



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

**Eighteenth & Nineteenth Meetings  
of Senior Government Officials of  
Countries in South-eastern Europe**

Report on Joint Council of Europe/WHO meetings

Chisinau, Republic of Moldova, 29 May – 01 June 2008

&

Brussels, Belgium, 30 June – 01 July 2008



SOUTH-EASTERN EUROPE  
HEALTH NETWORK

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## **1. Introduction to 18<sup>th</sup> Meeting**

This 18<sup>th</sup> meeting, under the chairmanship of Republic of Moldova, was the regular sixth monthly meeting of the South-eastern Europe Health Network (SEEHN).

### **1.1 Participants**

The Network meeting was attended by over 70 participants from all the South-eastern Europe (SEE) countries, the Minister of Health, as well as authorities from the Ministry of Foreign Affairs and the Ministry of Health of Republic of Moldova and members of the Moldovan Parliament, representatives of several donor countries and observers from international organizations and the European Commission. The full list of participants is attached.

### **1.2 Organization of the meeting.**

The opening session of the meeting was chaired by Dr Larisa Catrinici, Minister of Health of Republic of Moldova and President of the Network. The overall chairmen of the meeting were Dr Boris Golovin, Deputy Minister of Health of Moldova and Ms Snezana Cicevalieva, Chairp of the Executive Committee of the SEE Health Network. Session meetings were chaired successively by National Coordinators from the SEE countries. Dr Alexandre Berlin, member of the Executive Committee, acted as rapporteur for the meeting.

### **1.3 Scope and purpose of the meeting**

The purpose of the meeting was to discuss the regional ownership transfer and to review the progress of regional projects. The meeting specifically focused on the future of the SEE Health Network and the development of the permanent SEE Health Network Secretariat.

In line with the decision of the SEE Health Network on the content and format of the regular network meetings, the thematic topic of the 18<sup>th</sup> meeting was, “Evaluation of Public Health Services in South-eastern Europe”.

### **1.4 Agenda**

The agenda was adopted and its main elements were:

- Development of mechanisms for transferring and sustaining the regional ownership of the SEE Health Network, and in particular establishing its Secretariat in the Region (finalization of the Call for Proposals);
- Brief review of progress of SEE regional projects;

- Public Health Services: human resources for Public Health; building capacity in disease prevention and health promotion; progress and future of the cooperation on public health services in SEE;
- Health workforces needs and mobility in the SEE;
- Environment and health.

## **2. Opening session**

The session was chaired by Dr Larisa Catrinici who stressed the recent achievements in the health field in Republic of Moldova, many of which were linked to projects implemented through the SEE Health Network. Republic of Moldova was also pleased to have already signed the Memorandum of Understanding (MoU) on the “Future of the South-eastern Europe Health Network in the framework of the South-eastern European Regional Cooperation Process”.

Ms Snezanna Cicevalieva, as Chair of the Executive Committee, reviewed the main legacies of the SEE Health Network to date.

Ms Frosina Georgievska-Schenker, on behalf of the SEE Stability Pact, reviewed the achievements of the SEE Stability Pact – increased ownership by the region of the various initiatives as the Regional Cooperation Council takes over.

Ms Emira Tufo, on behalf of the newly established Regional Cooperation Council, expressed the satisfaction of the Council with the achievements and work methodology of the SEE Health Network and the readiness of the Council to provide it its full support.

Dr Piotr Mierzewski, on behalf of the Council of Europe, pledged again the support of the Council for this transition phase and beyond. He proposed as a slogan for the present meeting: “Health as a Human Right for All”.

Dr Boguslaw Suski, on behalf of the European Commission, reiterated the continued interest and support of the European Commission for the Network, in particular through the organization of an event at the Bad-Gastein Health Conference to increase the visibility of the network activities and through the TAIEX facilities by organizing meetings for the Network on Health Manpower Needs and Mobility, and Blood Safety.

Dr Maria Haralanova, on behalf of the WHO Regional Office for Europe, thanked the Moldovan authorities for their involvement in the Network during their presidency and the excellent arrangements for the meeting of the SEE Health Network; furthermore all actors were congratulated for the achievements of the Network. The Regional Office is committed to continuing to provide support for the Network when it takes over ownership.

## **3. Presentation of Certificates of Recognition**

For the first time, the SEE Health Network awarded Certificates of Recognition for contribution and dedication to the regional cooperation in health in South-eastern Europe.

The following were recipients of these certificates: Dr Alexandre Berlin, Dr Silva Bino, Dr Goran Cerkez, Ms Snezana Cicevalieva, Dr Athanassios Constantopoulos, Ms Frosina Georgievska-Schenker, Ms Michele Meunier and Ms Vesna Puratic.

#### **4. Progress regarding full ownership of the SEE Health Network by the countries of south-eastern Europe**

Dr Haralanova reported on the developments regarding the MoU since the SEE Health Network meeting in Zagreb in December 2007. The finalized document was sent for signature in April 2008 and has already been signed by Republic of Moldova, while in the other countries the governmental procedures are underway – it is expected that it will have been signed by all the countries in time for the Tallinn Conference. The two Declarations in Mental Health and Epidemic Preparedness have already been signed by the majority of the countries.

Ms Snezana Cicevalieva reported on the recent meeting of the Regional Cooperation Council in Sarajevo; a high priority for the Regional Cooperation Council Secretariat is to reinforce the links between the various socio-economic initiatives. It is essential for the SEE Health Network to be part of the Regional Cooperation Council to achieve a number of its objectives.

Ms Emira Tufo recalled briefly the history of the establishment of the Regional Cooperation Council, stressing that economic and social development, of which the SEE Health Network is an integral part, is now fully established as one of the five priorities of the Regional Cooperation Council. The SEE Health Network can serve as a model for the other initiatives.

A general discussion followed focused on financial issues and the likelihood that the nature and level of financial support will change with the take over of ownership by the countries of the Region and develop strategic approaches, the need for Regional cooperation to go beyond simple project implementation, while recognizing that projects are also essential tools for collaboration that need to be completed.

On the basis of the presentations and the discussions it was agreed that:

- the Regional Cooperation Council Secretariat is invited to always be represented at the SEE Health Network meetings;
- a link should be established between the websites of the Regional Cooperation Council and the SEE Health Network;
- with the shift of the political focus away from SEE, there is a need for more emphasis on the economic and social focus;
- the meeting would provide suggestions and ideas to the Executive Committee by mid-June 2008 on how to develop this new focus; on the basis of these suggestions and idea a draft discussion document would be produced for consideration by the Network at its next meeting.

## **5. Call for Proposals for the location of the Seat of the SEE Health Network Secretariat**

At the request of the Chair, several countries indicated that they had comments or that they had not completed their internal consultations, It was therefore proposed and agreed that written comments would be submitted by 10 June 2008 through the Secretariat of the Network to the Executive Committee. The Executive Committee would review all the suggestions and incorporate them as appropriate in a new and final draft which would then be submitted for adoption at the 19<sup>th</sup> meeting of the SEE Health Network in Brussels on 30 June 2008.

## **6. Review of progress of SEE regional projects**

As agreed at the previous meetings, the presentation of the regional projects was essentially limited to achievements and challenges since the last meeting of the network as well as to the way forward. The Regional Project Managers (RPMs) made these presentations (with the exception of the Tobacco Control project which was made by Dr Maria Haralanova in the absence of Dr Marta Civljak) which were supplemented with power point presentations which had been provided in advance.

In a number of instances, the RPMs sought advice from the Network as to the future long term scope of the projects and their transformation into programmes. Relatively extensive discussions followed the presentations, mainly focusing on the future direction of the projects, in the light of the transfer of ownership of the Network to the countries of the Region. Further discussion of these issues in the near future would be most appropriate.

## **7. Cooperation with the Northern Dimension Partnership for Public Health and Social Well-being**

Following the joint meeting between the Secretariats and the Executive Committees of the SEE Health Network and the Northern Dimension Partnership for Public Health and Social Well-being under the auspices of the European Commission, the SEE Health Network was invited to attend the 13<sup>th</sup> Meeting of the Committee of Senior Representatives (CSRs) of the NDPHS network which took place in Brussels 21-22 April 2008. The SEE Health Network was represented by the President of the Network (Dr Golovin), a Member of the Executive Board (Dr Berlin) and the Secretariat (Dr Malaj).

The CSR meeting agreed, pending a legal check, to make available free of charge, the software of their website and project data base, which were developed with the financial support of the European Commission. The meeting was informed of this positive outcome by Dr Berlin. The Chair of the Executive Committee, as agreed by the SEE Health Network, will thank the President of the CSR of the NDPHS for their generous offer and of its acceptance by the SEE Health Network. It should allow the SEE Health Network to rapidly establish an interactive independent website and start developing a data base of multilateral and bilateral

cooperation project in the health field with all the countries of the SEE Health Network and to develop appropriate synergies.

## **8. Evaluation of Public Health Services in South-eastern Europe**

The first component of the Public Health Services (PHS) evaluation project, introduced by Dr Gjorgjev, was discussed and the National Focal Points expressed their views that the process had been enlightening and beneficial. It had enabled a self-critical examination by countries of their PHS and given them a common way of understanding modern public health.

The draft regional report was welcomed and its conclusions and recommendations supported. It was agreed that an additional conclusion and recommendation should be added on the economic value of investment in public health, which was implicit in the report.

The future direction of the PHS project was discussed and it was agreed that it should continue with a horizontal approach. It was considered in particular appropriate to:

- Develop indicators and methodologies for assessment of the performance of public health services;
- Use evaluation as a basis for public health strategy development;
- Develop a human resources strategy;
- Strategy and/or training for disease prevention and health promotion services.

The synergy of the PHS project, as a horizontal “umbrella” project with the other projects, should be taken into account.

The principle was also accepted that the project should take account of major issues for public health in the broader European context.

Using the template (and evaluation tool) prepared by the project, regular national and regional evaluations could be carried out, using the existing evaluation as a baseline. This may or may not be a task that is directly supported by the PHS project. However, a periodic regional evaluation could also be considered.

Technical discussion will take place to develop all these ideas into a second component of the PHS project.

It was noted that The former Yugoslav Republic of Macedonia will develop a proposal for the setting up of a Regional Development Centre (RDC) for PHS in Skopje, to be presented to the SEE Health Network at a later date.

## **9. Mobility of Health Professionals**

The topic of mobility of health professionals will be extensively discussed at a consultation organized by the European Commission (TAIEX and SANCO) in cooperation with the SEE Health Network on 30 June - 01 July 2008 in Brussels. Representatives (up to six per country) from different administrations (health, labour, education, employment, economy) are invited to attend.



The issue is of considerable interest for the European Union due to major regional disparities within the EU and also lack of comparable data on health professionals.

At the above meeting, the situation in several EU Member states will be presented as well as in selected countries of the SEE Health Network (Albania, Republic of Moldova and Serbia). Furthermore, a “tour de table” of the other countries from the SEE Health Network will take place.

In view of the forthcoming European Commission Green Paper on this issue, arrangements will be made at the meeting for the SEE Health Network to provide input to this document.

It is also essential to cover the often neglected issue of public health professionals.

## **10. Environmental Health**

Montenegro indicated that progress is being made with the preparation of this new project idea for consideration by the SEE Health Network, with the help of WHO experts in this area. Serbia and Albania indicated their willingness to provide support for Montenegro in this area; in particular a meeting of experts could be organized back to back with the next meeting of the SEE Health Network in Montenegro.

## **11. Future developments**

Planning for the next Ministerial Forum of the SEE Health Network in 2009 or 2010 should be initiated.

The role and status of the National Health Coordinators must be strengthened.

Plans must be made to take forward the WHO Tallinn Charter on Strengthening of the Health Systems.

## **12. Site visits of the Centre for Rehabilitation of children with Severe Locomotory Dysfunctions and of the National Centre for Blood Transfusion**

At the invitation of the Republic of Moldova authorities, the SEE Health Network had the privilege to assist at the official opening of the Centre for Rehabilitation of children by the President of Republic of Moldova and also to visit the newly refurbished National Centre for Blood Transfusion of which the present Minister of Health was previously the director.

Both visits were extremely impressive and appreciated by the participants, the more so as clear links could be established between the achievements in Republic of Moldova related to the SEE Health Network projects. The meeting agreed that the Chair of the Executive

Committee would express the appreciation of the Network in a letter to the Minister of Health of Moldova. This was one of the first times that the SEE Health Network visited achievements related to the Network projects during a meeting of the Network; it was suggested that future Presidencies plan similar events.

## **13. Conclusions and Recommendations**

### **13.1 Organization of the 18th meeting of the SEE Health Network by the Moldovan authorities**

The SEE Health Network expressed its gratitude to the Republic of Moldova authorities (in particular the Ministry of Health) for the excellent organization of the venue and the wonderful hospitality which was an example to be encouraged and followed.

### **13.2 Progress regarding full ownership of the SEE Health Network by the countries of south-eastern Europe**

On the basis of the presentations and the discussions it was agreed that:

- the Regional Cooperation Council Secretariat is invited to always be represented at the SEE Health Network meetings;
- a link should be established between the websites of the Regional Cooperation Council and the SEE Health Network;
- with the shift of the political focus away from SEE, there is a need for more emphasis on the economic and social focus;
- the meeting would provide suggestions and ideas to the Executive Committee by mid-June 2008 on how to develop this new focus; on the basis of these suggestions and ideas, a draft discussion document would be produced for consideration by the SEE Health Network at its next meeting.

### **13.3 Call for Proposals for the location of the Seat of the SEE Health Network Secretariat**

At the request of the Chair, several countries indicated that they had comments or that they had not completed their internal consultations, It was therefore proposed and agreed that written comments would be submitted by 10 June 2008 through the Secretariat of the Network to the Executive Committee. The Executive Committee would review all the suggestions and incorporate them as appropriate in a new and final draft which would then be submitted for adoption at the 19<sup>th</sup> meeting of the SEE Health Network in Brussels on 30 June 2008. The Call for Proposals document can only be finalized after all SEE countries have signed the MoU on the future of the Network. As of October 2008, five out of the nine SEE countries have signed and ratified the MoU. It is estimated that the call for proposals will be opened by March 2009 and the selection of the location of the Seat of the SEEHN Secretariat will be completed by the end of June 2009.

### **13.4 Review of progress of SEE regional projects**

Regional Project Managers presented the outcome and progress of the following projects: Mental Health, Communicable Diseases Surveillance, Blood Safety, Food Safety, Maternal and Neonatal Health, Public Health Services and Health Information Systems.

In a number of instances, the RPMs sought advice from the Network as to the future long term scope of the projects and their transformation into programmes. Relatively extensive discussions followed the presentations, mainly focusing on the future direction of the projects, in the light of the transfer of ownership of the SEE Health Network to the countries of the SEE region. Further discussion of these issues in the near future would be most appropriate.

Collaboration with other similar networks was promoted and proposals about the transfer to regional centres and programmes have to be discussed within each network and presented through the Secretariat to the Executive Committee.

### **13.5 Cooperation with the Northern Dimension**

The Chair of the Executive Committee, as agreed by the SEE Health Network, will thank the President of the CSR of the NDPHS for their generous offer and of its acceptance by the SEE Health Network.

It should allow the SEE Health Network to rapidly establish an interactive independent website and start developing a data base of multilateral and bilateral cooperation project in the health field with all the countries of the SEE Health Network and to develop appropriate synergies.

### **13.6 Evaluation of Public Health Services in South-eastern Europe**

The draft regional report was welcomed and its conclusions and recommendations agreed on. Furthermore, it was agreed that an additional conclusion and recommendation be added on the economic value of the investment in public health.

The project should continue as a horizontal approach. The meeting decided to focus in the future on the following activities:

- develop indicators and methodologies for the assessment performance of public health services;
- use evaluation as a basis for public health strategy development;
- develop a human resources strategy.

Using the template prepared by the project, regular national and regional evaluations should be carried out.

The principle was also accepted that the project should take account of major issues for public health in the broader European context.

### **13.7 Workforce needs and mobility of Health Professionals**

Following a presentation of the EU actions relevant to the SEE Health Network in the health area by Dr Suski, and in particular the forthcoming TAIEX workshop on “Health workforce needs and mobility in SEE” (30 June - 01 July 2008 in Brussels), the following was agreed:

- urgency to submit by 04 June 2008 the names of SEE participants (up to six per country) from relevant ministries (health, education, employment, labour, economics, etc., and the National Health Coordinator) to Dr Suski and Dr Malaj;
- urgency to submit also by 04 June 2008, by Albania, Republic of Moldova and Serbia, the names of speakers (also to Dr Suski and Dr Malaj);
- the SEE Health Network Secretariat will provide, in the next few days, elements for the structure of the presentations of the country situations;
- a draft final programme of the Workshop will be made available within one week to the SEE Health Network;
- in the margin of the Workshop, a meeting of the SEE Health Network will be held to focus on the future strategies of the Network.

The new reality of the Region, including the new EUROMED initiative, was noted and it was agreed that action will have to be taken to improve the political cooperation in the health field, on the basis of proposals by the Executive Committee.

### **13.8 Environmental Health**

Environmental Health has a special importance for the SEE region. This was confirmed again during the meeting by the members of the SEE Health Network. Progress with the preparation of a project in this area is essential in view of the forthcoming events, such as the upcoming WHO Ministerial Conference on Health and the Environment in autumn 2009.

Montenegro, as future president of the SEE Health Network, was encouraged to organize on the occasion of the next meeting of the Network, a meeting of experts on environment and health. Albania and Serbia offered their assistance.

### **13.9 Site visits of the Centre for Rehabilitation of children with Severe Locomotory Dysfunctions and of the National Centre for Blood Transfusion.**

These visits provided a splendid example of how SEE Health Network activities and projects can influence local health policy and service delivery. The highest authorities of the Republic of Moldova attended these events, confirming once again the political engagement and support to the regional cooperation in health and the improvement of health of vulnerable segments of society across the SEE region.

## **14. Introduction to 19<sup>th</sup> Meeting**

Following the recommendations of the 18<sup>th</sup> meeting of the South-eastern Europe (SEE) Health Network held in Chisinau, Republic of Moldova, in May 2008, the 19<sup>th</sup> meeting (unscheduled) of the SEE Health Network took place in Brussels on 30 June – 01 July 2008. It was held concurrently with the “Health Workforces Needs and Mobility in SEE” workshop, supported by the TAIEX office of the European Commission. It was chaired by the Moldovan Presidency on the first day and the Montenegro Presidency on the second day.

The purpose of this short meeting was to progress with the future of regional ownership. The meeting addressed in particular:

- Strategic directions for the future actions of the SEE Health Network;
- The process of signing of the Memorandum of Understanding (MoU) and the two Ministerial Declarations (Mental Health and Implementation of International Health Regulations);
- Finalization and approval of the Call for Proposals for the location of the Seat of the SEE Health Network Secretariat;
- Health workforce in SEE.

The meeting was attended by the National Health Coordinators, the SEE Health Network Executive Committee and Secretariat, as well as partners and donors. The list of participants is attached.

Both the Chair of the Executive Committee, Ms Cicevalieva, and the World Health Organization, Regional Office for Europe, Dr Haralanova, expressed their appreciation of the activities of the Moldovan Presidency on behalf of the SEE Health Network and of the interest and involvement of the forthcoming Montenegro Presidency (the presence of the ambassadors of both countries for the transfer of the Presidency was very much appreciated).

## **15. Signature status of the MoU and Ministerial Declarations**

The signature process is well underway; more than half the countries have already signed and for the other countries the signatures are expected shortly; with no problems foreseen.

## **16. Future directions of the SEE Health Network**

A broad-ranging discussion took place, taking into account the need for the SEE Health Network to concentrate its regular meetings more on the discussion of relevant policy topics, which are well prepared in advance, and less on technical projects, in line with the transfer of ownership of the network to the countries of the region.

In a tour de table, a number of technical topics were suggested for possible future actions, including those already agreed, such as environmental health under the leadership of Montenegro.

The Chair of the Executive Committee proposed that countries submit suggestions to the Secretariat by the end of July 2008 at the very latest, for a thematic topic for the next meeting of the SEE Health Network in Montenegro.

## **17. Call for Proposals for the location of the Seat of the SEE Health Network Secretariat**

The meeting discussed the written comments submitted by Croatia and Romania on the draft Call for Proposals document. This document was drafted by the SEE Health Network Secretariat, as requested by the Network, in response to the need to establish a process for the selection of the location of the Seat of the new SEE Health Network Secretariat, based in the SEE region.

The comments provided by Romania and Croatia were related to additional financial contributions (providing additional amounts in absolute terms as opposed to as a percent to their annual amount), selection of staff procedures (not included in the proposal for selecting the seat), and the process of making decision on the location of the seat of the secretariat.

In response to these comments, the following clarifications were made by the Secretariat and the Chair of the Executive Committee:

- additional financial contributions to be offered by the countries bidding for the seat of the Secretariat have to be calculated in terms of the pro-rata contributions – similar to the budget of the Secretariat to avoid favouring any one country;
- the selection of the staff for the Secretariat is not covered by the present Call for Proposals – a separate Call will be made which will detail all the criteria for staff selection, keeping in mind that there will be an international recruitment procedure;
- additional voluntary staff for the Secretariat proposed by any of the SEE countries will have to be agreed by the Network to ensure adequate balance;
- once an evaluation of the proposals is made by independent experts, the final decision for the selection of the seat of the Secretariat will be made by the SEE Health Network.

As specified in the Call for Proposals document, the process for selecting the location of the seat of the new SEEHN Secretariat will be an open and transparent process. The process itself will start immediately once all the SEE countries have signed and ratified the MoU on the future of the SEE Health Network. The MoU paves the way for creating the new secretariat in the region and also stipulates the annual contribution of the SEE countries to this secretariat.

## **18. Use of Task Group to facilitate and accelerate the work of the SEE Health Network**

It was agreed that to facilitate the response of the SEE Health Network to a number of documents often an accelerated procedure is necessary. Depending on the nature of the document, formal national agreements may be necessary. In the meantime, the following basic procedure was agreed:

- Task Groups of 3 to 4 National Coordinators from the SEE countries will review the document and submit proposals for a response to the Executive Committee;
- The Executive Committee will then submit the document to the SEE Health Network for written agreement;
- Once the final text has been agreed upon, the Chair of the Executive Committee will transmit the document on behalf of the SEE Health Network to the appropriate body.

On the basis of the above procedure, the following Task Groups were agreed upon:

Public Health Services – WHO 58<sup>th</sup> Regional Committee – Tbilisi, Georgia, 15–18 September 2008

Responsible: The former Yugoslav Republic of Macedonia, Montenegro and Romania.

Health Workforce Needs and Mobility – European Commission Green Paper

Responsible: Albania, Bulgaria and Romania.

“Website and project data base” offer of the NDPHS

Responsible: Bosnia and Herzegovina, Republic of Moldova and Serbia.

## **Annex 1 List of Participants for 18<sup>th</sup> Meeting**

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