Prepared by the joint Council of Europe/WHO Regional Office for Europe SEE Health Network Secretariat

The South-eastern European Health Network

Achieving peace and health in south-eastern Europe.

A healthy community is a wealthy community!

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The Stability Pact

In 1999 the international community established the Stability Pact for south-eastern Europe as a conflict-prevention and reconstruction process in the region. It featured:

- New conflict prevention instruments
- A political declaration of commitment
- Partnership and ownership of the SEE countries
- Regional dimension of development for peace, democracy, economic growth & prosperity and security
- The European perspective: the Stabilization and Association process

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In 2001 a health component was added to the Stability Pact's Social Cohesion Initiative: the South-eastern European Health Network.

Why health? – the rationale:

- Health is a bridge to peace and an investment for development
- Health as a neutral area is a catalyst for regional cooperation
- Geographic focus
- Health brings to quick results and long-term benefits
- Health contributes to sustainable development

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The South-eastern European Health Network

The SEE Health Network was a political forum set up to coordinate, implement and evaluate the commitments of the Dubrovnik Pledge (2001), the Skopje Pledge (2005), the Memorandum of Understanding (2009) and the regional projects for developing health policy and services.

Its aim was to bring people together across borders to improve health in the whole region, comprising the countries of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Romania, Serbia and Montenegro, and the former Yugoslav Republic of Macedonia. The Network provided leadership and helped sustain project ownership by the countries in the region.

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The Dubrovnik Pledge

The Dubrovnik Pledge on meeting the health needs of vulnerable populations in south-eastern Europe (SEE) was a cornerstone agreement for cooperation and action on health. This was the first-ever political document on cross-border health development in the SEE region. It was signed by the ministers of health on 2 September 2001, at their first SEE ministerial forum.

The process was supported by the Council of Europe and WHO Regional Office for Europe in the framework of the Stability Pact.

The Dubrovnik Pledge committed the governments of the SEE countries to modernizing seven areas of public health of common interest.

Seven regional projects, budgeted at over 8 million euros, were designed to put into effect the political commitments of the Pledge. The governments of Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden and Switzerland support the projects both technically and financially.

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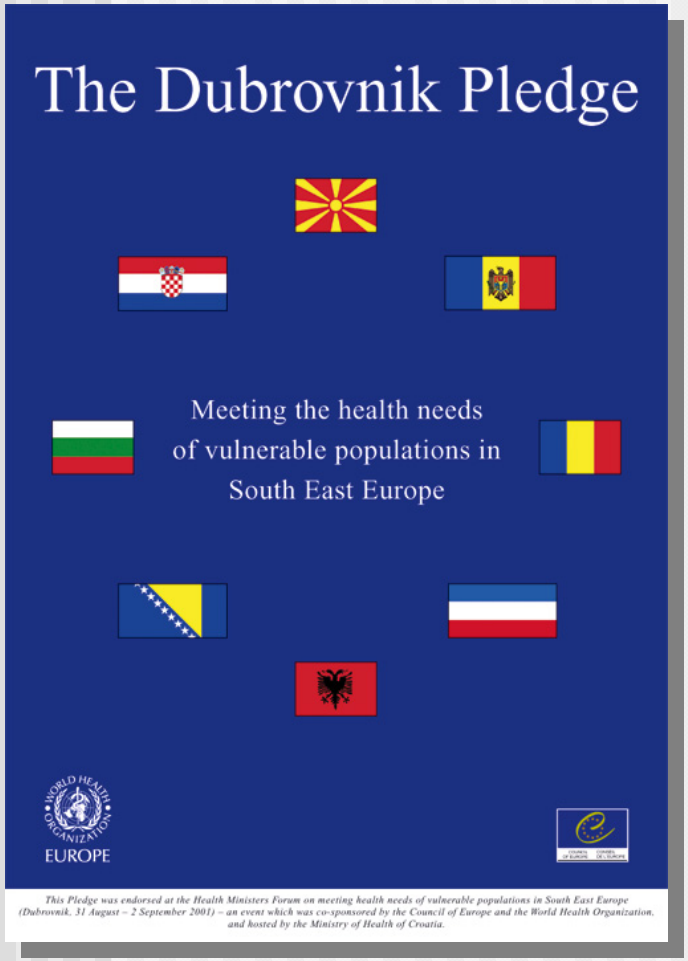
First Health Ministers Forum on Health Development Action for south-eastern Europe

Dubrovnik, 1-2 September 2001



The commitment:

- Vulnerable populations
- Access to health
- Regional collaboration
- Technical areas:
  - Public health
  - Mental health
  - Emergency care
  - Blood products and safety
  - Communicable diseases
  - Food safety and nutrition
  - Health and social information

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The Skopje Pledge

The Skopje Pledge was a cornerstone agreement for cooperation and action on health. This was the second political document on cross-border health development in the SEE region.

It was signed by the ministers of health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro and The former Yugoslav Republic of Macedonia on 27 November 2005, at their Second Health Ministers Forum with special participation of ministers of finance.

Five partner countries Belgium, Greece, Norway, Slovenia and Switzerland, and the four partner organizations, the Council of Europe, the Council of Europe Development Bank, WHO Regional Office for Europe and the Stability Pact Secretariat, co-signed the Skopje Pledge and witnessed it.

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The Skopje Pledge confirmed the commitment of the governments of the eight SEE countries to:

- continue to cooperate beyond 2005 on the SEE Health Network;
- further consolidate the SEE Health Network alliance at regional level, according to its agreed Statutes, which form an integral part of this Pledge;
- assume full responsibility for regional cooperation on health and health-related projects;
- continue regional cooperation and concerted efforts to improve the health systems of the countries in the SEE region in order to secure universal access to high-quality public health services for the populations of the region, based on sustainable financing;
- implement action in the thematic areas identified in the Dubrovnik Pledge and, in doing so, to develop and apply the common criteria and procedures outlined in the Statutes;
- demonstrate the economic potential of health as a means to increase productivity and decrease public expenditure on illness: a healthy population works better and produces more:
- to strengthen regional collaboration and coordination on preparedness planning for emerging priorities and to put this forward as a priority for action within the SEE Health Network;
- to advocate that national governments should put health higher on the political agenda and ensure that health is reflected in the policies and strategies of other sectors;
- to empower health professionals to ensure a sustainable long-term improvement in public health.

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Specific health challenges

- ***Non-communicable diseases***
  - Ischaemic heart disease
  - Injuries
  - Malignant neoplasms
  - Diabetes
  - Chronic liver diseases and cirrhosis
- ***Re- or newly emerging communicable diseases***, especially
  - Tuberculosis
  - HIV AIDS
- ***Mental illness***
- ***Health determinants***:
  - Tobacco
  - Alcohol
  - Obesity

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Public health services – shortcomings of the past:

- Duplication and overlapping with other sectors responsibilities
- Over-staffed
- Badly equipped
- Unrealistic and out-dated standards and norms
- Under funded
- Lack of investments
- Lack of knowledge and skills for effective health promotion
- Inappropriate public health communication capacities
- Inappropriate capacities for public health management
- Inappropriate capacities for public health planning and evaluation of implementation
- Lack of capacities for outreaching to the communities

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Public health services – challenges:

- Rhetorical embrace of health promotion and disease prevention, but lacking restructuring of public health services
- Primary health level of care not fully involved in primary prevention yet
- Under-investment, low skill levels and poor salaries
- One area of progress is public health training but still a lot to be done
- Another is the alignment with the EU acquis

Reforms of the public health services are still lagging behind the reform processes in the other sectors of the health systems

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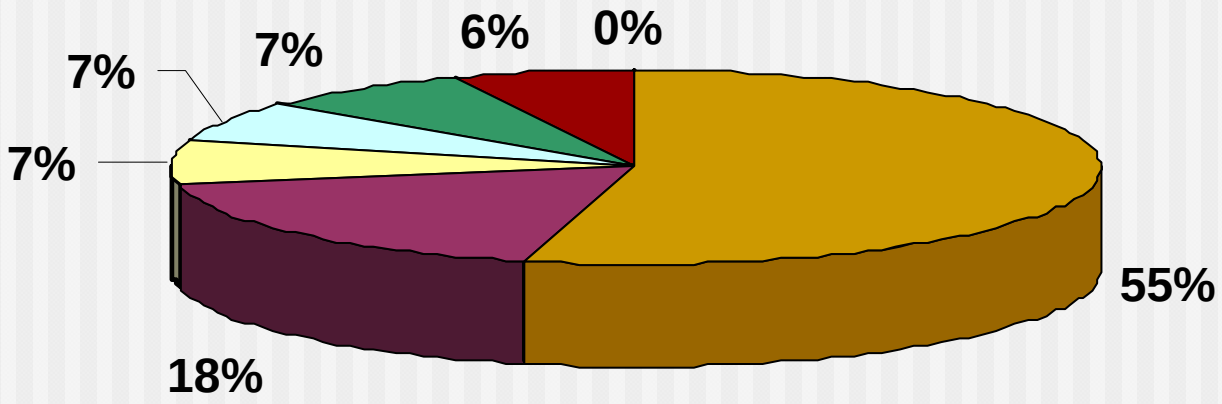
More than 8 million euros were pledged for health projects in 2001-2009:



- Mental health
- Food safety and nutrition
- Tobacco
- Emergency
- Communicable diseases
- Information systems
- Blood

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The ongoing projects

Leading country	Health policy and technical advice (WHO and CEO)	Partners/donors
Albania	Surveillance and Control of Communicable Diseases	France, Greece and WHO
Bosnia and Herzegovina	Enhancing Social Cohesion by Strengthening Community Mental Health Services	Belgium, Greece, Hungary, Italy, Slovenia and WHO
Bulgaria	Information for Community Mental Health Services	Greece, Open Society Institute, Geneva Initiative and WHO
Croatia	Institutional Capacities of Public Health systems for Strengthened Tobacco Control	Norway and WHO
Romania	Blood and Blood products	Switzerland, Slovenia, Council of Europe and WHO
Serbia	Institutional Capacity and Intersectorial Collaboration for Access to Safe Food Products	Belgium, Greece, Italy, Switzerland and WHO
Moldova	Improving Maternal and Neonatal Health	Norway and WHO
Croatia	Reconstruction and Modernization of Andrija Stampar School of Public Health in Zagreb, Croatia	Central European Bank (loans)

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The projects became an instrument in the efforts for reconciliation, peace and stability in the region:

- A strong feeling of **ownership, trust and confidence** was attained by the countries as a result of the delegation and empowerment principles applied which led to their increased responsibility for and participation in various roles and structures in the project

- Spirit of **openness, transparency and accountability** in both the dialogue and actions was developed and sustained which increased the trust and confidence and led to

- Establishment of **strong partnerships** among the eight SEE countries on one side and with six donor and neighbouring countries on the other

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An example: **Mental Health** – the flagship project that became the undisputed model for all...

- A new vision for the future of the mental health services underpinned the reform processes in all the nine SEE
- Mental health became an undisputed priority on the agenda of the health ministries across the region
- The eight SEE ministries of health committed their governments to reform the old psychiatric hospital system as an important component of their overall health system reform process
- 10 new community mental health centers were established to help people with mental health problems live better lives
- A critical mass of experts was created in the region which is now playing a crucial driving role in the mental health field and reform process

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On 1 January 2010 SEE Health Network took over ownership of the regional cooperation for health and development under the auspices of the Regional Cooperation Council (RCC) and the SEE Regional Cooperation Process.

www.rcc.int