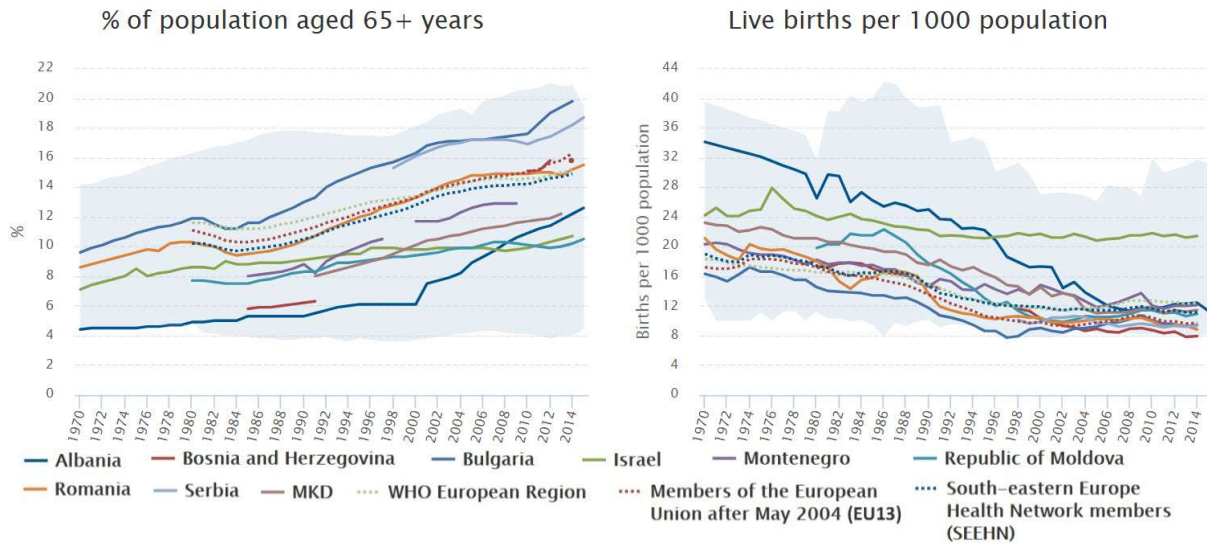
#### 2.1 Percentage of the population aged 65 and over

In all SEEHN member countries, the percentage of the population that is aged 65 years and over is rising (see Fig. 1, left). In 2014, an average of 14.9% of the population in SEEHN member countries was aged 65 years and older; this value is similar to that obtained for the WHO European Region. The percentages for Bulgaria (19.8%) and Serbia (18.3%) are higher than those for SEEHN and the WHO European Region as a whole, while the percentages for Albania (12.6%), Israel (10.8%) and the Republic of Moldova (10.2%) are lower.

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<sup>1</sup> Prepared by the Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe (September 2017).

**Fig. 1. Proportion of population aged 65 and above, and birth rate**



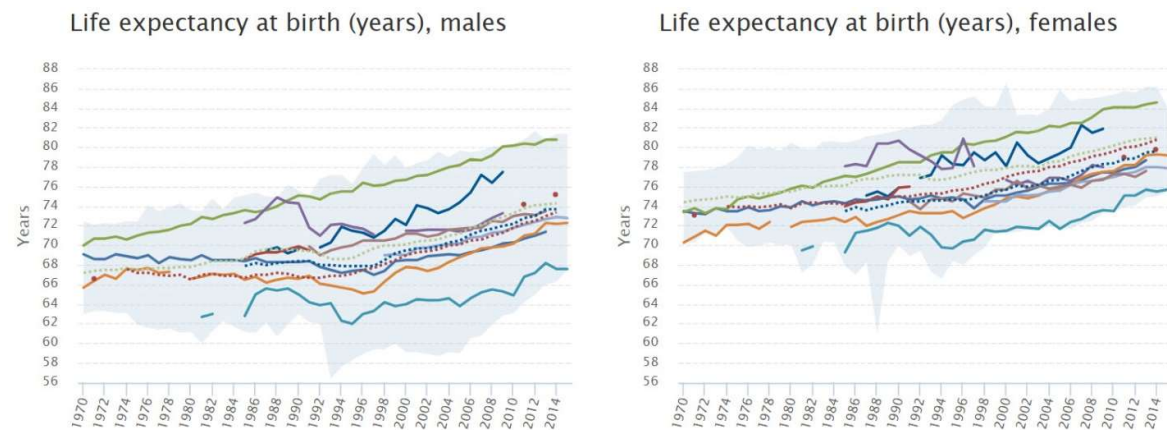
**2.2 Live births per 1000 population**

The number of live births per 1000 population is decreasing in all SEEHN member countries, with the exception of Israel, where the average remains stable (see Fig. 1, right). In 2014, the average number of live births per 1000 population was 9.7 in the EU13, compared to 11.1 in SEEHN and 12.4 in the WHO European Region. The number in Israel is well above these values, at 21.4 live births per 1000, while the numbers in Bosnia and Herzegovina are below, at 7.9 live births per 1000.

**2.3 Life expectancy**

In 2014, the life expectancy at birth for males in SEEHN was 73.7 years, as compared to 73.4 years in the EU13 and 74.3 years in the WHO European Region, and the overall trend in south-eastern Europe is rising (see Fig. 2, left). The highest life expectancy for males is found in Israel, where it is 80.8 years. However, life expectancy for males in Bulgaria is 71.4 years and in the Republic of Moldova is 67.6 years and is on a downward trend in both countries.

**Fig. 2. Life expectancy at birth, for males and females**



— Albania   
— Bosnia and Herzegovina   
— Bulgaria   
— Israel   
— Montenegro   
— Republic of Moldova  
— Romania   
— Serbia   
— MKD   
⋯ WHO European Region   
⋯ Members of the European Union after May 2004 (EU13)   
⋯ South-eastern Europe Health Network members (SEEHN)

For females, life expectancy at birth in 2014 in SEEHN was 79.6 years, as compared to 80.8 years in the EU13 and 81 years in the WHO European Region (see Fig. 2, right). The overall trend in SEEHN member countries is rising, but it is still below the averages for the EU13 and the WHO European Region. As for males, the highest life expectancy for females is found in Israel, at 84.6 years. However, it is 75.5 years in the Republic of Moldova, and 78.0 years in Serbia, and it is on a downward trend in both countries.

#### 2.4 Proportion of ill-defined causes of death

The proportion of ill-defined causes of death in SEEHN member countries is between 1.9% (for the Republic of Moldova) and 31.5% (for Bulgaria) for both sexes combined (see Table 1). Leading ill-defined causes of death are those from ICD-10, Chapter XVII (*Symptoms, signs, etc.*), and ICD-10, Chapter IX (*Diseases of the circulatory system*).

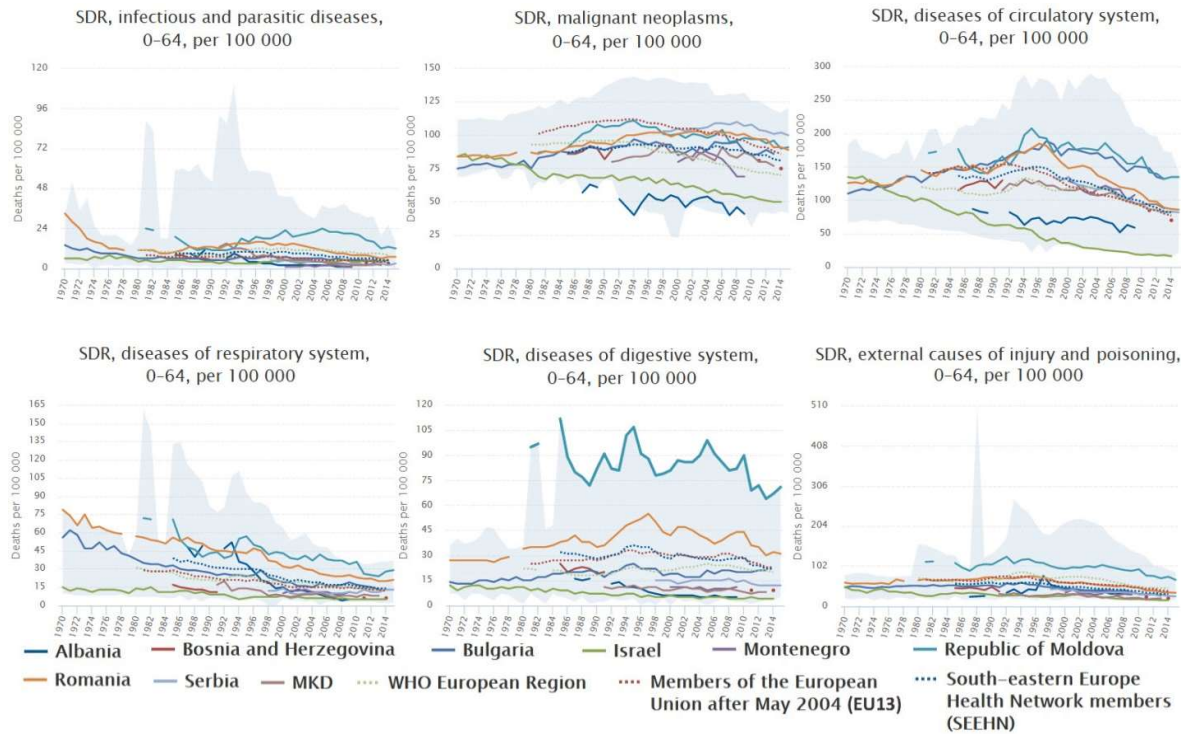
**Table 1. Proportion of ill-defined causes of death in SEEHN member countries**

Country	Last available year	Proportion of ill-defined causes of death (%)
Albania	2010	- (ICD-9)
Bosnia and Herzegovina	2014	10.4
Bulgaria	2013	31.5
Israel	2014	18.9
Montenegro	2009	31.4
Republic of Moldova	2015	1.9
Romania	2015	17.2
Serbia	2015	22.9
The former Yugoslav Republic of Macedonia	2013	9.3

#### 2.5 Premature mortality

Fig. 3 shows premature mortality (defined as the standardized death rate (SDR) for those aged 0–64 years) for six broad causes.

**Fig. 3. Premature mortality (0–64 years), by broad cause, per 100 000 population**



For premature mortality due to infectious and parasitic diseases, the SDR in the Republic of Moldova is above the average in the EU13, SEEHN and the WHO European Region.

For premature mortality due to malignant neoplasms, the SDR for Israel is well below that for the EU13, SEEHN and the WHO European Region. For most SEEHN member countries, it is higher than that for the WHO European Region (70 deaths per 100 000 in 2014) but in line with that for the EU13 and SEEHN; in contrast, in Serbia it is higher than the average SDRs in the EU13, SEEHN and the WHO European Region (at 102 deaths per 100 000 in 2014).

For premature mortality due to diseases of the circulatory system, SDRs in most of the SEEHN member countries are in line with the averages for the EU13, SEEHN and the WHO European Region (about 80 deaths per 100 000 in 2014). In Israel the SDR is well below these values (at 16 deaths per 100 000), but, in Bulgaria and the Republic of Moldova, it is above the averages (at approximately 135 deaths per 100 000).

For premature mortality due to diseases of the respiratory system, SDRs in most of the SEEHN member countries are below or in line with the average SDRs for the EU13, SEEHN and the WHO European Region (for SEEHN, 14 deaths per 100 000 in 2014). However, in the Republic of Moldova (28 deaths per 100 000) and Romania (20 deaths per 100 000), they remain above the averages.

For premature mortality due to diseases of the digestive system, SDRs in most of the SEEHN member countries are lower than the SDR for the WHO European Region (20 deaths per 100 000 in 2014). However, the SDR in Romania is higher than the average SDRs in the EU13, SEEHN and

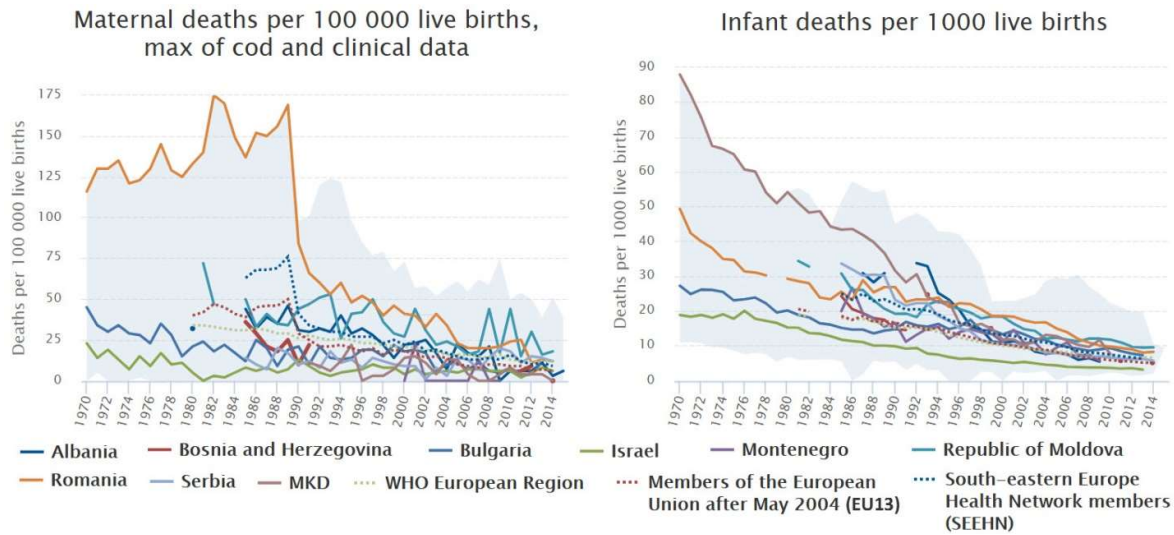
the WHO European Region (at 32 deaths per 100 000), and the SDR in the Republic of Moldova is well above all these averages (at 67 deaths per 100 000). In contrast, in Israel (at 4 deaths per 100 000) and Bosnia and Herzegovina (at 9 deaths per 100 000), the SDRs are well below the average SDRs in the EU13, SEEHN and the WHO European Region.

For premature mortality due to injury and poisoning, the SDRs in almost all SEEHN members is below the average SDR for the WHO European Region (46 deaths per 100 000 in 2014). However, in the Republic of Moldova, it is well above the averages of the WHO European Region (at 75 deaths per 100 000).

### 2.6 Maternal and infant mortality

Regarding maternal mortality, there are large year-to-year variations in the data obtained from SEEHN countries (see Fig. 4, left). In general, the values for individual countries are in line with the averages obtained for the EU13, SEEHN and the WHO European Region. However, in the Republic of Moldova, the level of maternal mortality is higher than that in the EU13, SEEHN and the WHO European Region, while, in Albania and in the former Yugoslav Republic of Macedonia, it is lower.

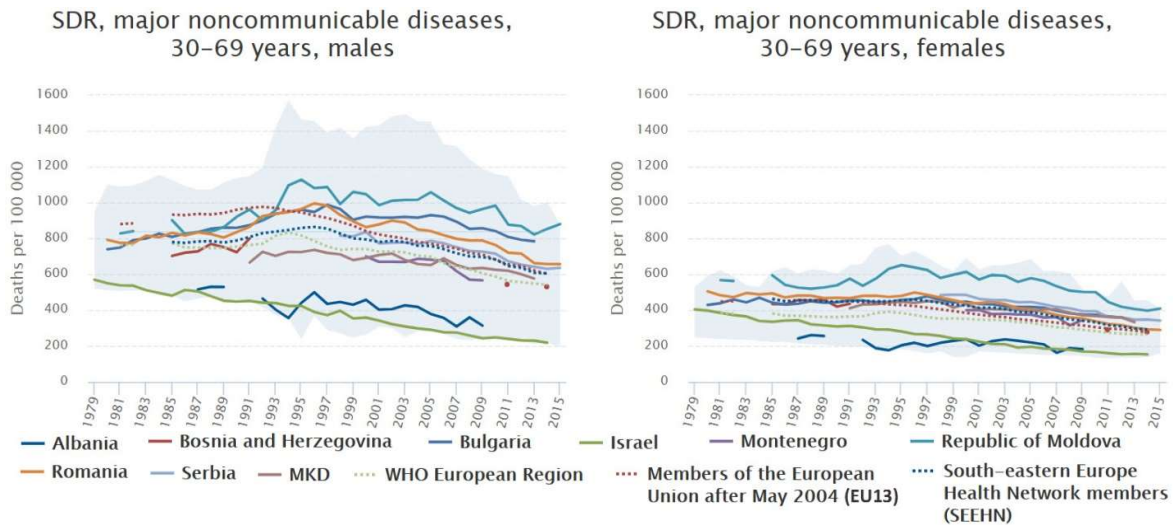
**Fig. 4. Maternal and infant mortality**



For infant mortality, in all SEEHN member countries, there is a decreasing trend, which is mostly in line with the averages of the EU13, SEEHN and the WHO European Region (see Fig. 4, right). However, the rates in the Republic of Moldova and in Romania are higher than the overall rate in SEEHN member countries and the rates in the EU13 and the WHO European Region.

## 2.7 Mortality from major NCDs

**Fig. 5. Premature mortality from major NCDs, 30–69 years, males and females**



For males, the SDR per 100 000 population from major NCDs in the WHO European Region in 2014 was 541 deaths per 100 000. The rate in the EU13 is 602 deaths per 100 000 and in SEEHN it is 604 deaths per 100 000. Overall, men have a higher SDR than females.

When looking into the SDR of specific SEEHN member countries, the SDR for males is well above the averages in the Republic of Moldova (853 deaths per 100 000) and Bulgaria (784 deaths per 100 000 in 2013), while the SDR is well below the averages in Israel (217 deaths per 100 000). For females, the overall SDR from major NCDs in SEEHN member countries in 2014 was 291 deaths per 100 000, compared to 277 deaths per 100 000 in the EU13, and 263 deaths per 100 000 in the WHO European Region (see Fig. 5, right).

In particular, the SDRs of some of the SEEHN member countries, such as Bulgaria (339 deaths per 100 000 in 2013), the Republic of Moldova (396 deaths per 100 000) and Serbia (347 deaths per 100 000), were higher than those for the EU13 and the WHO European Region. In contrast, the SDR in Israel was well below the average for the WHO European Region (at 152 deaths per 100 000).

## 2.8 Disability-adjusted life years

Table 2 shows disability-adjusted life years, which is a combined measure of health loss due to mortality and ill-health, for SEEHN member countries and central Europe. NCDs dominate the list. In almost all SEEHN member countries and in central Europe the top two causes of ill-health are cardiovascular diseases and neoplasms, although in Israel other NCDs top the list. Similarly, ischaemic heart disease and cerebrovascular disease are leading causes of ill-health in all SEEHN member countries but Israel. While the burden of cerebrovascular disease is much lower in Israel, its burden of skin disease is much higher than that for other members and for central Europe. The burden of cardiomyopathy is much higher in the former Yugoslav Republic of Macedonia and

Serbia. In addition, the burden of diabetes is much higher in Bosnia and Herzegovina and the former Yugoslav Republic of Macedonia.

**Table 2. Disability-adjusted life years estimate, for both sexes, all ages, in 2015**

	Albania	Bosnia and Herzegovina	Bulgaria	Israel	Montenegro	Republic of Moldova	Romania	Serbia	The former Yugoslav Republic of Macedonia	Central Europe
Cardiovascular diseases	1	1	1	4	1	1	1	1	1	1
Neoplasms	2	2	2	1	2	2	2	2	2	2
Other non-communicable	3	3	3	2	4	4	4	4	3	4
Musculoskeletal disorders	4	4	4	3	3	5	3	3	4	3
Mental & substance use	5	6	8	5	5	3	6	6	6	5
Neurological disorders	6	7	7	6	8	8	7	7	7	7
Unintentional inj	7	8	5	8	6	7	5	8	8	6
Diabetes/urog/blood/endo	8	5	6	7	7	9	9	5	5	8
Neonatal disorders	9	14	15	13	12	15	15	14	10	15
Diarrhea/LRI/other	10	15	12	10	14	10	10	13	14	13
Transport injuries	11	10	11	11	9	12	12	11	11	11
Chronic respiratory	12	9	9	9	13	13	11	9	9	9
Self-harm & violence	13	12	13	12	10	11	14	10	12	12
Digestive diseases	14	11	14	14	11	14	13	12	13	14
Cirrhosis	15	13	10	15	16	6	8	15	15	10
Nutritional deficiencies	16	16	16	16	15	17	16	16	16	16
Other group I	17	19	18	18	17	18	18	18	17	18
War & disaster	18	17	21	17	21	21	21	17	21	19
HIV/AIDS & tuberculosis	19	18	17	19	18	16	17	19	18	17
Maternal disorders	20	20	19	20	19	19	19	20	19	20
NTDs & malaria	21	21	20	21	20	20	20	21	20	21

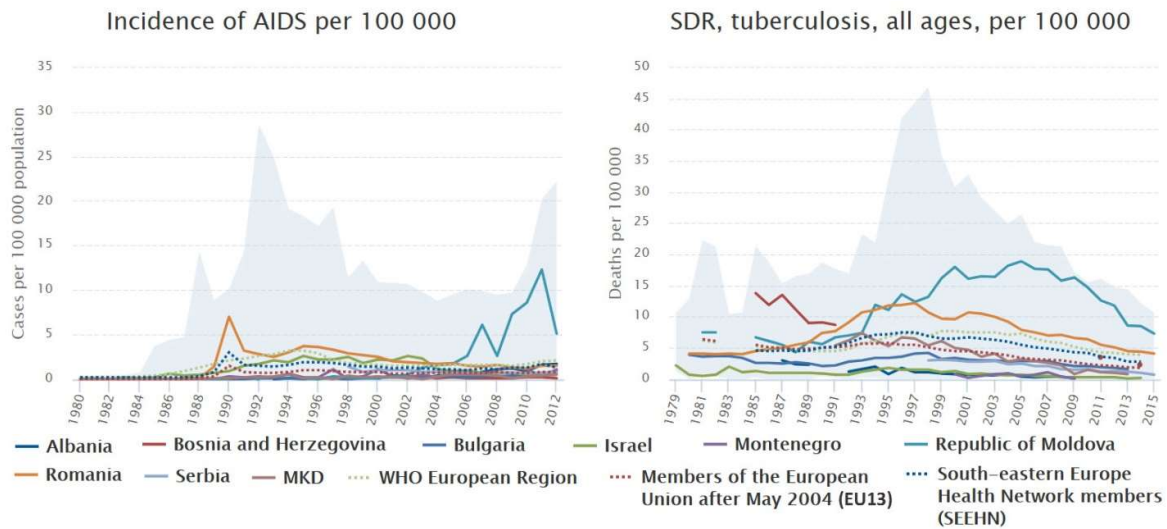
NTD: Neglected tropical disease.

Source: Institute for Health Metrics and Evaluation: Global Burden of Disease study. <https://vizhub.healthdata.org/qbd-compare/>

## 2.9 AIDS incidence and tuberculosis mortality

In 2012, the incidence of AIDS in SEEHN member countries was 1.7 cases per 100 000, which is slightly less than the average in the WHO European Region (2.1 cases per 100 000) but higher than that in the EU13 (0.8 cases per 100 000; see Fig. 6, left). While the incidence is high in the Republic of Moldova, at 5.1 cases per 100 000, in the other SEEHN members it is below average for the WHO European Region.

**Fig. 6. AIDS incidence and tuberculosis mortality**



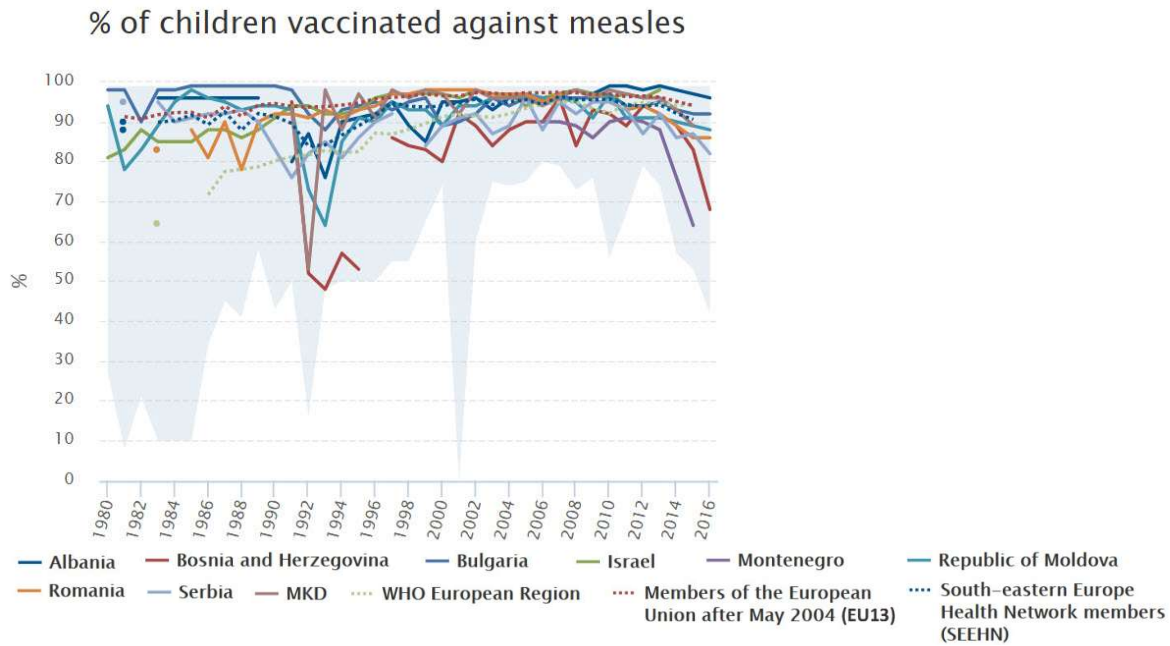
In 2014, the overall mortality from tuberculosis in SEEHN member countries was 2.8 deaths per 100 000, which is less than that for the WHO European Region (3.9 deaths per 100 000) but higher than that for the EU13 (1.8 deaths per 100 000; see Fig. 6, right). While for most of the individual SEEHN member countries mortality from tuberculosis is below the average for the EU13, in the Republic of Moldova (8.5 deaths per 100 000) and in Romania (4.4 deaths per 100 000), it is above that average.

### 2.10 Measles vaccination rate

In 2015, the vaccination rate for measles in SEEHN member countries was 90.6%, which is below the average of the EU13 (94.1%) and the WHO European Region (94.3%; see Fig. 7). In Bosnia and Herzegovina, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia, the vaccination rates are lower than the SEEHN average. The biggest declines in vaccination coverage were seen in Bosnia and Herzegovina (to 68% in 2016) and Montenegro (to 64% in 2015). However, the vaccination rate in Albania was higher than the average for the WHO European Region (94.3%).



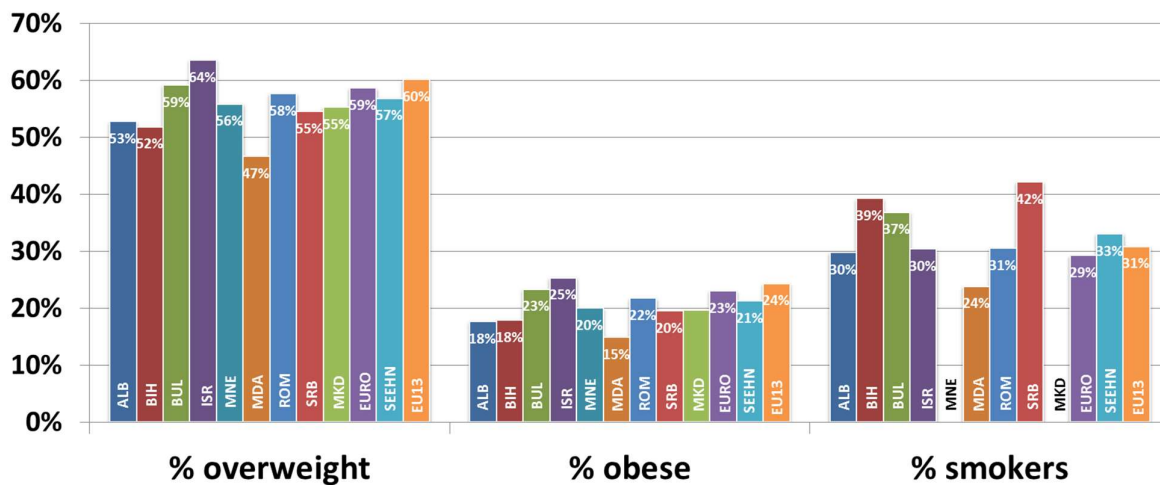
**Fig. 7. Measles vaccination rate**



### 2.11 Overweight, obesity and smoking prevalence

The prevalence of overweight and obesity in individual SEEHN member countries is mostly in line with the overall value for SEEHN and those for the EU13 and the WHO European Region (see Fig. 8). The outliers are Israel (above average) and Albania, Bosnia and Herzegovina, and the Republic of Moldova (below average). The prevalence of smokers is also mostly in line with the overall prevalence in SEEHN member countries and the prevalence in the EU13, although it is slightly above the average for the WHO European Region (see Fig. 8). The outliers are the Republic of Moldova, in which the prevalence of smoking is below the average for the region, and Bosnia and Herzegovina, Bulgaria and Serbia, in which it is above the average for the region.

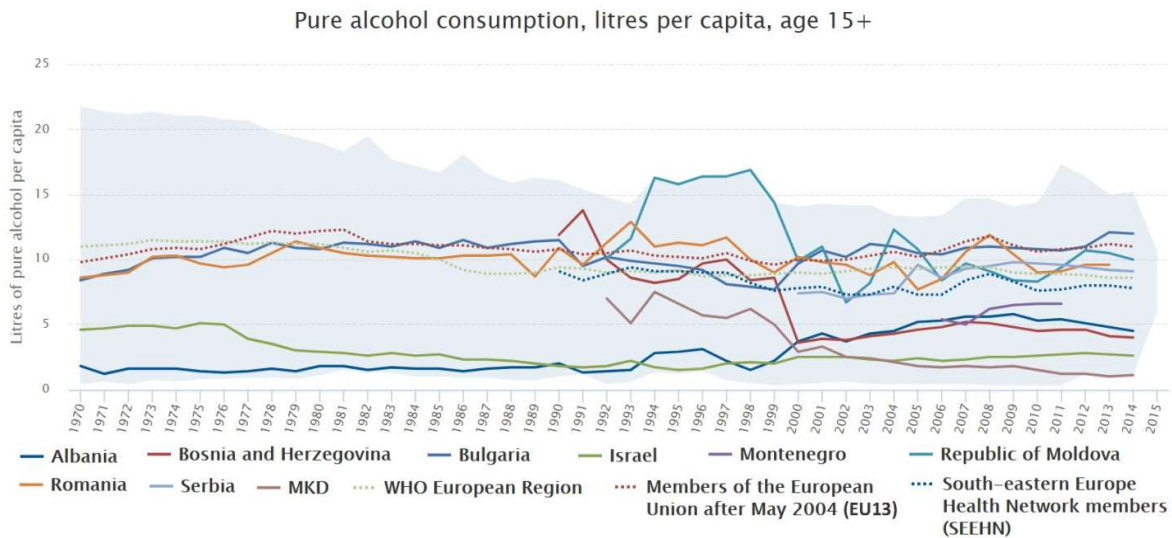
**Fig. 8. Age-standardized prevalence estimates for overweight and obesity, 2014; smoking, 2013**



## 2.12 Alcohol consumption

In 2014, the average level of alcohol consumption in SEEHN member countries was 7.8 litres per capita, which is less than that for the EU13 (11 litres per capita) and that for the WHO European Region (8.6 litres per capita; see Fig. 9). In addition, in Albania, Bosnia and Herzegovina, Israel and the former Yugoslav Republic of Macedonia, alcohol consumption was less than 4.5 litres per capita. However, in Bulgaria, alcohol consumption was above the SEEHN average. In the Republic of Moldova, Romania and Serbia, the level of alcohol consumption was lower than that for the EU13 but higher than that for the WHO European Region.

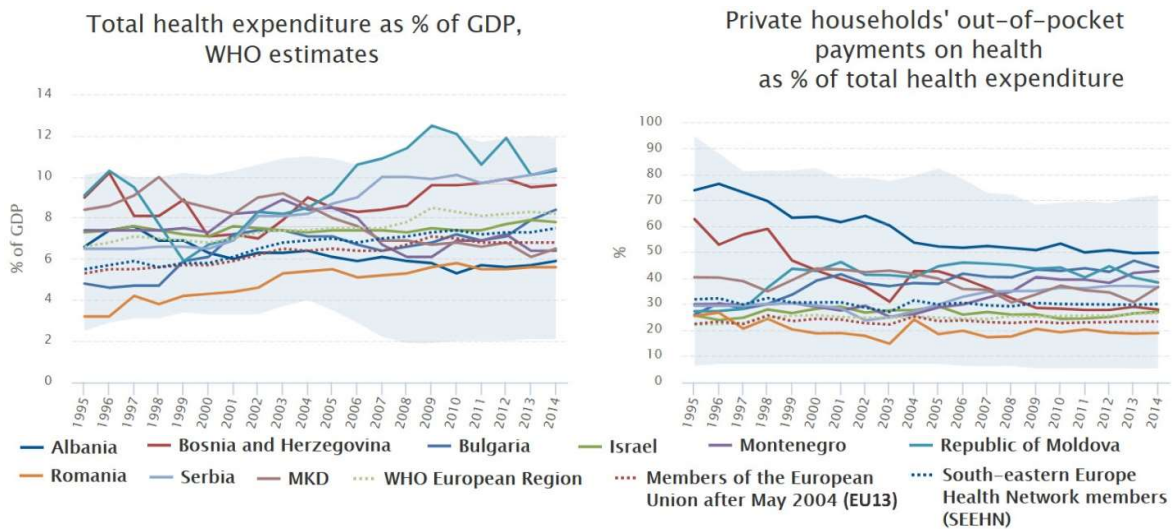
**Fig. 9. Trends in recorded alcohol consumption**



### 2.13 Total health expenditure and out-of-pocket health expenditure

In 2014, the average total health expenditure (defined as percentage of gross domestic product (GDP)) in SEEHN member countries was 7.5%, which was lower than the average for the WHO European Region (8.2%) but higher than the EU13 average (6.8%; see Fig. 10, left). In Bosnia and Herzegovina, the Republic of Moldova and Serbia, total health expenditure was higher than the average in the WHO European Region. In Albania, Montenegro, Romania and the former Yugoslav Republic of Macedonia, it was below the average in the EU13.

**Fig. 10. Total health expenditure and out-of-pocket health expenditures**

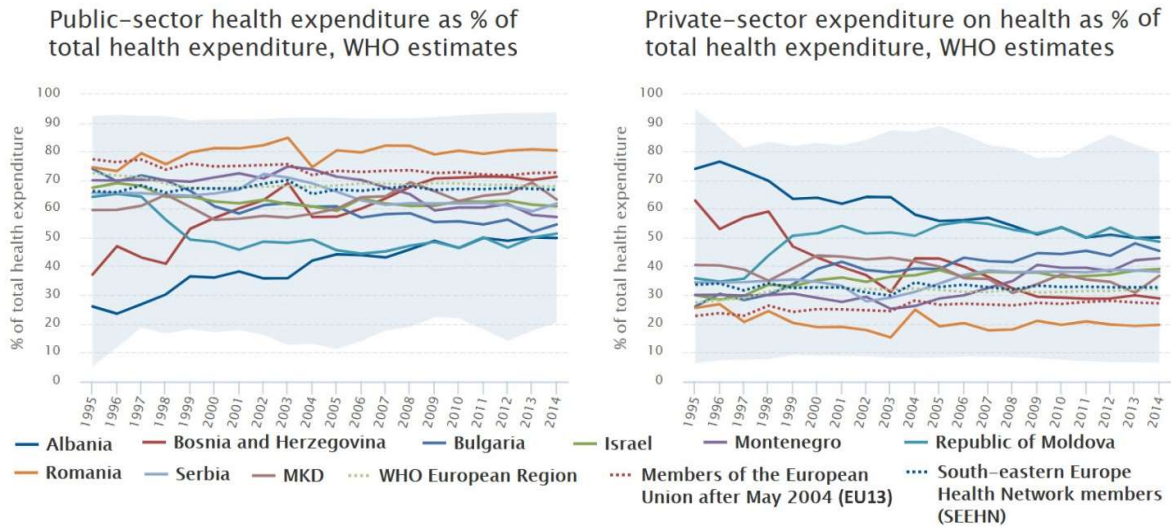


Private households' out-of-pocket payments on health in SEEHN member countries in 2014 were 29.6% of total health expenditure, which was higher than both that in the EU13 (23.2%) and that in the WHO European Region (26.6%; see Fig. 10, right). In most individual SEEHN member countries, out-of-pocket payments were above the SEEHN average. However, they were below the SEEHN average in Bosnia and Herzegovina and in Israel; in addition, in Romania, they were below that in the EU13.

### 2.14 Public-sector and private-sector expenditure on health

In 2014, the average public-sector health expenditure in SEEHN member countries was 67.3%, which is in line with that for the WHO European Region (67.9%) but below that for the EU13 (72.9%; see Fig. 11, left). In most individual SEEHN member countries, public-sector health expenditure was below the SEEHN average; it was lowest in Albania and the Republic of Moldova, at about 50%. However, in Romania, it was above the average for the EU13 (at 80.4%).

**Fig. 11. Public- and private-sector expenditure on health as % of total health expenditure**

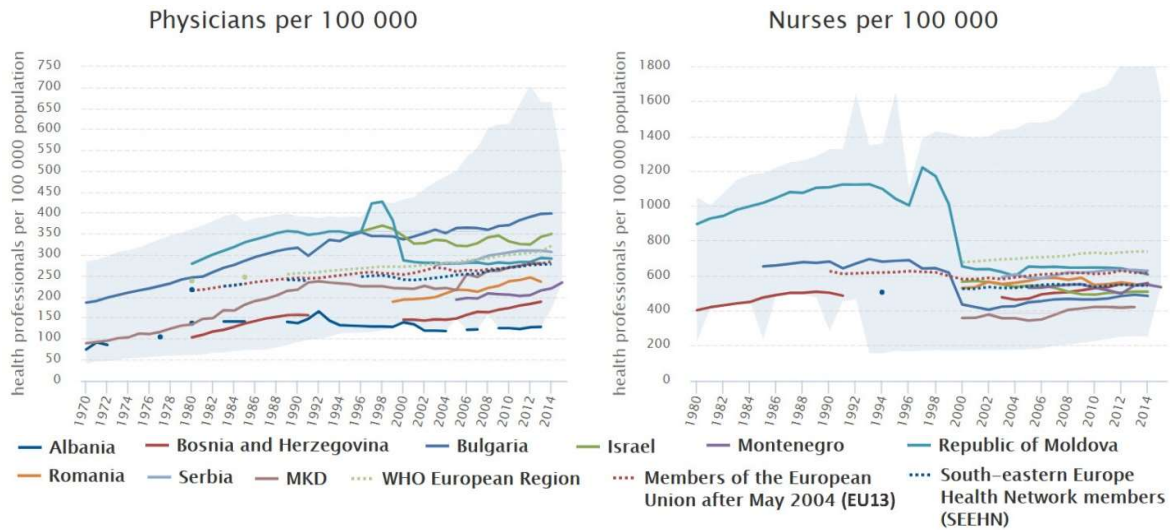


In 2014, the average private-sector health expenditure in SEEHN member countries was in line with that for the WHO European Region, and more than that for the EU13 (see Fig. 11, right). By 2014, in most of the individual SEEHN member countries, private-sector health expenditure was higher than the SEEHN average. However, in Bosnia and Herzegovina, it was less than the SEEHN average, although it was more than that in the EU13; in Romania, it was well below the level seen in the EU13.

**2.15 Human resources for health**

In 2014, in SEEHN member countries, there was an average of approximately 280 physicians per 100 000 population, which is the same as in the EU13 but lower than that in the WHO European Region, where there are 322 physicians per 100 000 population (see Fig. 12, left). In Bulgaria (350) and Israel (399), there were more physicians per 100 000 than in the WHO European Region. However, the numbers for Albania (128 physicians per 100 000 in 2013), Bosnia and Herzegovina (188 physicians per 100 000 in 2013), Montenegro (220 physicians per 100 000) and Romania (236 physicians per 100 000 in 2013) were below that for the SEEHN average and were lower than that in the EU13.

**Fig. 12. Human resources for health: availability of physicians and nurses**

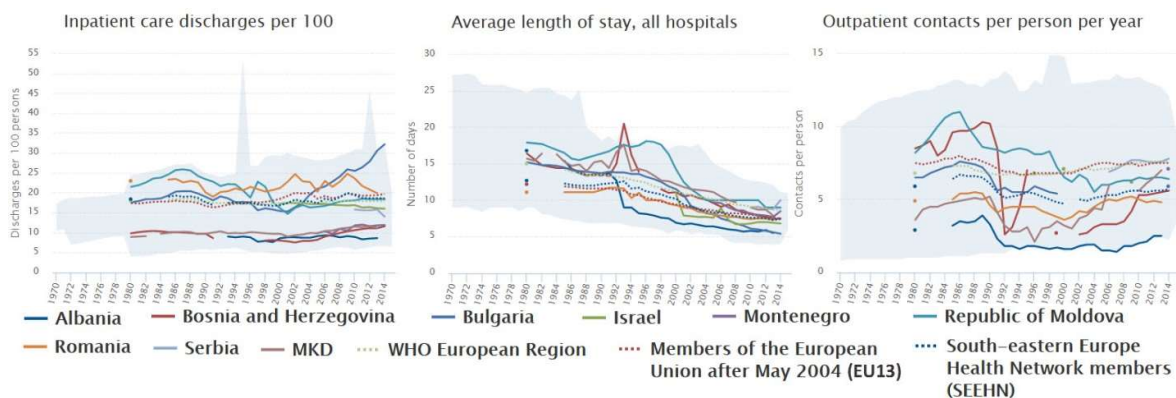


In 2014, an average of , there were 544 nurses per 100 000 population in SEEHN member countries, which is below the average in the WHO European Region (740 nurses per 100 000; see Fig. 12, right). In Bulgaria, Israel and the former Yugoslav Republic of Macedonia, the number of nurses per 100 000 population was below the SEEHN average.

## 2.16 Health care utilization

In 2014 the average number of inpatient care discharges in SEEHN member countries was 18.6 per 100 persons, which is above that for the WHO European Region (17.9) but below that for the EU13 (19.7 per 100 persons; see Fig. 13, left). However, for most SEEHN member countries, the numbers were well below the average for the WHO European Region, the lowest number being in Albania, at 8.6 per 100 persons; the outlier is Bulgaria, at 32.2 per 100 persons.

**Fig. 13. Health care utilization: hospital discharges, average length of stay and outpatient contacts**



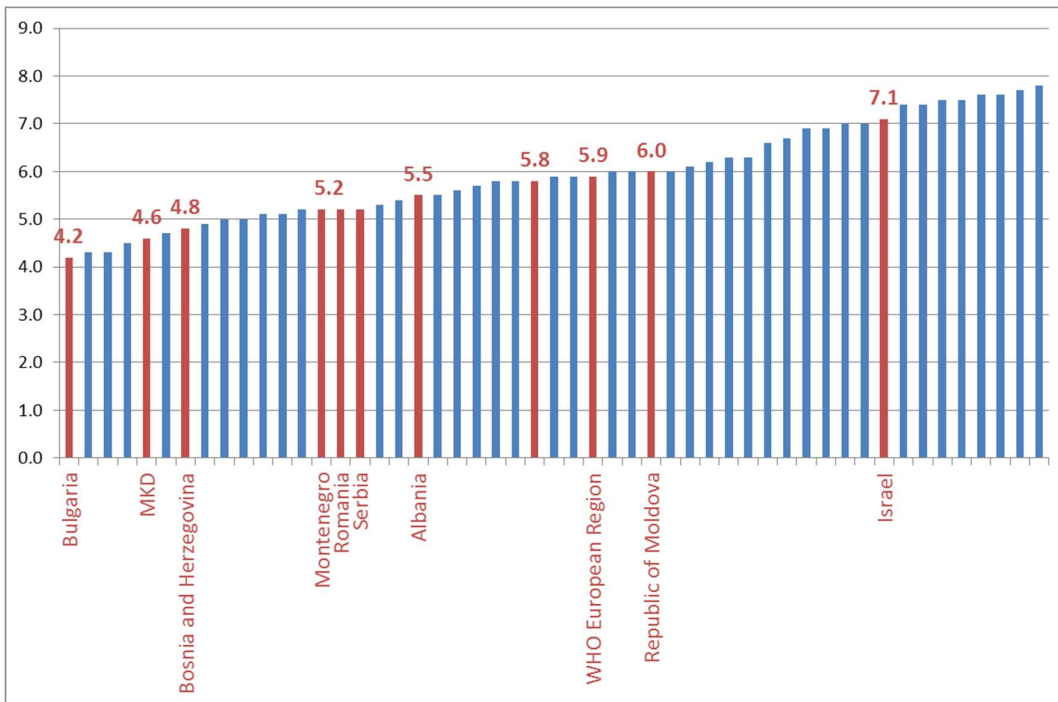
The average length of stay in SEEHN member countries in 2014 was in line with that for the WHO European Region (8.7 days; see Fig. 13, centre). In Albania and Bulgaria, it was lower than that average, and in the Republic of Moldova and Serbia it was higher.

The overall average number of outpatient contacts per person per year in SEEHN member nations was 5.7, which is below both that for the EU13 (7.5) and that for the WHO European Region (7.6; see Fig. 13, right). However, for most of the SEEHN member countries, this number was higher than that for the EU13 (although still lower than for the WHO European Region). In addition, in Albania, this number was well below the SEEHN average, at 2.5 (in 2013).

### 2.17 Life satisfaction

When the subjective indicator “life satisfaction” was measured in the WHO European Region, on a scale of 0 (least satisfied) to 10 (most satisfied) for the question “How satisfied are you with life these days?”, the average life satisfaction score was 5.9 (see Fig. 14). The scores for Albania, Bosnia and Herzegovina, Bulgaria, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia were in the lower third of the range obtained for the WHO European Region. In contrast, the scores for Israel and the Republic of Moldova were above the average.

**Fig. 14 Life satisfaction - Life satisfaction score (0–10)**



### 2.18 Summary

In summary, the major health-related trends in SEEHN member countries are as follows:

- The number of live births per 1000 population in SEEHN member countries is lower than that for the EU13 and the WHO European Region and is decreasing; the exception is Israel,

where the number of live births is much higher than in the EU13 and the WHO European Region and remains stable.

- The average life expectancy for males in SEEHN member countries is below that for the EU13 and the WHO European Region, although, for females, it is in line with both these averages.
- The proportion of ill-defined causes of death in SEEHN member countries ranges between 1.9% (for the Republic of Moldova) and 31.5% (for Bulgaria).
- The percentage of population aged 65 years or more was 19% in 2014, above the averages for the WHO European Region and the EU13. This indicates that the population is ageing fast.
- For premature mortality, the trend in the SEEHN member countries is generally declining but remains above the averages for the WHO European Region and the EU13.
- The level of maternal mortality in the member countries of the SEEHN is generally in line with that in the EU13 and the WHO European Region, although there are large year-to-year variations in the data obtained from individual countries; the level of infant mortality is mostly in line with that in the EU13 and the WHO European Region and is decreasing.
- For males in the SEEHN member countries the level of mortality from major NCDs is in line with that for the EU13 but slightly higher than that for the WHO European Region; for females, it is higher than that in the EU13 and the WHO European Region.
- The top two causes of disability-adjusted life years for the SEEHN member countries are cardiovascular diseases and neoplasms; the exception is Israel, where other NCDs are the primary causes of ill-health.
- The incidence of AIDS in the SEEHN member countries is slightly less than that in the WHO European Region but higher than that in the EU13.
- The vaccination rate for measles in the SEEHN member countries is less than that for both the EU13 and the WHO European Region.
- The prevalence of overweight and obesity in the SEEHN member countries is in line with the averages for the EU13 and the WHO European Region; the prevalence of smokers in these countries is also mostly in line with that in the EU13 averages, although it is slightly above the average for the WHO European Region.
- The level of alcohol consumption in SEEHN member countries is less than that for the EU13 and the WHO European Region.
- Total health expenditure as a percentage of GDP in the SEEHN member countries is lower than that for the WHO European Region but higher than that for the EU13.

- Public-sector health expenditure in the SEEHN member countries is in line with the average for the WHO European Region but below the average for the EU13; the average private-sector health expenditure in the SEEHN member countries was also in line with the average for the WHO European Region, but it was higher than that for the EU13.
- In the SEEHN member countries the number of physicians per 100 000 population is lower than that in the WHO European Region, although it is equal to that in the EU13; similarly, there are, on average, fewer nurses per 100 000 population than in the WHO European Region.
- The average number of inpatient care discharges in the SEEHN member countries is higher than the average for the WHO European Region but below the average for the EU13; the average length of stay is in line with that for the WHO European Region; and the overall average outpatient contact per person per year is below both the averages for the EU13 and for the WHO European Region.
- Life satisfaction scores for Albania, Bosnia and Herzegovina, Bulgaria, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia are in the lower third of the range obtained for the WHO European Region; in contrast, the scores for Israel and the Republic of Moldova are above the average.



## Section 3

### Setting the strategic agenda for WHO cooperation

#### 3.1 Background: An action plan for delivering on the Chisinau Pledge

The Chisinau Pledge, which was signed at the fourth South-eastern Europe Health Ministerial Forum, which took place in Chisinau, Republic of Moldova, in April 2017 with the theme “Health, well-being and Prosperity in south-eastern Europe by 2030 in the context of the Sustainable Development Goals of the United Nations”, provides a clear basis for action by the SEEHN member countries. The strategic directions for the future work of SEEHN and its collaboration with the WHO Regional Office for Europe and other partners were stated in the Chisinau Pledge and were elaborated in the action plan for the implementation of the Pledge.

In the Chisinau Pledge, SEEHN member countries committed to moving forward through seven mutually reinforcing actions: (1) further sustaining and strengthening collaborative efforts; (2) achieving Sustainable Development Goal 3 and other health-related Goals; (3) striving towards universal health coverage; (4) strengthening public health; (5) ensuring emergency preparedness and response; (6) promoting partnerships for health and well-being; and (7) achieving policy coherence between global goals and the SEEHN member countries’ economic, social and environment policies.

In this process, partners were invited to join any of the actions set out in the SCS in order to achieve the following goals:

- establish policy and regulatory frameworks that would enable business and industry to advance sustainable development initiatives, taking account of the importance of corporate social responsibility;
- facilitate the exchange of information and lessons learned and to build knowledge and best practice on health across the region and beyond, through participation in congresses, meetings, conferences and symposia organized by SEEHN;
- support the increased visibility of SEEHN and identify associated opportunities for exchange within it, at both European and global levels.

The SEEHN Secretariat has the responsibility and the mandate to assist member countries in delivering on the commitments from the Chisinau Pledge. These responsibilities and commitments are reflected in the following action plan.

#### 3.2 The SEEHN and WHO Regional Office for Europe action plan for delivering on the Chisinau Pledge

##### Overall objective

The objective of this action plan is to deliver on the commitments made by the SEEHN member countries in the Chisinau Pledge, which builds upon the legacy of the SEEHN in developing, promoting and supporting regional cooperation and technical activities in public health in SEEHN member countries for the past 15 years. This legacy has been formalized in the commitments

agreed to, by ministers of health of SEEHN member countries in the Dubrovnik, Skopje and Banja Luka pledges, at the health ministerial forums which took place in 2001, 2005 and 2011, respectively.

### **Specific objectives**

To deliver on the commitments of the SEEHN member countries made in the Chisinau Pledge, and to ensure that the relevant expertise, mechanisms and structures are in place, an action plan has been elaborated in collaboration with technical programmes of the WHO Regional Office for Europe and SEEHN partners.

**Table 3. Specific objectives of the action plan for delivering on the Chisinau Pledge**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
<p><b>Objective 1: Sustain and strengthen collaborative efforts between SEEHN and the WHO Regional Office for Europe, by taking deliberate action to influence governance in multiple policy arenas to promote and protect health in SEEHN member countries.</b></p>								
Establish an SEEHN regional platform for health for inclusive growth	Preparation of all necessary documentation for the platform	All RHDCs under the leadership and with the assistance of SEEHN Secretariat technical staff	All SEEHN member countries' MoHs and RHDCs	SEEHN Secretariat	SEEHN regional platform for health for inclusive growth	Established		

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
<p>Promote cross-sectoral cooperation for health and health equity in all policies through capacity building.</p> <p>Renew countries' commitments to health through intersectoral action to advance the priorities of the Health 2020 and the United Nations 2030 Agenda.</p>	<p>Establishment of dates and host country for the flagship course</p> <p>Mapping of the need for study tours and planning of exchange tours</p> <p>Setting timelines for deliverables, including guidance materials</p> <p>The SEEHN Secretariat will work closely with NHCs and RHDCs to renew countries' commitments to health and to seek intersectoral action to advance the priorities of the Health 2020 health policy framework in Europe towards 2030</p>	<p>SEEHN Secretariat</p> <p>All RHDCs under the leadership and with the assistance of SEEHN Secretariat technical staff</p>	<p>All SEEHN member countries' MoHs and RHDCs</p>	<p>BCA</p> <p>TAIEX</p> <p>SEE 2020</p> <p>Other partners</p> <p>Partial funding through the WHO</p> <p>EURO/Slovenia and WHO Regional Office for Europe – Social determinants for health and Equity Collaborative Agreement, the European Health Equity Status Report, and BCAs</p> <p>SEEHN Secretariat.</p>	<p>Deliverable 1: Flagship course on eHIAP; communication flyer, sample programme and background course manual attached (the background course manual will be published in 2019)</p> <p>Deliverable 2: Learning exchanges/study tours and policy dialogues on good practices in implementing eHiAP to improve local and regional inclusion/cohesion</p> <p>Deliverable 3: Guidance on strengthening national and local health equity monitoring and reporting, and tools to support advocacy across sectors for health equity</p> <p>Renew countries' commitments to health and to seeking intersectoral action to advance the priorities of the Health 2020 health policy framework in Europe towards 2030.</p>	<p>Multicountry statement or document confirming countries' commitments to seeking intersectoral action to advance the priorities of the Health 2020 health policy framework in Europe towards 2030</p>	<p>The flagship course has been run with and supports the ongoing exchange of learning between eight Nordic and Baltic states and between eight countries in central Europe.</p> <p>-The Nordic countries are now translating the materials into national languages and rolling out the training to support implementation of initiatives to reduce health inequities</p> <p>-In 2018/2019 there are plans to bring the different country groups together to (a) share learning on implementation at a regional level and (b) facilitate study tours and twinning projects on cross-sectoral implementation, to reduce health inequities between the two groups of countries; this is in response to requests from the countries and will enrich learning and accelerate the practice of eHiAP in line with the concept of a platform for health and inclusive growth.</p> <p>-Development of a training course on health economy reporting, which will support countries to use this tool for strategic planning of their investments in health.</p>	

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Take action to influence governance in other policy arenas to promote and protect health, including education, trade and intellectual property, sustainable energy, income inequality, social protection, water and sanitation, migration, food security and quality, environmental protection and sustainable consumption and production	<p>An MoU is suggested, and, if agreed, legal experts from each SEEHN member country will be asked to review the MoU and SOPs</p> <p>Should no MoU be accepted, a policy dialogue will take place, resulting in a statement by all other policy entities and the MoH in every member country</p>	<p>NHCs</p> <p>MoH</p> <p>SEEHN Secretariat, Executive Committee of SEEHN and legal advisers</p>	All SEEHN member countries' MoHs	SEEHN Secretariat and each member country	<p>Actions taken to influence governance in other policy arenas to promote and protect health, including education, trade and intellectual property, sustainable energy, income inequality, social protection, water and sanitation, migration, food security and quality, environmental protection and sustainable consumption and production</p>	<p>MoU signed between all other policy entities and the MoH in every member country</p> <p>Intersectoral committees will be established in each SEEHN country, to cover the SDGs</p> <p>SDG roadmaps and voluntary reports will be finalized, to ensure that health is included in other sectoral policies</p>	<p>- A study</p> <p>- A two-day workshop on implementation of the SDGs will be carried out; this will allow for sharing of national experiences and enable discussions on the integration of Health 2020 into existing national health policies</p>	

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Harmonize cross-border public health and health services, including health legislation, standards and procedures, and information exchange	<p>The preparation of a study on cross-border public health and health services, including health legislation, standards and procedures and information exchange</p> <p>Guidance on harmonization of tools</p> <p>Assistance and exchange of experiences of SEEHN member countries on the accession process and <i>acquis communautaire</i>.</p>	Regional consultants, all RHDCs under the leadership and with the assistance of the SEEHN Secretariat technical staff	All SEEHN member countries' MoHs and RHDCs	SEEHN Secretariat and member states funds TAIEX	Harmonize cross-border public health and health services, including health legislation, standards and procedures and information exchange	Study guiding harmonization of cross-border public health and health services, including health legislation, standards and procedures, and information exchange.	<p>Albania has adapted cross-border legislation, which can be taken into account.</p> <p>The cross-border initiative goes beyond migration and could be used as an instrument for implementing cross-border directives.</p> <p>Cross-border directives (provision of health services) are important for SEEHN member countries, for the process of EU accession</p>	

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Establish a common platform of n health information for the SEEHN	<p>With WHO assistance, establishment of a south-eastern European health information network, which will harmonize regional indicators across the SEEHN member countries</p> <p>Development of common indicators for south-eastern Europe</p> <p>Holding meetings for data sharing and the establishment of an archive</p> <p>Maintenance of the SEEHN website.</p>	WHO and all RHDCs under the leadership and with the assistance of the SEEHN Secretariat	All SEEHN member countries MoHs and RHDCs	<p>SEEHN Secretariat and WHO intercountry budget</p> <p>Regional fundraising</p>	Establish a south-eastern European health information network and train users to update it	<p>Establishment of a south-eastern European Health information network</p>	<p>Project proposal applied for by the SEEHN Secretariat, for an RCC small grant application (€27 000)</p> <p>Information training to be offered to SEEHN member countries, on the European Health Information Gateway website</p>	

**Objective 2: Achieve SDG 3 and other health-related SDGs in south-eastern Europe, by taking advantage of the 2030 Agenda to renew countries' commitments to health, and seek intersectoral action to advance the priorities of the European Health 2020 policy framework**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Set up an SEEHN mechanism for steering all relevant policies in terms of implementation of the 2030 Agenda and the SDGs	<p>Sharing of information on policies and procedures between relevant governmental institutions, development of policies and measures and realization of integrated collaboration between SEEHN member countries</p> <p>Holding an executive committee meeting and/or a web conference with a clear agenda each month, bringing technical experts and sharing experiences.</p>	All SEEHN member countries	All SEEHN member countries' MoHs and WHO Regional Office	SEEHN Secretariat and its member countries Contributions by the NHCs	Regular twice-yearly meetings with all NHCs to provide updates on all relevant policies in terms of implementation of the SDG 2030 Agenda	Mechanism endorsed, established and functional	Collaborating in organizing a high-level meeting on the Chisinau Pledge implementation process, to discuss the achievements of the Chisinau Pledge action plan, by the end of 2019	



Develop a subregional strategy reflecting the priorities and national circumstances of each SEEHN member country for implementation of the 2030 Agenda	Providing assistance as needed for implementation of the 2030 Agenda  Organization of a workshop for SEEHN member countries, for sharing experiences on SDG implementation and defining the next steps.	All SEEHN member countries	SEEHN member countries' MoHs  WHO country offices	Each SEEHN member country	Identify priorities and national circumstances of each SEEHN member country for the implementation of the 2030 Agenda	Strategy developed		
Harmonize SEEHN member countries' policies, measures, strategies, plans and indicators	Preparation of a study by the regional consultancy	All SEEHN member countries	All SEEHN member countries' MoHs and NHCs	SEEHN network	A study prepared for harmonizing SEEHN member countries' policies, measures, strategies, plans and indicators	Countries informed about harmonizing SEEHN member countries' policies, measures, strategies, plans and indicators.		
Advance implementation of the action plan by promoting the responsibility for addressing the SDGs and sharing good practices	Holding a workshop for promoting responsibility for addressing the SDGs and sharing good practices  Organization of a subregional meeting to observe the progress of the Ostrava Meeting decisions.	All SEEHN member countries	All SEEHN member countries' MoHs and NHCs	SEEHN Secretariat SEEHN Member countries SEEHN RHDCs WHO Regional Office	Workshop to promote responsibility for addressing the SDGs and sharing good practices	Promote responsibility for addressing the SDGs and sharing good practices	The SEEHN secretariat to discuss with the WHO Regional Office for Europe the proposal to establish an RHDC for dealing with environmental issues and implementation of the Ostrava Conference Declaration in SEEHN member countries.	

<p>Promoting the health sector as an economic sector</p>	<p>Generation of products to demonstrate the social and economic returns from the health sector for sustainable development</p>	<p>SEEHN Secretariat</p>	<p>All SEEHN member countries All RHDCs</p>	<p>Partial funding through the WHO EURO/SVN SDH and Equity Collaborative Agreement BCA TAIEX</p>	<p>Health system social and economic footprint  Tools, policy briefs and round tables to demonstrate the economic and social returns from health and to increase the commitments of the economic, social and financial sectors to making investments that protect and promote equity in health and health systems.</p>			
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<p>Promote national health policy development in SEEHN from the Health 2020 perspective and its contribution to the SDGs</p>	<p>Development and publication of a study on national health policy development in SEEHN member countries</p>	<p>SEEHN Secretariat</p>	<p>All SEEHN member countries All RHDCs</p>	<p>WHO Regional Office for Europe SEEHN Secretariat SEEHN member countries</p>			<p>The objectives of the study will be as follows:</p> <ul style="list-style-type: none"> <li>• to promote the development of NHP in the SEEHN member countries and share best practices from the perspectives of Health 2020 and the SDGs</li> <li>• to enable as a background paper for the session entitled “National Health Policy Development in south-eastern Europe and Health 2020” in the next SEEHN ministerial meeting in 2019 (with the session objective being to highlight the role of Health 2020 in national health policy-making in south-eastern Europe, and its contribution to the SDGs)</li> <li>• to assist in the implementation of the Chisinau Pledge</li> </ul>	
<p>Support SEEHN member countries to redesign policies and strategies to complement SDHs</p>	<p>Preparation of a study by the regional consultancy</p>	<p>All SEEHN member countries</p>	<p>All SEEHN member countries’ MoHs and NHCs</p>	<p>SEEHN Secretariat WHO Regional Office for Europe</p>	<p>Redesign policies and strategies to complement SDHs</p>	<p>Study on redesigning policies and strategies to complement SDHs prepared and shared among member countries.</p>		

<p>Build capacity for health planning in SEEHN member countries</p>		<p>SEEHN Secretariat</p>	<p>All SEEHN member countries All RHDCs</p> <p>The audience will consist of policy-makers and national health coordinators from the SEEHN member countries</p>	<p>WHO Regional Office for Europe SEEHN Secretariat SEEHN member countries</p>	<p>A two-day workshop on NHP development in the SEEHN member countries and integrating/ implementing the roadmap on SDGs in SEEHN member countries</p>		<p>Objectives of the workshop:</p> <p>Day 1:</p> <ul style="list-style-type: none"> <li>• sharing national experiences for health policy-making (in line with Health 2020 and contributing to the SDGs), by SEEHN member countries</li> <li>• walking the participants through the roadmap for outcome-oriented policy-making</li> <li>• discussing NHP development as a tool to achieve Chisinau Pledge objectives</li> </ul> <p>Day 2:</p> <ul style="list-style-type: none"> <li>• discussing integrating/ implementing the roadmap on SDGs in SEEHN member countries (background paper: member country assessments).</li> </ul>	
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Develop and publish a study entitled <i>Local health planning in south-eastern Europe</i>	Enhancement of local planning for health in SEEHN member countries (in line with Health 2020 and contributing to the achievement of the SDGs)	SEEHN Secretariat	All SEEHN member countries All RHDCs	WHO Regional Office for Europe  SEEHN member countries  Joint fundraising with SEEHN Secretariat	Development of a subnetwork of “Healthy Cities” in SEEHN  Participation of mayors from SEEHN member countries in the ministerial meeting in 2019  Workshop/meeting of SEEHN cities on health in local development policies, to discuss consistency in health planning, health policies/local health policies and health in local development policies	Local planning enhanced in line with Health 2020  National policies should be fully aligned with the SDGs	The objectives of the study are as follows: <ul style="list-style-type: none"> <li>to promote local health planning in SEEHN member countries and share best practices from the Health 2020 perspective and the SDGs</li> <li>to develop a model for local health planning that is in line with Health 2020 and will contribute to consistency in planning for health at different levels of governance (central–local) and the SDGs</li> <li>to assist in the implementation of the Chisinau Pledge.</li> </ul>	
Enhance SEEHN member countries capacities to assess the health impacts of air pollution	Enabling capacity building for air quality and health and the use of WHO decision-support tools (e.g. the AirQ+ tool)	WHO RHDCs under the leadership and with the assistance of SEEHN member countries	SEEHN member countries	Partial budget from the WHO ECEH GDO  Partially BCAs, SEEHN Secretariat  SEEHN member countries	Training workshop for experts from SEEHN member countries on the principles of assessing the health impacts of air pollution and use of AirQ+ tool to quantify impacts on health	Completion of a subregional meeting to examine the progress of the Ostrava Declaration (2017). Establishment of a regional initiative for strengthening capacities on the impact of air pollution in SEEHN member countries.		

**Objective 3: Work towards achieving universal health coverage in SEEHN member countries, by increasing health funding, ensuring financial risk protection, ensuring access to high-quality essential health care and public health services, ensuring access to safe, effective, efficient, high-quality assured and affordable essential medicines and vaccines, and recruiting, developing, training and retaining health workers in the SEEHN member countries?**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Establish an SEEHN public health professionals/workforce observatory	Hiring of a regional consultant to establish an SEEHN public health professionals/workforce observatory  Promotion of RHDCs to WHO collaborating centre status, particularly the RHDC of the Republic of Moldova.	Regional consultants  All RHDCs, under the leadership and with the assistance of SEEHN Secretariat technical staff  RHDC of the Republic of Moldova	All SEEHN member countries' MoHs and RHDCs	SEEHN Secretariat  SEEHN member countries  RHDCs  NHCs of the SEEHN	List of members of the SEEHN public health professionals/workforce observatory	SEEHN public health professionals/workforce observatory established and circulated among member countries  Establishment of a clear plan of action for two years with the RHDCs by the technical department in WHO, to lead to WHO collaborating centre status		
Undertake an analysis of health policies in SEEHN member countries in the context of universal health coverage.	Preparation of a study by the regional consultancy	All SEEHN member countries	All SEEHN member countries' MoHs and NHCs	SEEHN Secretariat	Health policies in the SEEHN member countries analysed in the universal health coverage context	Analyses completed and shared among member countries	Use financial protection assessment as entry points for universal health coverage, as these can lead to further support for health-financing policies	

<p>Initiate MoUs in the field of health insurance between all countries in SEEHN</p>	<p>Presenting all legal policies in terms of health insurance from SEEHN member countries</p> <p>Mapping out which countries have already signed MoUs</p>	<p>SEEHN Secretariat</p>	<p>SEEHN member countries and partner countries</p>	<p>WHO Regional Office for Europe</p> <p>WHO Barcelona Office for Health Systems Strengthening, Spain, GDO</p> <p>SEEHN Secretariat</p>				
<p>Assess the modalities of the SEEHN member countries for vaccine and medicine procurement, including procurement legislation and finished product regulation, to verify whether and how a platform for procurement could add benefits.</p>	<p>Continuation of assessments already ongoing in Bulgaria, the Republic of Moldova and the former Yugoslav Republic of Macedonia.</p>	<p>SEEHN member countries' RHDCs</p> <p>SEEHN Secretariat.</p>	<p>SEEHN member countries.</p> <p>WHO</p> <p>CDC</p>	<p>SEEHN secretariat</p> <p>SEEHN member countries</p>	<p>Assessment of the state of harmonization: the first step would be to verify whether the clinical guidance in the different countries is already harmonized; if not, some reflection would have to be made on how that would be considered in joint HTAs to determine the next step: harmonization by working individually with member countries first, or deciding on the criteria for a comparative evaluation.</p>	<p>Finalization of all the assessments of SEEHN member countries, and creation of a roadmap that sets out a plan for joint procurement by the end of 2019</p> <p>Meeting of SEEHN counterparts to discuss the way forward to ensure common procurement of vaccines.</p>	<p>Access to medicines includes several interlinked areas; HTAs can be undertaken jointly but further discussion with SEEHN member countries will be required to understand what will be assessed: for example, will it only be identification of health problems and current technology, will it also include an examination of characteristics of the technology, its relative safety and its relative clinical effectiveness, or will it not cover cost effectiveness/economic domains?</p> <p>The assessment conclusions will, in this case, be confined to a comparative clinical effectiveness evaluation.</p>	

<p>Assist with the common procurement of vaccines in SEEHN member countries, thereby ensuring lower prices; centralize procurement of vaccines at lower prices, while preserving the quality and method of distribution.</p>				<p>SEEHN Secretariat SEEHN member countries WHO Regional Office for Europe</p>			<p>Joint procurement is most efficient if the same finished products have marketing authorization in all countries; if there are different finished products on national markets, it is likely that joint procurement will be more complicated</p>	
<p>Ministerial meeting on immunization</p>	<p>Strengthening SEEHN member countries' delivery of immunization programmes and discussing/sharing good practices</p> <p>Establishment of joint actions to counteract anti-vaccination movements.</p>			<p>WHO Regional Office for Europe SEEHN Secretariat</p>		<p>Statement of intent Endorsement of the SEEHN roadmap</p>	<p>Agreement on the next steps and follow-up of this action to be introduced</p>	<p>Completed on 20 February 2018</p>



**Objective 4: Strengthen public health services and capacities, by establishing an SEEHN platform on cross-border issues in public health services.**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Regional mapping of all resources, qualifications and capacities of SEEHN member countries at all public health levels.	Establishment of a regional consultancy to prepare mapping of all resources, qualifications and capacities of SEEHN member countries at all public health levels.	All SEEHN member countries.	All SEEHN member countries' MoHs and NHCs.	SEEHN Secretariat	Regional mapping of all resources, qualifications and capacities of south-eastern European countries at all public health levels.	Completed regional mapping of all resources, qualifications and capacities of SEEHN member countries at all public health levels, with the map shared among SEEHN member countries.	Bosnia and Herzegovina have undertaken this kind of mapping, to share experiences.	
Strengthen the capacities of existing RHDCs and support their promotion into WHO collaborating centres	Revision of the regional priorities and development of an action plan for the RHDCs to implement these regional priorities	RHDCs  Current WHO collaborating centres	All SEEHN member countries' RHDCs	SEEHN secretariat SEEHN member countries WHO Regional Office for Europe	RHDC action plan for implementation of the regional priorities	Development of the RHCD action plan	RHDCs to develop a Joint workplan  Sharing of experiences of the collaboration between WHO and the RHDCs	

RHDCs to meet, to share experiences and best practices	Back-to-back meeting following the 40th SEEHN Plenary, to learn from the experience of the RHDC–SECID in Tirana, in collaboration with WHO representatives and heads of country offices.	RHDCs SEEHN Secretariat SECID WHO	RHDCs SEEHN Secretariat SECID WHO	SEEHN Secretariat WHO Regional Office for Europe			RHDCs representatives and WHO representatives and heads of country offices to work on developing an action plan for 2018/2019; the action plan will then be used a basis for fundraising.	From July 2018
Establish a new RHDC	Evaluation of new applications for the establishment of RHDCs.			SEEHN Secretariat SEEHN member countries			Romania proposed a new RHDC for cardiovascular diseases	
Establish SEEHN monitoring and evaluation procedures	Establishment of monitoring and evaluation procedures by the SEEHN Secretariat and RHDCs	SEEHN Secretariat RHDCs	All RHDCs	SEEHN Secretariat	SEEHN monitoring and evaluation procedures	SEEHN monitoring and evaluation procedures established and distributed among all SEEHN member countries.		

**Objective 5: Further strengthen our mutual regional and national actions on preparedness and response to regional emergencies and related population movements and migration.**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Organize simulation exercises with strong and coordinated multisectoral cooperation for public health preparedness under various scenarios, including earthquakes, floods and fire, as well as outbreaks of infectious diseases, such as Ebola.	SEEHN member countries	RHDC Skopje	SEEHN member countries' MoHs, centres for crisis management, police and fire services. WHO	WHO Regional Office for Europe SEEHN Secretariat SEEHN member countries				

<p>Create a platform of SEEHN countries for cross-border collaboration to implement the IHR (2005)</p>	<p>Creation of synergies between relevant institutions and sectors responsible for IHR (2005) implementation and crisis preparedness and response</p> <p>Identification of potential gaps and potential problems in the system, with recommendations for strengthening crisis response.</p> <p>Further discussion of these at the decision-making level, in accordance with the principles of Health 2020, the National Strategy for Health until 2020 and country commitments to implementation of the SDGs.</p>	<p>RHDC Skopje</p>	<p>SEEHN member countries and partners</p> <p>WHO</p>	<p>SEEHN secretariat</p> <p>SEEHN member countries</p> <p>WHO Regional Office for Europe</p>				
<p>Development of an SEEHN regional public health and cross-border emergencies strategy</p>	<p>Creation of a regional consultancy</p> <p>Development of an SEEHN regional public health and cross-border emergencies strategy</p>	<p>All SEEHN member countries' RHDCs</p>	<p>All SEEHN member countries' RHDCs</p>	<p>SEEHN secretariat</p> <p>SEEHN member countries</p> <p>WHO Regional Office for Europe</p>	<p>Strategy for SEEHN regional public health and cross-border emergencies</p>	<p>Development of an SEEHN regional public health and cross-border emergencies strategy</p>	<p>This action was already agreed upon during the ministerial meeting in Chisinau</p>	

Assessment and evaluation of the resources and capacities of SEEHN countries with regards to emergency preparedness and response	Creation of a regional consultancy	All SEEHN member countries' RHDCs	All SEEHN member countries' RHDCs	SEEHN secretariat WHO Regional Office for Europe	Assessment and evaluation of the resources and capacities of SEEHN member countries with regard to emergency preparedness and response	Development of an assessment and evaluation of the resources and capacities of SEEHN member countries with regard to emergency preparedness and response.		
Development and unification of a legal framework for sharing data and early warning in south-eastern Europe	Creation of a regional consultancy	All SEEHN member countries' RHDCs	All SEEHN member countries' RHDCs	SEEHN Secretariat SEEHN member countries WHO Regional Office for Europe	Legal framework for sharing data and early warning in south-eastern Europe	Development of a legal framework for sharing data and early warning in south-eastern Europe  Development and implementation of a roadmap for implementing the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018–2023	Accelerate the implementation of the IHR (2005), based on the Action Plan to Improve Public Health Preparedness and Response in the WHO European Region 2018–2023	

<p>Harmonize migrant health services along migration routes to the EU</p>	<p>Establishment of an intercountry task force on migration and health</p>	<p>WHO All SEEHN member countries' RHDCs, under the leadership and with the assistance of SEEHN</p>	<p>Governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia</p>	<p>SEEHN secretariat SEEHN member countries WHO</p>	<p>Homogeneous intercountry screening procedures  Consistent intercountry migrant immunization policies  Effective migrant health information flow among countries</p>	<p>Establishment of a task force  Clarification and adaptation of public health services to meet migrant needs in south-eastern European countries  Consistent screening and immunization practices implemented  Personal migrant health card piloted and implemented in collaboration with IOM and other stakeholders.</p>	<p>Actions will be mostly in country format; a more regional format of actions will be required  Bosnia and Herzegovina have a defined migration service package and will share their experience with it  Experiences will be shared at the TAIEX meeting in Albania</p>	
<p>Migrant health capacity building</p>	<p>Establishment of migrant health training and learning opportunities  Training of a public health workforce in dealing with crises</p>	<p>WHO/MIG All SEEHN member countries' RHDCs, under the leadership and with the assistance of SEEHN</p>	<p>Governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia.</p>	<p>SEEHN member countries SEEHN Secretariat WHO</p>	<p>Summer school course  Webinars  Knowledge hub on migration and health</p>	<p>Summer school course organized every year  Six webinars organized  Knowledge hub website opened and maintained</p>		

<p>Training public health professionals and non-health professionals in how to involve the entire public health workforce in dealing with a crisis situation.</p>	<p>Development of universal information, education and communication materials for humanitarian relief workers to distribute to communities.</p>	<p>RHDC UNFPA TAIEX</p>		<p>EU UNFPA IOM</p>				
<p>With respect to sexual and reproductive health, establish immediate and appropriate responses and involvement of all stakeholders at different levels of health care (part of TAIEX proposals).</p>	<p>Creation of materials explaining priority reproductive health services, ensuring they can be adapted to different contexts as needed.</p> <p>Working with humanitarian and development experts to develop tools to assist with incorporating sexual and reproductive health care into efforts to improve emergency preparedness.</p>							

**Objective 6: Work more closely and efficiently with partners to make the best use of their support by: implementing whole-of-government, whole-of-society and health-in-all-policies approaches in policy development.**

Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Identify new partners to join regional networks	Identification of regional networks by SEEHN technical staff	SEEHN member countries' RHDCs and partners	All SEEHN member countries and partners	SEEHN Secretariat regional networks	Mapping out networks that are invited to collaborate on actions to improve policy development	Identification of networks	The SEEHN Secretariat will work with partners to mobilize other resources	
WHO to continue to involve partner organizations in multicounty workshops and identify areas of collaboration to further the implementation of the Chisinau Pledge	Organization of workshops by SEEHN technical staff	SEEHN SEEHN member countries' RHDCs and partners	All SEEHN member countries and partners	SEEHN Secretariat SEEHN partners	Prepare and hold multicounty workshops of mutual interest with partner organizations	Creation of multicounty workshops of mutual interest with partner organizations	Together with partners, development of an action plan that will complement SEEHN-WHO actions	
WHO to assist SEEHN to explore possibilities for fundraising activities with other donors, stakeholders and partners	Attendance of meetings by SEEHN staff	SEEHN staff, NHCs and partners	SEEHN staff, NHCs and partners	SEEHN Secretariat SEEHN partners	Establish mechanisms for fundraising and cost-sharing for projects	Funding and cost-sharing with partners		



WHO to take part in developing and conducting TAIEX events	Organization of workshops by different RHDCs	RHDCs	SEEHN member countries SEEHN partners	SEEHN Secretariat TAIEX			Strengthen collaboration with the EU in order to obtain a support for public health activities in the region (via TAIEX and/or other EU funding).	
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Objective 7: Achieve policy coherence between WHO global goals and SEEHN member countries' economic, social and environment policies.								
Specific objective	Description of action	Responsible entity	Involved countries and institutions	Budget allocations	Deliverables	Indicator and source of verification	Comments	Time frame
Establish the joint SEEHN working plan for the next two years (2020/2021)		SEEHN staff and all member countries and partners	SEEHN staff and all member countries partners	SEEHN Secretariat	Priorities defined and workplan prepared	Joint SEEHN work plan for the next two years (2018/2019) prepared and distributed to member countries	-Additional priorities could be identified during the Ex Com or other meetings and additionally introduced in the AP with other partners to ensure complete implementation of the Chisinau Pledge - to identify various levels of governance that can ensure a multidisciplinary approach.	
WHO to assist the SEEHN Secretariat in translating global health goals into national ones	Establish a regional consultancy	All SEEHN member countries	All SEEHN member countries	SEEHN Secretariat SEEHN member countries WHO Regional office for Europe	Study to translate global goals into national ones	Global goals translated into national ones		

**Note:** The following abbreviations are used in this table: AirQ+: software tool for health risk assessment of air pollution; BCA: biennial collaborative agreement; CDC: Centers for Disease Control and Prevention; ECEH: WHO European Centre for Environment and Health, Bonn, Germany; eHIAP: Equity in Health in All Policies; GDO: WHO Regional Office for Europe geographically dispersed office. GOV: government; HTA: health technology assessment; IHR (2005): International Health Regulations (2005); IOM: International Organization for Migration; MIG: MIG Health Programme; MoH: ministry of health; MoU: memorandum of understanding; NHCs: national health coordinators; NHP: National Health Policies; RCC: Regional Cooperation Council; SDH: social

determinants of health; SECID: Southeast European Center for Surveillance and Control of Infectious Diseases; SOP: standard operating procedure; SEE 2020: South East Europe 2020 strategy of the Regional Cooperation Council; SVN: Slovenia; TAIEX: Technical Assistance and Information Exchange instrument of the European Commission; UNFPA: United Nations Population Fund; WHO-WR: WHO country representative.

## Section 4

### Partnership cooperation in SEEHN

#### 4.1 Council of Europe's European Directorate for the Quality of Medicines and HealthCare

In line with its mission to contribute to the basic human right of access to good-quality medicines and health care and to promote and protect human health, the Council of Europe's European Directorate for the Quality of Medicines and HealthCare (EDQM) has coordinated various initiatives in the European Region. These have focused on developing health systems and supporting SEEHN member countries to improve the health of their populations – an essential condition for social cohesion. Examples include the following:

- initiatives on blood quality management: in line with its mandate to promote high standards of ethics, safety and quality in the field of blood transfusion, the EDQM provided blood establishments in south-eastern Europe with support in fostering the key elements of quality management systems;
- a training course on quality management standards: the EDQM organized a course in 2016 as a way of helping blood establishments in south-eastern Europe to implement European legislation and the Council of Europe's guide to the preparation, use and quality assurance of blood components;
- initiatives against the falsification of medical products: the EDQM has delivered training courses to officials from health, police and customs authorities in south-eastern Europe on how to coordinate efforts to combat the falsification of medical products.

#### 4.2 European Commission

SEEHN's intensive and productive cooperation with the EU and the Council of Europe was established in 2001, when a number of joint technical activities were implemented. SEEHN continues to advance its work by using the TAIEX instrument in successful multicountry events such as workshops, expert visits and study visits.

A series of multigovernmental TAIEX workshops yielded excellent results in the initiation of mid- to long-term actions in such areas as organ donation and transplantation; health workforce; patient safety; indicators for NCDs; migration and health; reducing salt intake; and many more.

One of the most notable examples of cooperation, which led to extremely valuable outcomes, was defining the minimal set of indicators for monitoring NCDs. Determining the minimal set of indicators was necessary, as a credible and sustainable source of data was needed for producing national as well as subregional and regional reports on NCDs in SEEHN and its member countries. This is essential for planning activities and interventions for reducing the burden of NCDs, as well as the evaluation of their impact and success. The set is comprised of four domains covering important aspects of the burden of NCDs, such as: determinants of health, health systems, health status and additional health indicators. The minimal set of indicators for monitoring NCDs and related health inequalities is harmonized and therefore offers comparable health indicators that are in compliance with existing indicators, such as the system of European Core Health Indicators, and are in accordance with the relevant regional health documents, such as Health 2020.

### **4.3 The Regional Cooperation Council**

The Regional Cooperation Council (RCC) is another major partner and supporter of SEEHN. With the support of the RCC, SEEHN succeeded in bringing health onto the regional economic development agenda by incorporating a health pillar into SEE 2020, which was adopted in November 2013 by the ministers of economy of south-eastern Europe.

SEE 2020 reflects the commitment of all governments in the region to cooperate closely – politically and economically – in areas of common concern, in order to address current socioeconomic challenges and to assist in the eventual integration of south-eastern European countries into the EU. The vision of SEE 2020 is to enhance long-term determinants of economic development in the region through a holistic, common approach with five interlinked components: integrated growth, smart growth, sustainable growth, governance for growth and inclusive growth.

The health dimension of SEE 2020 is embodied in the inclusive growth pillar. It promotes factors that develop skills and employment, including fostering equal participation in the labour market and access to health systems.

The RCC is the coordination body in the SEE 2020 implementation process, although the health dimension was entrusted to SEEHN. SEE 2020 was translated into a strategy and action plan for health at the regional level. Four key strategic actions have been developed with the objective of enhancing the health status of all individuals in the region.

The RCC continues to provide technical and administrative support to maintain momentum on designing and implementing SEE 2020-related work programmes.

### **4.4 The Swiss Agency for Development and Cooperation**

Switzerland has been a prominent partner country of SEEHN. Through the Swiss Agency for Development and Cooperation (SDC), it has provided technical guidance to several SEEHN projects and the RHDC on Mental Health, including the 2012–2014 project on strengthening the capacities of mental health professionals and users' associations. The SDC also engaged in a project with SEEHN on strengthening institutional capacities for regional cooperation in health in south-eastern Europe in 2013–2014 and supporting the development of managerial capacities of the SEEHN Secretariat and health diplomacy capacity among SEEHN member countries.

### **4.5 Activities with other partners**

The SEEHN presidencies and the Executive Committee have always placed a high value on partnership with all SEEHN bilateral and multilateral partners and are grateful for their participation and support.

Since 2005, SEEHN has signed memoranda of understanding (MoUs) on partnership with the following international organizations:

- EuroHealthNet
- European Centre for Peace and Development
- European Health Forum Gastein

- International Network of Health Promoting Hospitals and Health Services
- Istituto Superiore di Sanità (the MoU signing procedure began at the 37th Plenary Meeting of the South-eastern Europe Health Network, 28–29 June 2016 in Sarajevo, Bosnia and Herzegovina)
- International Organization of Migration
- Northern Dimension Partnership in Public Health and Social Well-being
- Project HOPE
- South East European Network on Workers' Health
- SDC
- United Nations Population Fund

## Section 5

### Monitoring and evaluation of the SCS

#### 5.1 Evaluation methodology

The methodology for evaluation is guided by the *WHO Evaluation practice handbook*,<sup>2</sup> OECD/DAC criteria for evaluating development assistance<sup>3</sup> and MOPAN 3.0.<sup>4</sup>

#### 5.2 Monitoring of the SCS

The SEEHN Secretariat will act on behalf of all the SEEHN member countries as part of a working group that will be responsible for facilitating, monitoring and eventually evaluating the implementation of the strategic agenda. The national focal points of the various SEEHN member countries will be called upon to comment when and as required.

The terms of reference and modus operandi of this working group will be agreed upon by the WHO Regional Office for Europe and the SEEHN Secretariat as advised by the Chairperson of the SEEHN Executive Committee. This working group should also include representatives of the Regional Office's relevant technical units, as well as the Regional Director's political representative at SEEHN. National health coordinators of various SEEHN member countries could also be requested to take part in this working group as observers.

The working group will commit to meeting at least once a year, or whenever the SEEHN Secretariat deems it necessary for the group to assess progress, the degree of implementation of the strategic agenda, to highlight strengths, to identify potential gaps and weaknesses hindering implementation, and to set priorities for future investment in matters of mutual interest. The working group may also need to meet simply to ensure more accountability and transparency or to align the resources available with the priorities at that time.

#### 5.3 Evaluation of the SCS

The SEEHN Secretariat, with the support of the WHO Regional Office for Europe, and in full coordination with SEEHN member countries and other partners, should ensure the effective evaluation of the SCS, as well as WHO's contribution to the achievement of national priorities. The SCS will be reviewed every two years and a report will be given to the SEEHN Executive Committee as well as being submitted to the forthcoming SEEHN Ministerial Forum; another report will be produced at the end of the SCS cycle. The review should have a precise focus: to determine if and

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<sup>2</sup> WHO Evaluation practice handbook. Geneva: World Health Organization; 2013 ([http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/96311/1/9789241548687_eng.pdf), accessed 12 September 2018).

<sup>3</sup> DAC Criteria for Evaluating Development Assistance. Paris: Organisation for Economic Co-operation and Development; 2018 (<http://www.oecd.org/dac/evaluation/daccriteriaforevaluatingdevelopmentassistance.htm>, accessed 12 September 2018).

<sup>4</sup> Methodology Digest: MOPAN 3.0. The Mopan Secretariat; 2018 ([http://www.mopanonline.org/GenericPages/Mopan%20Methodology%20Digest%20\[4\].pdf](http://www.mopanonline.org/GenericPages/Mopan%20Methodology%20Digest%20[4].pdf), accessed 12 September 2018).

what outcomes and, more importantly, impacts have been achieved through implementation of the SCS and what difference implementation has made at country level. At the end of every biennium within the six-year plan, the report will lead to fine-tuning of the action plan for the next two-year cycle.

#### **5.4 Conclusions and recommendations**

Once the evaluation has been completed, the working group will report back on the main achievements, gaps and challenges and make appropriate recommendations that will assist in determining whether there has been satisfactory progress and whether the resources are adequate to ensure timely delivery of the defined outputs. At the midway point, if any changes are necessary, they should be discussed and, if possible, integrated into the final objectives. At the end of the SCS implementation period, any lessons learned from the monitoring and evaluation of the SCS should be prepared by the joint working group and to be shared not only with the SEEHN member countries but also with other countries, particularly within similar country groupings.



## Annex 1

### Current cooperation of the WHO Regional Office for Europe with SEEHN member countries via biennial collaborative agreements

The biennial collaborative agreement (BCA) constitutes a practical framework for collaboration between the WHO Regional Office for Europe and a Member State. BCAs are drawn up in a process of successive consultations between national health authorities and the Secretariat of the WHO Regional Office for Europe.

The collaboration programme for 2018–2019 has taken as its point of departure the bottom-up planning process for 2018–2019 undertaken with each country. This work was carried out as part of WHO reform, in the overall context provided by WHO's Twelfth General Programme of Work. The objective of the bottom-up planning exercise was to determine the priority health outcomes for WHO collaboration with each country during the period 2018–2019. This document details the collaboration programme in SEEHN member countries, including proposed outputs and deliverables.

The WHO Secretariat has managerial responsibility and is accountable for the programme budget outputs, while the outcomes define Member States' uptake of these outputs. Achieving the programme budget outcomes is the joint responsibility of the individual Member State and the Secretariat. At the highest level of the results chain, the outcomes contribute to the overall impact of the organization, namely, sustainable changes in the health of populations, to which the Secretariat and the countries contribute.

#### A.1 Main strategic areas for cooperation constituting the WHO BCAs with SEEHN member countries

The main strategic areas for cooperation constituting the WHO BCAs with SEEHN member countries are as follows:

BCA with Albania:

##### **Programme areas**

- HIV and hepatitis
- tuberculosis
- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- violence and injuries
- nutrition
- reproductive, maternal, newborn, child and adolescent health
- health and the environment
- national health policies, strategies and plans
- integrated people-centred health services

- health system, information and evidence
- infectious hazard management
- country health emergency preparedness and the International Health Regulations (2005)

BCA with Bosnia and Herzegovina:

**Programme areas**

- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- violence and injuries
- nutrition
- reproductive, maternal, newborn, child and adolescent health
- equity, social determinants, gender equality and human rights
- health and the environment
- integrated people-centred health services
- health system, information and evidence
- infectious hazard management
- country health emergency preparedness and the International Health Regulations (2005)
- polio eradication

BCA with Bulgaria:

**Programme areas**

- HIV and hepatitis
- tuberculosis
- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- nutrition
- reproductive, maternal, newborn, child and adolescent health
- equity, social determinants, gender equality and human rights
- national health policies, strategies and plans
- integrated people-centred health services
- health systems, information and evidence

BCA with Montenegro:

**Programme areas**

- HIV and hepatitis
- tuberculosis
- vaccine-preventable diseases
- antimicrobial resistance
- NCDs

- mental health and substance abuse
- violence and injuries
- disabilities and rehabilitation
- reproductive, maternal, newborn, child and adolescent health
- health and the environment
- national health policies, strategies and plans
- integrated people-centred health services
- access to medicines and other health technologies and strengthening regulatory capacity
- health system, information and evidence
- country health emergency preparedness and the International Health Regulations (2005)

BCA with the Republic of Moldova:

**Programme areas**

- HIV and hepatitis
- tuberculosis
- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- violence and injuries
- disabilities and rehabilitation
- nutrition
- food safety
- reproductive, maternal, newborn, child and adolescent health
- health and the environment
- national health policies, strategies and plans
- integrated people-centred health services
- access to medicines and other health technologies and strengthening regulatory capacity
- health system, information and evidence
- infectious hazard management
- country health emergency preparedness and the International Health Regulations (2005)
- polio eradication

BCA with Romania:

**Programme areas**

- HIV and hepatitis
- tuberculosis
- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- reproductive, maternal, newborn, child and adolescent health
- health and the environment
- national health policies, strategies and plans

- integrated people-centred health services
- access to medicines and other health technologies and strengthening regulatory capacity
- health systems, information and evidence

BCA with Serbia:

**Programme areas**

- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- violence and injuries
- nutrition
- reproductive, maternal, newborn, child and adolescent health
- health and the environment
- equity, social determinants, gender equality and human rights
- national health policies, strategies and plans
- integrated people-centred health services
- access to medicines and other health technologies and strengthening regulatory capacity
- health systems, information and evidence
- infectious hazard management
- country health emergency preparedness and the International Health Regulations (2005)

BCA with the former Yugoslav Republic of Macedonia:

**Programme areas**

- vaccine-preventable diseases
- antimicrobial resistance
- NCDs
- mental health and substance abuse
- nutrition
- ageing and health
- health and the environment
- national health policies, strategies and plans
- health systems, information and evidence
- integrated people-centred health services
- infectious hazard management
- country health emergency preparedness and the International Health Regulations (2005)

## Annex 2

### WHO collaborating centres in SEEHN member countries

Table 4. WHO collaborating centres

Reference	Institution name	City, country	Title
BUL-16	National Centre of Public Health and Analysis	Sofia, Bulgaria	WHO Collaborating Centre for Occupational Health
ISR-27	Gertner Institute for Epidemiology and Health Policy Research	Ramat Gan, Israel	WHO Collaborating Centre for Research on Trauma and Emergency Medicine and for Emergency and Disaster Management
ISR-29	Clalit	Tel Aviv, Israel	WHO Collaborating Centre on Non-Communicable Diseases Research Prevention and Control
SRB-9	Institute of Mental Health	Belgrade, Serbia	WHO Collaborating Centre for Mental Health Workforce Development
SRB-11	Serbian Institute for Occupational Health (Dr. Dragomir Karajovic)	Belgrade, Serbia	WHO Collaborating Centre for Occupational Health
SRB-12	Belgrade Institute of Public Health	Belgrade, Serbia	WHO Collaborating Centre for Injury Prevention and Safety Promotion
MKD-2	Institute of Occupational Medicine	Skopje, the former Yugoslav Republic of Macedonia	WHO Collaborating Centre for Occupational Health