



South-eastern Europe Health Network
Health Development Action for South-eastern Europe

**Thirteenth Meeting of
Senior Government Officials of Countries
in South-eastern Europe**



Report on a Joint Council of Europe/WHO meeting
Sarajevo, Bosnia and Herzegovina, 26–28 June 2006



STABILITY PACT
FOR SOUTH EASTERN EUROPE



ABSTRACT

Note

Montenegro became independent on 3 June 2006. All references to “Serbia and Montenegro” appearing in this report refer to the legal situation prevailing before that date. At this Thirteenth Meeting, Serbia was represented and Montenegro was represented. Montenegro became a Member State of WHO in September 2006. Pursuant to the decision of the Committee of Ministers of the Council of Europe on 14 June 2006, the Governing Board of the Council of Europe Development Bank noted on June 16 that, following the declaration of independence of the Republic of Montenegro, and in accordance with Article 60 of the Constitutional Charter of the State Union of Serbia and Montenegro, the Republic of Serbia will continue membership of the State Union in the Council of Europe Development Bank and will assume the attendant obligations and commitments.

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1. Introduction

The Second Health Ministers' Forum for South-eastern Europe held in Skopje, The former Yugoslav Republic of Macedonia on 25–26 November 2005 adopted the Skopje Pledge and the Statutes of the South-eastern Europe Health Network, which determined that the rotating presidency of the Health Network would be assigned in alphabetical order. In accordance with this, Albania should have assumed the presidency. However, Albania had requested a delay in assuming the presidency, and Bosnia and Herzegovina agreed to be the first country to assume the presidency under the new Statutes.

Based on the proposal of the Operational Task Force of the Health Network, the participants agreed that Ranko Skrbic, Minister of Health and Social Protection, Republika Srpska be the overall chair of the Meeting. Mirela Tabaku, Milena Grigorova, Djordje Stojiljkovic, Snezana Cicevalieva and Goran Cerkez successively chaired session meetings. Alexandre Berlin acted as rapporteur.

Annex 1 lists the participants.

Annex 2 lists the agenda adopted. The main agenda elements were:

- to review the progress after the Second Health Ministers' Forum;
- to explore ideas for new technical projects in the region, in addition to the existing ones: improving maternal and neonatal health in south-eastern Europe, proposed by the delegation from Norway, and occupational health and safety, proposed by The former Yugoslav Republic of Macedonia and the partners in the Initiative for Social Cohesion of the Stability Pact for South Eastern Europe;
- to present the concept for the establishment of a Council on Medicines for South-eastern Europe; and
- to review the issue of regional ownership, identify gaps and problems and agree on the next steps and procedures.

2. Opening session

Snezana Cicevalieva chaired the session as Chair of the Operational Task Force of the Health Network. She thanked the Bosnia and Herzegovina authorities for the excellent arrangements and the co-organizers, welcomed the members of the Health Network and the donor countries present and extended a special welcome to the representative of the International Organization for Migration (IOM), Slavica Dimitrievska, attending a meeting of the Health Network for the first time.

The participants were welcomed by Safet Halilovic, Minister of Civil Affairs, Bosnia and Herzegovina; Ranko Skrbic, Minister of Health and Social Protection, Republika Srpska; Goran Cerkez on behalf of Vjekoslav Mandic, Minister of Health, Bosnia and Herzegovina; Piotr Mierzewski, Council of Europe; Dimo Iliev, Council of Europe Development Bank; and Maria Haralanova, WHO Regional Office for Europe.

In his welcoming address, Safet Halilovic stressed that Bosnia and Herzegovina is fully ready and committed towards the regional cooperation and coordination processes, including strengthening health care systems and meeting international standards in this sector. Bosnia and

Herzegovina is proceeding rapidly with negotiating the Stabilization and Association Agreement with the European Union. The Ministry of Civil Affairs is participating actively in the negotiation process, focusing on such topics as including health care and full regional cooperation in this area. Bosnia and Herzegovina realizes that it has a major task ahead to adopt legislation in compliance with the *aquis communautaire*.

Bosnia and Herzegovina considers that the implementation of the Stability Pact activities, including those related to health, are key factors for long-term and sustainable stability in the region.

Piotr Mierzewski and Maria Haralanova both stressed how far the Health Network has progressed since its inception and the Dubrovnik Pledge. They conveyed the greetings and appreciation of their respective institutions. Maria Haralanova, in particular, stressed the gratitude of the WHO Regional Director for Europe, Marc Danzon, who considers the Health Network one of the key achievements of his first mandate.

3. Progress since the Second Health Ministers' Forum

Maria Haralanova, on behalf of the Secretariat and WHO, stressed the importance of the Skopje Pledge and the development of a new phase for the Health Network. In the past six months, most of the programmed components from the various projects were completed (see Annex 3). In reviewing briefly the various projects, she singled out in particular the achievement of the tobacco project, which has already resulted in five countries from south-eastern Europe ratifying the WHO Framework Convention on Tobacco Control, with the others in the ratification or preparation phase. The additional contributions from Belgium for both the disease surveillance and food safety and nutrition projects were stressed.

The Secretariat of the Initiative for Social Cohesion of the Stability Pact recruited Altin Malaj as Health Programme Officer for the Health Network with the support of Switzerland. This is an important step towards transferring ownership of the Health Network to the region. However, Maria Haralanova considered that new ideas and practical initiatives are essential for the sustainability of the Health Network.

Dimo Ilijev indicated that the main tangible outcome of the Second Health Ministers' Forum, *Health and economic development in south-eastern Europe*, will be published very shortly, and copies will be made available to the Health Network. This is the third global report on this topic following *Macroeconomics and health: investing in health for economic development* (Geneva, WHO, 2001) and *The contribution of health to the economy in the European Union* (Suhrke M et al., Brussels, European Communities, 2005). Up to now, health has been considered a bridge to peace; it should now be also considered a bridge to prosperity.

The Health Network has been presented as a model for the development of health cooperation between Kaliningrad and its neighbours.

3.1 Project progress reports

3.1.1 Mental health

Vesna Puratic, Regional Project Manager for the South-eastern Europe Mental Health Project, presented an excellent video on the development of community mental health centres (CMHC) throughout the region by the project. Now these centres are available to a more than 1 million

people who need these services. Several countries have indicated that the development of these centres has become part of their national policy, with several additional centres opened and many others under consideration.

Providing sustainability to the established centres requires training professionals in new skills and additional knowledge; this is the focus of component three requiring government commitment and funding. The training needs assessment has shown that more than half the current staff members working in CMHC have worked previously in mental hospitals and have very little experience of working in CMHC. Various training components are being considered, including on teamwork and communication at the local and national levels and leadership and management as well as case management at the regional level. The steps required are training curricula, training manuals and conducting training sessions. Several training sessions are to take place in 2006.

The extensive discussion that followed the presentation showed that the project was instrumental in promoting mental health reforms in some countries, in particular in the Republic of Moldova and The former Yugoslav Republic of Macedonia. Belgium expressed considerable satisfaction with the progress achieved in such a short time and indicated its readiness to provide further contributions towards sustainability; CMHC should become part of the national mental health policies.

The high level of activity of the country offices was stressed as well as the close complementarity with the information system project. The Chair, Ranko Skrbic, indicated the willingness of Republika Srbska to set up a regional centre for the project. Maria Haralanova reiterated the need to transform the project into a sustainable programme, with the suggestion that twinning activities be considered in the region between CMHC. Piotr Mierzewski recalled that the Council of Europe now has a new committee focusing on the human rights issues of mental patients; the training programmes should emphasize more the relationships between the health providers and patients and respect for patients.

3.1.2 Communicable disease surveillance

Mirela Tabaku, National Health Coordinator, Ministry of Health, Albania, presented the project achievements in the absence of Silvi Bino, Regional Project Manager. A new management structure based on the South-eastern Europe Mental Health Project has been implemented and activities initiated in the second half of 2005 emphasizing the regional evaluation on surveillance programmes and early warning systems. At the local and inter-country level, avian influenza is now being emphasized more. A web site has been set up for the project.

Belgium stressed that the project has attracted considerable attention, as an interministerial committee on avian influenza has been set up. Belgium is providing support to develop the laboratory capacity of health systems in view of their preparedness for a possible influenza pandemic. To this end, an addendum to the communicable disease project has been prepared and additional support for 2007 is under consideration. Bosnia and Herzegovina considers that, in view of the many initiatives from the international community on this subject in the countries now being initiated, the project should help organize a donors' conference to coordinate best utilization of funds and development of facilities.

3.1.3 Food safety and nutrition

Aleksandra Makaj, Regional Project Manager of the food safety and nutrition project, presented the project implementation of component one, since it effectively started in March 2005. The

health country profiles of most countries in south-eastern Europe show that the transition process to market economies has adversely affected the incidence of nutrition-related diseases.

The project is supported by a large number of country donors (Belgium, Greece, Italy and Switzerland) and stresses the importance of food safety, food security (and appropriate nutrition) and food trade (common market implications) and has a number of ambitious objectives:

- establishing the basic principles for modernizing national food legislation;
- introducing the European Union legislative framework and the Codex Alimentarius standards related to public health;
- promoting the concept of food agencies;
- developing capacity-building courses; and
- establishing a regional food safety network.

The establishment of common and country-specific indicators is essential for evaluating the progress of the project. The project should strive towards achieving internationally recognized food standards in each country in the region. Solid links need to be established to other projects in the network and especially to the communicable diseases project.

The project has already an excellent web site; a password-protected page needs to be introduced for internal communication and to give further consideration on who uses the web site for a communication strategy.

The discussion emphasized the importance of this project and its achievements with very limited resources. Leen Meulenbergs reminded the Health Network that several food safety crises in Belgium have led to a complete revamping of the food safety structures; in this context it was organizing a technical meeting at the end of August 2006 to share its experience with the countries in south-eastern Europe. Maria Haralanova emphasized the need for a high political-level presence, national managers, deputy ministers and directors-general of public health.

3.1.4 Tobacco control

Aida Filipovic-Hadziomeragic, Bosnia and Herzegovina presented the project on behalf of the Regional Project Coordinator from Croatia. Implementation of component one has resulted in the preparation of three policy papers – legal, economic and prevalence studies to be published shortly. A major achievement has been five countries in the region – Albania, Bulgaria, Romania, Serbia and Montenegro and The former Yugoslav Republic of Macedonia – ratifying the WHO Framework Convention on Tobacco Control, with the ratification process underway for the other countries. Implementation of component two with the support of Norway, the WHO Regional Office for Europe and the Council of Europe has just started. The main focus is intersectoral capacity-building for the implementation of comprehensive measures, developing a clear intersectoral understanding of the needs for comprehensive tobacco control and enhancing the public visibility of the project through an effective web site.

The implementation of component three, the decision for which was just signed, is expected to focus on information campaigns.

During the discussion, Norway expressed its gratitude for the achievements of the project, and in particular the ratification of the WHO Framework Convention on Tobacco Control. The Conferences of the Parties on the Convention will now have much stronger European participation. Belgium suggested that a regional contribution might be considered for the Conferences of the Parties. Maria Haralanova stressed that ratification has taken place despite

the tobacco-growing activities in the countries; it is now essential that the countries send high-level national delegations to the Conferences of the Parties. Piotr Mierzewski suggested that, before the public information campaigns are launched, a baseline level of knowledge, attitudes and smoking levels be established for benchmarking through public opinion surveys. He also suggested that the European Network of Health Promoting Schools (a project of the European Commission, the Council of Europe and WHO) be involved.

3.1.5 Health information systems

Michail Okoliyski, Regional Project Manager, presented the achievements of component one of the health information systems project and the aims of component two. The decision on component one was signed in November 2004. The project is independent but also complements the South-eastern Europe Mental Health Project. The regional project office was established in Sofia in July 2005. The key project goals have been:

- to develop local information systems for the CMHC;
- to improve the quality of health and social services through effective monitoring; and
- to support decision-makers in the process of implementing and managing mental health policies.

The outcomes of this component are:

- a comparative situation analysis based on a questionnaire developed by the project and an intercountry report;
- the development of questionnaires for monitoring activities, including daily operations and plans, of the pilot CMHC, still to be refined; and
- agreement about the characteristics of the local information system, including the built-in security regarding personal patient information data, for comparative analysis purposes.

Component two for the period 2006–2007, with a proposed budget of €100 000, aims at developing the necessary software, training and exchanging staff, introducing the information systems in the pilot CMHC and conducting regional and national monitoring.

During the discussion, Athanassios Constantopoulos and Maria Haralanova both emphasized this project as an example of how much can be achieved with little funding and the excellent symbiosis with the South-eastern Europe Mental Health Project; the Health Network thanked Vesna Puratic, the Regional Project Manager for the South-eastern Europe Mental Health Project, for her assistance in transferring knowledge.

It was also pointed out the informatics programme developed by this project can be used and adapted for other projects throughout the region.

3.1.6 Blood safety

Alina Dobrota, the Regional Project Coordinator, presented the achievements of the first component and the objectives and aims of the second component. At the last project meeting in Bucharest in June 2006, the main achievements were finalized:

- national reports and a regional analysis report on the blood policies, services and legislation as well as blood availability; and
- a regional assessment of the current quality systems in the region.

Further, a training workshop was conducted on quality systems and quality assurance. In the presentation of the goals for the second component, it was stressed that regional self-sufficiency

of safe blood and blood products can only be a long-term goal. There is a need to achieve first an equivalent quality and safety for blood and blood products in the countries of the region.

The four major objectives of component two, with a duration of 27 months and a proposed budget of €567 500, are:

- developing the regional expert network and information system;
- implementing quality management systems at the national level;
- increasing blood availability through the sustainable promotion of voluntary non-remunerated blood donations; and
- setting up an integrated information system for blood stock management for special circumstances.

The discussion that followed showed clearly that, although this area is of high political priority in several countries, this does not translate into adequate funding. Snezana Cicevalieva indicated, however, that in The former Yugoslav Republic of Macedonia the high political priority has resulted in receiving significant support from France (€500 000) and that a blood law to comply with European Union requirements should be ready by the end of 2006; she offered to provide the details of the project supported by France to the Health Network. Several countries indicated the urgency of receiving legal advice and also funds for the experts to be able to continue their work within the project. Belgium indicated its readiness to provide in-kind support through expertise.

Maria Haralanova indicated that component two is structured such that each of the objectives could be implemented separately as a function of the available funds. Component one has shown clearly the different levels of advancement between the countries. The project should also help the individual countries to better clarify their needs with a view to exploring specific paths for support.

4. Ideas for new regional technical projects

4.1 Improving newborn and neonatal health in the region

Maria Haralanova, on behalf of the Health Network Secretariat, presented the current status of this draft project. The Second Health Ministers' Forum recognized that neonatal mortality in the region is still high and requires urgent attention. It was agreed that the Republic of Moldova, which has the highest mortality in the region, has recognized the problem and developed expertise and technical capacity and would be best suited to lead a project in this field. Norway has expressed considerable interest and strong willingness to provide both technical expertise and financial support. At a brainstorming meeting in Copenhagen with Norwegian experts (Babill Stray-Pedersen and Ola Didrik Saugstad), a project proposal for the inception phase was agreed with a multi-country working group, an executive committee composed of experts from the Republic of Moldova, Norway and WHO, a regional project coordinator and a working meeting to develop the methods for the project and to agree on the baseline situation. Norway approved the inception project, and €190 000 was transferred. An international committee selected Selian Godoroja as Regional Project Coordinator, and candidates have been received from the countries for the selection of national focal points.

With a view to having a proposal for component one ready for adoption at the next meeting of the Health Network (and for the work on this project to start already in 2006), the Regional

Project Coordinator will be briefed very soon in Copenhagen, and Norwegian experts will visit the Republic of Moldova. The meeting to develop the project proposal will take place in Chisinau in September.

The Health Network considered this draft project with interest and is looking forward to receiving the draft decision for adoption at its next meeting.

4.2 Improving occupational safety and health in the region

Maria Haralanova of WHO and Frosina Georgievska-Schenker of the Initiative for Social Cohesion of the Stability Pact presented the project proposal for improving occupation safety and health in the region. The project proposal has been elaborated by the Initiative for Social Cohesion, European Trade Union Confederation, International Labour Organization (ILO), International Organisation of Employers and WHO headquarters, and the Budapest Office of ILO is implementing the initial phase with funds from the Government of Switzerland.

The ILO has prepared a questionnaire for the preparation of country profiles in consultation with the other partners, and the European Commission reviewed this. The ILO will complete these by December 2006 for a meeting to identify the key components of phase 2, which might including training and legislation.

During the discussion, it was stressed that the labour, employment and health sectors should coordinate closely during the preparation of the country profiles. This project was considered an excellent example of intersectoral cooperation, but the current management approach of the project is very different from the ones adopted for the Health Network projects and does not correspond to the spirit of the regional projects.

The Health Network was also informed of an initiative of the forthcoming Finnish Presidency of the European Union (July–December 2006), which was to hold an informal meeting on 6–7 July 2006 on this topic with employment, social affairs and health ministers.

The Health Network concluded that the project is potentially important and interesting; the further developments of the project should be followed and evaluated with care to decide whether the Health Network should be involved as a partner in developing the health component.

5. Other issues

5.1 Establishment of a Council on Medicines for South-eastern Europe

Ranko Skrbic, Minister of Health and Social Protection, Republika Srpska, presented this initiative that has been developing in the region. It was supported at the very recent South East European Regional Pharmaceutical Conference in Sarajevo, Bosnia and Herzegovina on 27–28 February 2006. The participating countries welcomed the idea of establishing a Council on Medicines for South-eastern Europe, which would be an informal networking arrangement among interested countries and focus on exchanging information and learning from mutual experiences; it would have no legal implications for national decision-making. The Council would have a management board and function through a secretariat.

Ranko Skrbic further clarified the role and added value to the participating countries of this Council and the areas of collaborative activities it could cover:

- improved capacity and quality in national medicine regulation;
- internationally harmonized regulatory decisions;
- saving of costs in participating countries;
- saving time and costs for the pharmaceutical industry;
- facilitation of harmonization with European Union rules and international guidelines; and
- international recognition of medicinal products manufactured in the participating countries.

It could build on the examples of the agencies and councils set up previously in the Nordic and Baltic regions.

The extensive discussion that followed this very interesting presentation showed clearly that the members of the Health Network are interested in the initiative. Nevertheless, extensive political consultation is needed on the concept presented in each of the countries before the Health Network takes any further steps; the Health Network should consider this item again at its next meeting.

Kees de Joncheere (WHO) indicated that de facto cooperation exists already but that it is a sensitive political area that must fully respect national interests. Maria Haralanova recalled that the Skopje Pledge considered access to health essential, and this includes pharmaceuticals. In the mean time, the idea should be further promoted nationally.

The Health Network Secretariat would appreciate receiving comments from the members by the end of September 2006, in view of preparing for the eventual inclusion of this item at the next meeting of the Health Network.

5.2 Health-related activities of the International Organization for Migration in the region

Slavica Dimitrievska, representing the IOM, taking account of the health activities underway in the framework of the Health Network, summarized the IOM activities in health within the overall context of the IOM priority areas in the region of the western Balkans. The IOM carries out very significant health-related activities in Bosnia and Herzegovina, Croatia and Serbia.

In Bosnia and Herzegovina, the IOM has carried out the Swedish Medical Programme since 1995, which in the beginning was aimed at providing health care for war-injured and other people for whom proper treatment was not available locally. The scope has since been broadened to build the capacity of the Bosnia and Herzegovina health care system by providing on-the-job training, sharing experiences and donating medical equipment.

Two HIV and AIDS initiatives are to start:

- training health care and social services professionals in this area and raising awareness; and
- preventing the transmission of HIV by reducing the risk among mobile population groups.

Special focus will be placed on developing a national health action plan for the Roma population as a vulnerable population. In Croatia, the IOM works in close collaboration with the health and interior ministries to adapt the policies, laws and procedures facilitating access to health care.

In Serbia, within the framework of the Psychosocial and Trauma Response Project funded by the Government of Italy, two pilot centres aimed at providing support for vulnerable individuals were opened in Novi Sad and Nis. The Novi Sad pilot centre, the European Centre for Psychosocial Support to Multicultural Communities, will be run by IOM, the Department of Psychology of the University of Novi Sad and the municipal centre for social work.

For the Roma population, activities are currently planned at improving the living conditions and social status of these marginalized populations.

The IOM is not a donor organization; it is an international organization working on projects with partners on the basis of signed partnership declarations; such an approach could also be used with the Health Network – two possibly relevant areas related to the ongoing work of the Health Network are mental health and communicable diseases.

The participants welcomed the presentation. Maria Haralanova stressed that the Health Network is open to partnerships, and cooperation needs to be improved between all the international organizations active in health in the region; the Health Network is ready to explore with IOM possible synergy in relation to its ongoing and forthcoming projects. Piotr Mierzewski indicated that the Council of Europe is very interested in the IOM work with the Roma. Slavica Dimitrievska will provide more detailed information to the Health Network on its activities related to the Psychosocial and Trauma Response project (Serbia). The South-eastern Europe Mental Health Project will review this activity and prepare suggestions for possible collaboration with the IOM. These will be sent to the IOM, which will review them and indicate to the Health Network any areas of mutual interest so that the Health Network and the IOM can explore the development of collaboration.

5.3 Swiss Agency for Development and Cooperation

The representative of the Swiss Agency for Development and Cooperation, Marie-Louise Stoicescu, attended the Health Network meeting for the first time and indicated how impressed she is by its achievements. She informed the Health Network that Switzerland is currently re-thinking its cooperation approach towards the region as a function of the developments in the region.

6. Transferring ownership of the Health Network to the region, the Stability Pact beyond 2007, developing regional collaboration in health and improving the efficacy and visibility of the Health Network

The recruitment by the Stability Pact of Altin Malaj as Health Programme Officer for the Health Network, based at the Ministry of Health in Tirana, is an important first step in transferring ownership to the region. Altin Malaj will be available full time for the Health Network and its members.

A brief history of the Stability Pact was presented, the current thinking of its transformation beyond 2007 and its possible implication for the Health Network. Currently health is under the Initiative for Social Cohesion of Working Table III – Economic Development of the Stability Pact. Beyond 2007, it is envisaged to have six priority areas and for health to be included under economic and social development. The Stability Pact would be transformed into a regional

cooperation council with a secretary-general from the region, a secretariat located in the region, open membership (no difference between members and donors) and financing from the membership. However, details of this proposed set-up were not available. In principle, the Health Network could keep its statutes, and the region would have increased ownership and responsibility as well as continued partnerships and donor support. Neither the current Stability Pact nor this new structure refers to the fact that Bulgaria and Romania will be entering the European Union in 2007. The Health Network requested that a more detailed briefing note be prepared on these envisaged changes.

Maria Haralanova stressed that the Health Network should serve more actively the health needs of the countries of the region. A number of approaches and mechanisms could be envisaged and discussed for enriching the value of the Health Network to the countries. The Health Network could be the forum for providing practical examples of good practice through a regular web newsletter. A calendar of relevant health events for the region could be provided to the Health Network and updated regularly.

Time should be used better at the semi-annual Health Network meetings. The time devoted to reviewing the progress of Health Network projects should be considerably shortened by providing a uniform template for project presentations, submitting these reports well in advance of the meetings and limiting the discussions at the Health Network meetings to key issues, including the impact of the projects in the region. The Health Network meetings should discuss strategic, technical and health policy-relevant topics. The forthcoming Albanian Presidency of the Health Network has tentatively proposed having a policy discussion at the next Health Network meeting with technical expertise on communicable diseases, emphasizing avian flu. Other topics mentioned were the mobility of health professionals and people obtaining health care outside their country of residence. It was also proposed that the Health Network meetings could serve as a starting-point for preparing common positions for the region at international meetings. Norway offered to prepare a short briefing note on how the various cooperation councils dealing with health of which Norway is a member function and how common positions are developed. Through this cooperation Norway has direct access to European Union thinking. The Health Network welcomed this offer.

Piotr Mierzewski considered that a clearinghouse needs to be developed for sharing information, and that a first step could be setting up a calendar of events for the whole Health Network and projects.

In the future the Health Network needs to be promoted more actively at the political level. The Health Network achievements and meeting results should be made better known nationally. Higher “political” participation should be promoted at the Health Network meetings – the idea of increasing the impact of such participation by having the Health Network meetings during the weekend will be explored. It would be also desirable for the nationally appointed political coordinators to have regular and direct access to the health ministers.

The development of a common, user-friendly web portal for the Health Network was considered an urgent matter, as many of the individual projects are currently developing their own very efficient web sites. Altin Malaj will explore this issue with the regional project managers and the Executive Committee.

With respect to the increased visibility of the Health Network outside the region, the various settings of the Council of Europe and the European Parliament should be considered. As

Slovenia will be holding the European Union Presidency during the second half of 2007, it could be invited to the next Health Network meeting to share its views on how it could highlight the Health Network during its presidency.

7. Signing decisions

At a signing ceremony, the following decisions were signed:

- component two: increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances;
- component two: implementation of the information system on community mental health service provision;
- component three: information campaigns to increase public awareness of and support for tobacco control; and
- addendum to decision two: strengthening of integrated surveillance, laboratory capacities and exchange of information with special emphasis on avian influenza.

8. Conclusions, recommendations and decisions

1. The Health Network unanimously agreed that, based on the application of the alphabetical principle, Albania will assume the Presidency of the Health Network from July to December 2006.

2. It was agreed in principle that the next meeting of the Health Network will take place in Albania on 23 and 24 November 2006; members of the Health Network are to inform Altin Malaj within two weeks of any impediments. The Executive Committee will meet on 22 November, the day before the Health Network meeting.

3. The Health Network also agreed that future meetings should devote less time to presenting the projects; each project should present in advance a synopsis of its achievements and of issues that the Health Network needs to discuss, and the meeting should only concentrate on these. The rest of the meeting should be devoted to technical and health discussions of political interest. This should make it more interesting for national political coordinators and deputy health ministers to attend. Further, the meetings should be restricted to two days. The possibility and opportunity to hold the meetings during the weekend, as suggested, should be explored further.

4. The Health Network endorsed the proposal of the Operational Task Force and decided that the Operational Task Force be transformed into the Executive Committee, in accordance with the Statutes adopted in Skopje in November 2005, and that its mandate be extended to the end of 2007. It also endorsed the proposal that Djordje Stojiljkovic replace Dana Farcasanu on the Executive Committee.

5. The Health Network considered the draft project on improving newborn and neonatal health in the region with considerable interest and is looking forward to receiving the draft decision for adoption at its next meeting.

6. With respect to the Council on Medicines for South-eastern Europe, the Health Network Secretariat would appreciate receiving comments from the members by the end of September 2006, in view of preparing for the eventual inclusion of this item at the next meeting of the Health Network.

7. The Health Network agreed with the proposal that Leen Meulenbergs and Alexandre Berlin explore for the network the available European Union and European Environment Agency (Financial Mechanism Office) mechanisms for technical and financial support, in health and related areas, for the region and its countries, including practical suggestions for support applications, prepare a note and report at the next meeting of the Health Network.

8. The Health Network recognized the importance for the Health Network to have greater outside visibility of its own and the need for the national political coordinators to have regular and direct access to their respective ministers for the sustainability of the Health Network and its appropriate impact on health in the countries of the region.

9. The proposal to secure a specific European Union web domain for the Health Network was agreed; Alexandre Berlin has agreed to secure it. This web site in the long term should become the privileged site for the Health Network, including all its projects.

10. Regarding the project proposal on improving occupational safety and health in the region, the Health Network concluded that the project is potentially important and interesting; the further development should be followed and evaluated with care, to decide whether the Health Network should be involved as a partner in developing the health component.

11. At the request of the Health Network, Altin Malaj and Frosina Georgievska-Schenker will prepare and distribute to the Health Network a briefing note on the envisaged transformation of the Stability Pact beyond 2007 and its possible implications for the Health Network.

12. At the request of the Health Network, Altin Malaj will prepare, in collaboration with the regional project managers, a draft template for the summary presentation of the projects. The Executive Committee will review this template and implement it for the next meeting of the Health Network.

13. The Health Network requested the Secretariat to examine with care the issue of the impact of Bulgaria and Romania joining the European Union in 2007 on the financing mechanisms of the projects and to report at the next meeting.

14. In relation to increasing the visibility of the Health Network at the Council of Europe and the European Parliament, the Health Network would welcome a briefing at its next meeting; Piotr Mierziewski and Alexandre Berlin have agreed to undertake this task.

Annex 1

List of Participants

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Annex 2

Programme

Monday, June 26, 2006	
09:00 – 10:30	<p>Opening session</p> <p>Welcome addresses:</p> <ul style="list-style-type: none"> • Dr Safet Halilovic, Minister of Civil Affairs, Bosnia and Herzegovina • Dr Ranko Skrbic, Minister of Health and Social Protection, Republika Srpska • Dr Vjekoslav Mandic, Minister of Health, Federation of Bosnia and Herzegovina represented by Dr Goran Cerkez, Assistant Minister • Ms Frosina Georgievska-Schenker, Programme Officer, Stability Pact Initiative for Social Cohesion • Dr Piotr Mierzewski, Directorate of Social & Economic Affairs, Council of Europe • Dr Dimo Iliev, Economist, Research & Analysis Department, Council Of Europe Development Bank • Dr Maria Haralanova, Regional Adviser, Public Health Services, WHO Regional Office for Europe <p>Election of Officers</p> <p>Approval of scope and purpose and programme</p> <p>The progress since the Second Health Ministers Forum</p> <ul style="list-style-type: none"> • Introduction • Discussions
10:30 – 11:00	<i>Coffee Break</i>
11:00 – 12:30	<p>Project Progress Reports</p> <ul style="list-style-type: none"> • Mental Health Project – Ms Vesna Puratic, Regional Project Manager • Communicable Disease and Surveillance – Ms Mirela Tabaku, National Health Coordinator
11:00 – 12:30	<p>Project Progress Reports</p> <ul style="list-style-type: none"> • Mental Health Project – Ms Vesna Puratic, Regional Project Manager • Communicable Disease and Surveillance – Ms Mirela Tabaku, National Health Coordinator
12:30 – 13:00	Press conference with speakers from Opening Session
12:30 – 14:00	<i>Lunch</i>
14:00 – 14:45	<p>Project Progress Reports (continued)</p> <ul style="list-style-type: none"> • Food Safety and Nutrition – Dr Aleksandra Makaj, Regional Project Manager

14:45 – 15:30	Establishment of Council of Medicines for SEE Region <ul style="list-style-type: none"> • Dr Ranko Skrbic, Minister of Health and Social Protection, Republika Srpska
15:30 – 16:00	<i>Coffee Break</i>
16:00 – 17:00	Project Progress Reports (continued) <ul style="list-style-type: none"> • Tobacco Project - Dr Vlasta Hrabak-Zerjavic, National Health Coordinator, Croatia
<i>Tuesday, June 27, 2006</i>	
09:00 – 10:30	Project Progress Reports (continued) <ul style="list-style-type: none"> • Blood and Blood Components Safety and Quality - Dr. Alina Mirella Dobrotă, Regional Project Manager • Health Information Systems – Dr. Michail Okoliyski, Regional Project Manager
10:30 – 11:00	<i>Coffee Break</i>
11:00 – 12:30	New regional technical project ideas: Strengthening national capacities for reducing maternal and neonatal mortality in SEE
12:30 – 14:00	<i>Lunch</i>
14:00 – 15:30	New regional technical project ideas: Improving occupational health and safety in SEE'
15:30 – 16:00	<i>Coffee Break</i>
16:00 – 17:30	Review of the transfer of ownership process to the region Dr Maria Haralanova, Regional Adviser, Public Health Services, WHO Regional Office for Europe
<i>Wednesday, June 28, 2006</i>	
09:00 – 10:30	Mechanisms for strengthening the regional collaboration in South East Europe Health Network
10:30 – 11:00	<i>Coffee Break</i>
11:00 – 12:30	Conclusion and recommendation Signing of Decisions Closure

Annex 3

Presentation
“Road Map to Regional Ownership SEE Health Network”
Dr Maria Haralanova