



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

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

Report on a Joint Council of Europe/WHO meeting
Sofia, Bulgaria, 22–24 February 2007



STABILITY PACT
FOR SOUTH EASTERN EUROPE



**SOUTH-EASTERN EUROPE
HEALTH NETWORK**

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1. Introduction

Although this was the Fifteenth Meeting of the South-eastern Europe Health Network, it was the third one following the adoption of the Statutes of the South-eastern Europe Health Network at the Second Health Ministers' Forum in Skopje, The former Yugoslav Republic of Macedonia on 25–26 November 2005. In accordance with the transfer of the ownership process to the region, Bulgaria, which holds the Presidency of the Health Network for January–June 2007, organized this Meeting jointly with WHO and provided significant support, as did the south-eastern European countries that are members of the Health Network. This is also the first time that the south-eastern Europe countries that are members of the Health Network include two countries, Bulgaria and Romania, that are members of the European Union (EU).

This is an extraordinary meeting of the Health Network decided at the Fourteenth Meeting of the Health Network in Durres, Albania in November 2006, in view of the urgency of preparing several formal decisions to be adopted at the regular meeting of the Health Network scheduled for June 2007 and for the Health Network to provide input to outside events taking place before its next regular meeting.

Valery Tzekov, Deputy Minister of Health of Bulgaria, chaired the Meeting, assisted by Svetlana Spassova, Director-General, Health Policy, Ministry of Health of Bulgaria. National health coordinators from the south-eastern European countries successively chaired session meetings. Alexandre Berlin acted as rapporteur for the Meeting.

Participants from all the south-eastern European countries as well as a number of donor countries, international organizations and the European Commission attended the Health Network Meeting; Annex 1 lists the participants.

The attached agenda (Annex 2) was adopted. The main agenda items were:

- preparing a revised draft declaration of the health ministers of the countries in south-eastern Europe on regional commitment for pandemic preparedness and the implementation of the International Health Regulations;
- preparing a revised draft declaration of the health ministers of the countries in south-eastern Europe on transforming the South-eastern Europe Mental Health Project into a long-term regional mental health programme with a South-eastern Europe Regional Centre for Mental Health;
- elaborating new mechanisms for transferring and sustaining the regional ownership of the Health Network and establishing its Secretariat in the region as of 1 January 2008;
- elaboration of a common opinion of the Health Network on *Health in Europe: a strategic approach*, a draft discussion document of the Health and Consumer Protection Directorate-General of the European Commission; and
- providing input from the Health Network to the forthcoming meetings of the Stability Pact for South Eastern Europe in Zagreb, Croatia.

2. Opening session

Valery Tzekov chaired the session in his capacity as President of the South-eastern Europe Health Network for the first half of 2007. He welcomed the members of the Health Network (countries of south-eastern Europe and donor countries and organizations) present and extended a special welcome to the representatives of the European Commission and the European Investment Bank; the International Organization for Migration sent apologies. Valery Tzekov recalled that this special Meeting of the Health Network had to prepare important documents for the forthcoming meetings of the Stability Pact in Zagreb and for the next formal meeting of the Health Network in view of the planned transfer of ownership to the region by the end of 2007.

The following people addressed the Meeting.

Frosina Georgievska-Schenker of the Initiative for Social Cohesion of the Stability Pact stressed that the Health Network has come a long way from fighting for recognition and that it is crucial at this time that the Stability Pact fully recognize this and the new structure being established – the South-eastern Europe Regional Cooperation Council.

Ebru Yuksel Mayramoglu of the Council of Europe Development Bank emphasized that the constructive partnership established between the Bank and the Health Network has now entered a new phase with the project on the evaluation of public health services in the countries of the region; the Council of Europe Development Bank will continue to support the Health Network and its activities.

Piotr Mierzewski of the Council of Europe conveyed the greetings and appreciation of the Council of Europe for the work of the Health Network, which is building bridges between people and stressed the need to avoid the elimination of social solidarity.

Maria Haralanova of the WHO Regional Office for Europe (co-organizer of the Meeting with the Government of Bulgaria) thanked Bulgaria's health authorities for having organized this special Meeting at such short notice and the importance that all countries of the region were present under the new self-funding approach. She stressed again the recognition of Marc Danzon, WHO Regional Director for Europe and Nata Menabde, WHO Deputy Regional Director for Europe for the role of the Health Network and all ongoing public health activities in two aspects: as a peace-building mechanism and for strengthening various aspects of the countries' health systems. She also emphasized the importance of the now regular presence of the European Commission at the Health Network meetings.

Snezana Circevalieva, as Chair of the Executive Committee of the Health Network, also expressed the gratitude of the Executive Committee to Bulgaria and her appreciation for such full participation, showing clearly the maturity of the Health Network on its road towards completing the ownership transfer.

Steve Wright of the European Investment Bank expressed appreciation for the invitation to the Meeting and conveyed the Bank's interest in exploring the

possibilities for increased collaboration with the Health Network. The European Investment Bank, as the “house bank” of the EU, is committed to supporting developments in south-eastern Europe, including the health sector; however, it is a reactive institution, non-prescriptive to countries, while providing advice. The European Investment Bank considers it important to work alongside a European Commission commitment to health in the region. An opportunity for the European Investment Bank might be to contribute alongside the efforts of the countries of the region and the support from the European Commission and other donors not only for implementing the International Health Regulations but also for funding public health infrastructure in general.

Tapani Piha, representing the European Commission, conveyed the greetings of Commissioner Markos Kyprianou and stressed the wish of the European Commission to develop close collaboration with the Health Network, which has already a number of very significant achievements.

3. *Health in Europe: a strategic approach* – the new discussion document on health of the European Commission

Tapani Piha (European Commission) introduced this important document and welcomed the opportunity to attend this crucial meeting for the future of the Health Network. Tapani Piha’s presentation can be summarized as follows.

Tapani Piha noted that a health strategy would fit well into the EU’s overall strategy for Europe. Improving health supports the strategic objectives of the EU: prosperity, solidarity and security. Health is a key factor for growth and employment, reducing health inequality is part of a cohesive Europe and tackling communicable disease and other health threats contributes to security.

The EU influences the development of public health policy in several ways:

- legislation: directives, regulations, Commission decisions etc.;
- advisory: recommendations and other soft law mechanisms;
- financing: EU programmes fund projects through grants and tenders are used for specific tasks;
- policy leadership;
- advisory structures: competent authorities and policy platforms; and
- agencies: leadership, advice and networking.

Exchanging ideas and best practice is an essential part of European interaction and networking but, as the list above shows, the EU can promote more fundamental change.

The development of health policy in the EU forms a continuum over recent years. The communication on a health strategy was the first of its kind and fed into the first horizontal public health programme (2003–2008). The 2004

consultation on future action *Enabling good health for all – a reflection process for a new EU health strategy* contributed to the thinking behind the 2005 proposal for a second health programme for 2007–2013. The current consultation on the strategy builds on the 2004 results and will result in a strategic approach to health in Europe.

Within the short 12 years since the EU Treaty had the first article on public health, networking in the field of public health has been established firmly. The three stages of action programmes in health, operating since 1996, have been instrumental in enabling this. In parallel, legislation on tobacco products (2001) and advertising (2003) as well as safety and quality of blood (2002) and tissue and cells (2004) has implemented the obligations of the public health article. Several structures have been set up to control health threats, in particular the Health Security Committee (2001) and the European Centre for Disease Prevention and Control (2005). Tackling health care issues has been done, among other structures, within the High Level Group on Health Services and Medical Care (2004).

The EU's international interaction has also developed rapidly. The exchange of letters with WHO (2001) provided a framework for conventional cooperation, but the qualitatively different work has developed during the negotiations on international health treaties. The European Commission negotiated the European Community aspect in relation to the WHO Framework Convention on Tobacco Control (from 1999 to 2004) and the International Health Regulations (in 2004–2005). The work continues in their implementation.

The multiplicity of driver developments, described above, has made a new comprehensive vision on health in the EU necessary.

An extensive exchange of views and questions followed this presentation.

Tapani Piha answered several questions that touched upon key issues in the strategic development. The EU is a unique structure as a way of collaboration between the countries and is called a “regional economic integration organization” to denote this specificity. The EU is based on the key concept of the internal market, and economic concerns continue to be central but are coupled by strong attention to the European social model, including a fair and effective health system. “Health equals wealth” is the slogan to underline the importance of health issues. The EU health strategy needs to maintain a strong focus on public health, but health care questions attract more and more attention. Finally, regional cooperation projects can be funded under the EU's new financial instruments, but any request needs to be studied carefully when the details of the cooperation are clear.

3.1. Elaboration of a joint opinion of the Health Network on Health in Europe: a strategic approach

Tapani Piha indicated that, although the deadline for submitting comments has passed, the Commission would very much appreciate receiving the contribution of the Health Network, in particular in accordance with new approach towards cooperation with countries outside the EU. Based on a very positive exchange of views, the participants elaborated and agreed on a document. The document (Annex 3), signed by Valery Tzekov, as President of

the Health Network and by Snezana Circevalieva, as Chair of the Executive Committee of the Health Network, was forwarded immediately to the European Commission and handed to Tapani Piha.

4. Draft declaration of the health ministers of the countries of south-eastern Europe on strengthening regional capacities for epidemic preparedness and response in support of the implementation of the International Health Regulations

At the Durres meeting of the Network in November 2006, a preliminary draft declaration of the national health coordinators of the Health Network on *Strengthening regional capacities for epidemic preparedness and response in support of the implementation of the International Health Regulations* prepared by Albania was circulated and discussed. It was considered of utmost importance in view of the obligations that countries have to implement the International Health Regulations by June 2007. Based on the very positive response to the document, the participants in Durres had agreed that, following internal consultations in the countries, formal feedback was to be forwarded to the Regional Project Manager with copies to the Secretariat by 15 January 2007. A redrafted document based on all the comments received was submitted for consideration at this Meeting.

The Meeting decided that, given the importance of this issue, the declaration should be that of the health ministers and that the actions agreed at the national and regional levels should be clearly separated.

A small drafting group prepared a new text (Annex 4), which the Health Network discussed again and finalized. The countries will now consider this, with comments to be forwarded to the regional project manager and copies to the Secretariat by the end of March 2007. This will allow time for a new text to be prepared and circulated in time for the Sixteenth Meeting of the Health Network in June 2007 in Sofia.

5. Mental health – draft declaration of the health ministers of the countries of south-eastern Europe on regional collaboration in mental health with a south-eastern Europe regional centre

At the Fourteenth Meeting of the Health Network in Durres, the Bosnia and Herzegovina delegation presented a discussion document *Proposal for regional collaboration in mental health in south-eastern Europe* as agreed at the Jahorina meeting.

In view of the importance of this initiative and the urgency to transform this project into a long-term regional programme, participants had agreed that comments and suggestions were to be sent by 15 January 2007 to the Regional

Project Manager with copies to the Secretariat for the new documents to be tabled for discussion at this Meeting.

Vesna Puratic, Regional Project Manager, presented the revised version of the documents based on the comments received; the Meeting expressed its gratitude for the efforts made. The presentation was followed by intensive discussion with interventions from countries of the region, donor countries and international organizations, showing clearly that this discussion was only initial and very valuable brainstorming.

Regarding the draft declaration, participants agreed that such a declaration should be signed by the health ministers, given its importance. The discussion allowed the clarification of a number of points, and a new draft (Annex 5) was agreed in principle.

This new draft, with appropriate editorial changes, will be circulated in due time for a final text to be agreed at the Sixteenth Meeting of the Health Network in June 2007 in Sofia and then signed by correspondence by the ministers.

The following were raised about the proposal for a centre for regional collaboration in mental health in south-eastern Europe:

- the importance of this initiative, creating something new in the framework of the Health Network to be related to the sustainability of the Health Network;
- the need for a very clear and visible role for the national centres in the programme;
- these documents are to be considered as a first step of a wish to become a reality – this attempt should also be considered a template for the transformation of other projects of the Health Network into programmes in the future;
- in the central structure, it should be made very clear that the director of the centre is only the executive director responsible to the board;
- the creation of the centre might require a legal agreement in the region;
- the need to have international staff at the centre should be spelled out; and
- the commitment of the Government of Bosnia and Herzegovina to the centre must be clarified.

For the process to proceed, participants agreed that members of the Health Network are to send detailed comments to the Regional Programme Manager and the Secretariat within one month and that a small working group with members from the Health Network will be established to work with the Regional Programme Manager on redrafting the proposal. The new proposal will then be submitted to the Health Network members one month before the June 2007 meeting of the Health Network.

6. The future of the Health Network Secretariat beyond 2007

Maria Haralanova (WHO Regional Office for Europe) recalled the decisions taken by the Second Health Ministers' Forum in Skopje to initiate the slow process of transferring ownership of the Health Network to the region and highlighted the results thus far achieved – establishment of a small dedicated Secretariat and participation of the country holding the Presidency of the Health Network in organizing the Health Network meetings.

Frosina Georgievska-Schenker (Initiative for Social Cohesion of the Stability Pact) summarized the current developments regarding the transformation of the Stability Pact into a Regional Cooperation Council. The seat of the Secretariat in the region and the name of the political coordinator from the region will be agreed in 2007, most probably at the 13th Meeting of the Regional Table on 11 May 2007. However, a strong message should be already conveyed at the forthcoming meeting of foreign ministers in early March 2007 in Zagreb.

The Meeting appreciated very much the presence and briefing that it received from Tanya Shishkova, National Coordinator of the Stability Pact, Council of Ministers, Bulgaria. Based on this presentation and the intense discussion that followed the Meeting, participants agreed on the attached message (Annex 6) to be made transmitted and made available immediately at the meeting of foreign ministers in March in Zagreb and the 13th Meeting of the Regional Table in May. The health ministers should stress to their colleagues the importance of the visibility of health in the restructured Regional Cooperation Council in terms of both its impact on economic development and its essential role in the development of human capital. Finally, participants agreed that ideas should be submitted as to the most appropriate location for the Secretariat as soon as possible.

7. Other issues

7.1 Evaluation of public health services in south-eastern Europe countries

At its Fourteenth Meeting in Durres, the Health Network agreed on the importance of initiating the project proposed by the Council of Europe Development Bank on the evaluation of public health services in south-eastern European countries and for The former Yugoslav Republic of Macedonia to lead this project, which will be operated with corresponding country managers like all the other projects. The WHO Regional Office for Europe indicated its very strong support for this project and its practical commitment with the provision of expertise. The outcome of this project will provide an important input to the WHO European Ministerial Conference on Health Systems on 18–20 June 2008 in Tallinn, Estonia. The project will also be an overarching long-term theme for the Health Network.

Since the Durres meeting, the project was initiated, and a first working meeting was already held in Skopje in February 2007. A very detailed questionnaire is being elaborated to which the countries of the region can

respond; extensive work will be necessary with data to be provided by many health sectors. The Secretariat will soon provide information on the work to be done.

A very preliminary document might already be available for the June meeting of the Health Network.

7.2 Signature of contracts sent by Greece to the countries of south-eastern Europe

Athananassios Constantopoulos expressed serious concern that some of the countries have not yet returned the signed contracts sent by Greece, which will enable Greece to proceed with the payments – there is a very serious risk of losing these funds.

7.3 Dates of the next meeting of the Health Network

The tentative schedule and location of the next meeting of the South-eastern Europe Health Network, chaired by Bulgaria, is 21–23 June 2007 in Sofia.

Annex 1

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Annex 2

Programme

21 February 2007, Wednesday	
14:00 – 19:00	Arrival
19:00	Informal reception
22 February 2007, Thursday	
09:00 – 10:30	<p>Opening Welcome addresses</p> <ul style="list-style-type: none"> • Minister of Health of Bulgaria • SEE Health Network Executive Committee • Council of Europe • Council of Europe Development Bank • European Commission • WHO Regional Office for Europe <p>Election of officers Adoption of Scope and Purpose and Programme</p> <p>“Health in Europe: A strategic Approach” – the new discussion document of the European Commission on health <i>Introduction by Mr Tapanni Piha, Principle Administrator</i></p> <p>Discussions</p>
10:30 – 11:00	<i>Coffee break</i>
11:00 – 12:30	1. Joint opinion of the SEE Health Network on the draft discussion document of the Health and Consumer Protection Directorate-General of the European Commission “Health in Europe: A Strategic Approach
12:30 – 14:00	<i>Lunch</i>
14:00 – 15:30	2. Draft Declaration of the SEE Ministers of Health on strengthening regional capacities for epidemic preparedness and response in support to the implementation of the International Health Regulations.
15:30 – 16:00	<i>Coffee break</i>
16:00 – 17:30	Draft Declaration of the SEE Ministers of Health on strengthening regional capacities for epidemic preparedness and response in support to the implementation of the International Health Regulations (continued)

22 February 2007, Friday	
09:00 – 10:30	3. Project proposal: Centre for regional collaboration in mental health in SEE and draft Declaration of the SEE ministers of health on regional collaboration in mental health with a SEE Regional Centre.
10:30 – 11:00	<i>Coffee break</i>
11:00 – 12:30	Project proposal: Centre for regional collaboration in mental health in SEE and draft Declaration of the SEE ministers of health on regional collaboration in mental health with a SEE Regional Centre (continued)
12:30 – 14:00	<i>Lunch</i>
14:00 – 15:30	4. Draft paper on the future of the SEE Health Network Secretariat beyond 2007
15:30 – 16:00	<i>Coffee break</i>
16:00 – 17:30	Draft paper on the future of the SEE Health Network Secretariat beyond 2007 (continued)
24 February 2007, Saturday	
09:00 – 10:30	Draft paper on the future of the SEE Health Network Secretariat beyond 2007 (continued)
10:30 – 11:00	<i>Coffee break</i>
11:00 – 12:30	Draft paper on the future of the SEE Health Network Secretariat beyond 2007 (continued) Closing
12:30 – 14:00	<i>Lunch</i>

Annex 3

Contribution of the SEE Health Network to the discussion document of the Health and Consumer Protection Directorate-General of the European Commission *Health in Europe: A strategic Approach*

Annex 4

DECLARATION

of

**Ministers of Health of the South-eastern Europe
Health Network**

on

**STRENGTHENING REGIONAL CAPACITIES FOR EPIDEMIC
PREPAREDNESS AND RESPONSE TO IMPLEMENT
INTERNATIONAL HEALTH REGULATIONS (IHR)**

DRAFT

We, the Ministers of Health from the South East European countries (SEE), Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia, Montenegro and the Former Yugoslav Republic of Macedonia during the Second Health Ministers Forum, Skopje, The former Yugoslav Republic of Macedonia, November 2005, the South-eastern Europe Ministers of Health signed the Skopje Pledge and committed our countries to take further concerted action in the technical public health areas as defined in the Dubrovnik Pledge. Furthermore, and in line with our international obligations related to the implementation of the International Health Regulations and the need of strengthening our health system capacities for preparedness and response to the emerging global and regional threats, we, came to the following:

DECLARATION

ON STRENGTHENING NATIONAL AND REGIONAL CAPACITIES FOR EPIDEMIC PREPAREDNESS AND RESPONSE TO IMPLEMENT INTERNATIONAL HEALTH REGULATIONS (IHR)

RECOGNIZING that:

- Communicable Diseases threats have an impact to multiple sectors of the society from health care and public health to trade, tourism and national security
- Human security and integrity of the society is threatened by infectious diseases threats
- High migration, close human animal interaction, travel and globalization are important risk factors that increase the risk of infectious diseases threats in our region.
- The obligation to implement IHR as new legal framework to increase local and regional health security, epidemic alert and response. Any of our national legislation must be compatible with IHR (2005).
- The need to strengthen epidemic response at regional, national and sub-national levels by strengthening core capacities of health care and public health, emergency management framework, international collaboration and risk communication.
- Strengthening of infection control practices are crucial core health care capacities and well established use of standard universal precautions, prevention of respiratory infectious diseases and changing approaches including environmental modifications and measures towards changing behaviours and attitudes have to be high in our agenda.
- Even though core capacities of good specialised structures exist in our countries and data management has improved over the years, still public health infrastructure needs more financing. Public health surveillance capacities need to be strengthened starting immediately from policies and legislation, infrastructure and personnel needed to implement appropriate control measures in both clinical care and public health settings.
- The urgent need to invest more in our public health infrastructure today as a crucial element of preventing and containing epidemics of tomorrow.
- Strengthening of national epidemic preparedness capacities is an essential prerequisite to enhance an efficient and sustainable regional collaboration on the implementation of IHR

COMMIT ourselves to:

At national level

- ***Develop and implement evidence based control measures*** based on national, regional and international experience.
- ***Improve and put in practice realistic emergency response protocols and plans to assure a 24/7 availability*** and timely communication among all levels of local, regional public health authorities as well as WHO about reporting unusual and unexpected public health events.
- ***Support the already existing activities*** related to influenza epidemic preparedness and response but also recommend using them as a tool to further strengthen our epidemic preparedness capacities and as a model to develop good regional cooperation for emerging and re-emerging diseases of international concern. Also a parallel development on national influenza pandemic preparedness plan and the plans to meet the increased demands of IHR (2005) has to be considered.
- ***Adopt WHO Outbreak Communication guidelines*** translate them into concrete steps and fully integrate communication procedures into the whole risk management process.
- ***Prepare decision instruments to assess potential Public Health Emergency of International Concern (PHEIC)*** following their definition in Annex 2 of new IHR. A process on defining and prioritizing of threats, using tools to define potential PHEIC has to start in our countries and the region and we ask WHO assistance to evaluate and assess and how well our systems meet new IHR requirements especially detection and early warning signals that provide timely information for known or unknown threats and adequate control response measures.
- Following Annex 1 of IHR that specifically identifies the capacity to provide laboratory analysis of samples, we will ***commit proper financial resources and management structures*** at least to ***one national reference laboratory institution*** that must be able to rapidly and reliably identify the cause of the outbreak.
- ***Establish institution based rather than individual based core expertise*** able to support the sustainable implementation of IHR in each country and strengthen our regional capacities through establishing a critical mass of health professionals sufficiently competent in surveillance, outbreak detection and response to implement IHR.
- ***Plan the implementation of International Health Regulations*** with committed adequate financial and technical resources and the importance that this plan must have for Influenza Epidemic Preparedness and Response.
- ***Improve our national strategic planning*** with adequate budgets in order to achieve adequate laboratory services able to participate in outbreak detection and early warning.

At regional level

- ***Share the experience and information about quarantine, isolation, screening and contact tracing practices in the context of new IHR*** as important measures to increase the health security in the region. While accepting the variability of such practices among our countries, we understand the need to harmonize the implementation of these practices based on same standards and level of quality so as to develop mutual confidence for the benefit of the whole population in the region and beyond.
- ***Support the regional influenza laboratory group of experts*** and recommend to further increasing their collaboration and participation into European Network. We will put all our support to this initiative which needs to be strengthened and followed by other ones related to new emergent or re-emergent diseases.

- ***Have in place regional realistic crisis communication plans and establish a regional cooperation to share templates and tools on preparing and updating such plans*** always closely link with whole risk assessment and risk management process.
- ***Create a regional training network related to surveillance, outbreak investigation and laboratory issues related with communicable diseases*** by using all existent capacities and with WHO and other experienced institution assistance such as ECDC.
- ***Ensure rapid and efficient regional communication through an Early Warning System*** between our countries for unusual events related with communicable diseases.
- ***Increase efficiency of the process of implementation of IHR and strengthening of surveillance and control of communicable diseases by sharing experience at the regional level.***

FINALLY, we, the Ministers:

- Endorse ***the above decisions, to maintain continuous political commitment and support, including by mobilizing in-country human and financial resources, to the project implementation, and, finally, to control and supervise the progress and impact of implementation at national and regional levels.***
- Thank ***the Social Cohesion Initiative of the Stability Pact, the Governments of Belgium, France and Greece, the Council of Europe and WHO Regional Office for Europe for their kind political, technical and financial support to the project.***
- Invite ***other donors and international organizations to consider their support to the project implementation too***

We, the ,Ministers, consider that the measures we are going to implement are an excellent opportunity for Governments of the SEE countries to translate their commitment to the International Health regulations and the attainment of the Millennium Development Goals into concerted and focused strategies and actions.

SIGNATURES:

ALBANIA:

BOSNIA AND HERZEGOVINA

Federation Bosnia and Herzegovina:

Republika Srpska:

BULGARIA:

CROATIA:

REPUBLIC OF MOLDOVA:

MONTENEGRO:

ROMANIA:

SERBIA:

*The FORMER YUGOSLAV REPUBLIC OF
MACEDONIA:*

SIGNATURES OF THE SECRETARIAT OF THE MEETING:

WHO REGIONAL OFFICE FOR EUROPE:

COUNCIL OF EUROPE:

Durres, Albania, 25 November 2006

Annex 5

DECLARATION

of

**Ministers of Health of the South-eastern Europe
Health Network**

on

**Programme for Regional Collaboration in Mental
Health**

DRAFT

We, the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Montenegro, Romania, Serbia and the former Yugoslav Republic of Macedonia, met, with the Council of Europe and the WHO Regional Office for Europe, under the framework of the Stability Pact Initiative for Social Cohesion, in Sofia, Bulgaria, on June 2007, for the Sixteenth meeting of the SEE Health Network.

Recognising that the recent enlargement of the European Union has reinforced the importance of public mental health for the Region, and that the European Commission (EC) is preparing its mental health strategy, thus demonstrating that mental health is one of the priorities of EC public health policy.

Recalling that the Mental Health Declaration for Europe "Facing Challenges, Building Solutions" (Helsinki 15.01.05), expressed concern that the disease burden from mental disorders in south-eastern Europe is not diminishing and that many people with mental health problems do not receive the treatment and care they need..

Cognisant of the very high mental health needs of the population in our countries, specifically problems such as stress, depression and post-traumatic stress disorder and the specific needs of vulnerable populations and also aware of the challenges to provide decent and effective care for people suffering from severe and long term mental health problems, many of whom are still living in mental institutions.

Looking back with satisfaction on the achievements of the Mental Health Project for South-eastern Europe which has made considerable contributions to addressing some of these needs by developing modern national mental health policies and legislative frameworks; establishing a pilot community mental health centre in each of the nine countries; and designing and delivering training of human resources in mental health.

Highly committed to integrate the achievements that have been made so far, with a view to establish comparable systems of collecting and processing mental health information in each country of the network.

Warmly welcoming the achievements in mental health which have been a vehicle to peace-building and reconciliation, and have contributed to improving the wellbeing of the population of south-eastern Europe.

Concerned that these gains and opportunities not be lost, and that countries will build on the successes achieved, and supporting countries to unite their efforts in the mental health field and move into an era of sustainability, international cooperation, self-determination and growth.

Hoping that the Public Health Policy for SEE countries of the European Union will offer opportunities for the development of co-ordinated initiatives in mental health in the Region.

Recognising the need to transform the Mental Health Project into a Programme for Regional Collaboration¹ to sustain mental health as a priority on the public policy agenda.

Being highly appreciative and strongly supportive of the initiative of Bosnia and Herzegovina to ensure the establishment of a Regional Centre for Collaboration in Mental Health.

Acknowledging gratefully that all the countries in south-eastern Europe and the inter-governmental organizations involved to date in the Mental Health Project support the establishment of such a Regional Centre for Collaboration in Mental Health.

Confirming our full commitment to the implementation of the WHO Mental Health Declaration for Europe which was endorsed by all the Ministers of Health of our countries in Helsinki on the 15th of January 2005 and the recommendations and conclusions of the Second Ministers Forum that was held in Skopje, November 2005, and to the Recommendations R(2004) 10 on the protection of human rights and dignity of persons with mental disorder.

Confirming our commitment to the full implementation of the Council of Europe Recommendations R (2004) 10.

We, the Representatives, confirm our political commitment to transform the Mental Health Project into a Regional Programme for Collaboration in Mental Health, and we declare:

That we support the establishment of the Regional Centre for Collaboration in Mental Health, to be based in Bosnia and Herzegovina, and that the role of the Centre will be to:

plan, coordinate and evaluate activities contributing to the development of mental health promotion, prevention, service delivery and rehabilitation by:

- Collecting information and disseminating evidence and regional experience;
- Identifying, lobbying and applying for resources for new projects in mental health;
- Facilitating sustainable reform in mental health and in particular developing integrative community mental health services

- Assisting the development of a sufficient and competent workforce;

¹ Regional Programme for Collaboration in Mental Health in south-eastern Europe is enclosed as an annex

- Evaluating and reporting on achievements.
- Identify and develop partnerships/ collaboration with the European Commission and International organizations working in this field.,

That we support the following steps in order for such a transformation to occur:

- Legislative framework for the Regional Centre for Collaboration to be provided by the authorities of Bosnia and Herzegovina;
- Mechanisms to be established which will ensure country ownership of the Regional Programme;
- Mechanisms for sustainability to be achieved over a period of three years;
- Country participation in mental health programmes in accordance with their national priorities;
- Opportunities to be created for the countries to initiate and lead their own projects;
- A spirit of transparency and accountability will be preserved;

That we confirm our commitment to the achievement of sustainable reform in mental health for south-eastern Europe..,

- That we extend our appreciation and thanks to those who have contributed to the achievements during the last four years as members of the Steering and Executive Committee, Donors and Partners organizations, as well as individual experts who supported the work; and

- That we invite the Donors and Partner organizations to consider their support in transforming the successful initiative of the Mental Health Project into a long term Programme by establishing the Regional Centre for Collaboration in Mental Health and welcome the interest expressed by the International Organization for Migrations for collaboration in the area of mental health

SIGNATURES:

ALBANIA:

BOSNIA AND HERZEGOVINA

Federation Bosnia and Herzegovina:

Republika Srpska:

BULGARIA:

CROATIA:

REPUBLIC OF MOLDOVA:

MONTENEGRO:

ROMANIA:

SERBIA:

*The FORMER YUGOSLAV REPUBLIC OF
MACEDONIA:*

SIGNATURES OF THE SECRETARIAT OF THE MEETING:

WHO REGIONAL OFFICE FOR EUROPE:

COUNCIL OF EUROPE:

Annex 6

Proposal on the Future of SEEHN Secretariat beyond 2007

Acknowledgments

The South-eastern Europe Health Network Secretariat would like to thank all the experts that contributed to this proposal on the future of the SEEHN Secretariat beyond 2007, especially to all the SEE countries National Health Coordinators that provided useful comments on the draft during the 15th meeting of the SEE Health Network, in Sofia, February 22-24, 2007.

Finally we would like to express our gratitude to the donor government representatives of Belgium, Greece and Norway for their fruitful suggestions and recommendations made during the 15th meeting of SEEHN on this paper.

Abbreviations

CoE	Council of Europe
GDP	Gross Domestic Product
MoH	Ministry of Health
MoU	Memorandum of Understanding
RCC	Regional Cooperation Council
SEEHN	South-eastern Europe Health Network
SP SEE	Stability Pact for South-eastern Europe
WHO EURO	World Health Organization Regional Office for Europe

Background

The purpose of this paper is to initiate the process of addressing issues related to transfer of regional cooperation and future of South-eastern Europe Health Network (SEEHN) Secretariat beyond 2007 and propose necessary steps, first discussed on the 15th meeting of the SEEHN in Sofia, Bulgaria in February 2007.

The SEE Health Network has been operational and overseeing the implementation of the regional technical projects in the field of public health during the last 6 years. The regional cooperation in health was formalized with the agreement and the commitment of the Health Ministers of the SEE region, stipulated first in the Dubrovnik Pledge and reconfirmed later in Skopje's Pledge.

Regional cooperation in health is not only important for the SEE countries inspirations for EU integration and accession, under the framework of the Stability Pact for SEE, but also because of the important contribution that health has in the economical development of the countries².

The regional cooperation in health includes 9 regional projects and over 200 health professionals and officials from Ministries of Health across the region. During the the process over 8 million euros have been used from generous donations of European governments and other considerable in kind contributions from WHO EURO, CoE and MoH for reforms and developments in important public health areas in the region.

The regional cooperation in SEE in the field of public health is entering a very important phase. Changes in the political umbrellas and emerging new entities, as well as two of the SEEHN members (Bulgaria and Romania) becoming members of the European Union (EU), require adaptation of the SEEHN to the new realities.

The Stability Pact for SEE will be transformed by end of 2007 into the Regional Cooperation Council (RCC) under the political framework of the SEE Regional Cooperation process as agreed initially in Belgrade and confirmed in the Bucharest meetings of the Regional Table of the Stability Pact for SEE. The RCC will be based in the SEE region; it will have its own Secretariat and will be led by a Secretary General, a prominent politician from the region. Member countries (SEE and the donor community) are expected to contribute 3 million euros to the RCC Secretariat for the first three years.

End of year 2007 will mark also the withdrawal of secretariat support by the WHO Regional Office for Europe (WHO EURO) and the Council of Europe (CoE), as agreed by countries in the Second Ministers of Health Forum in Skopje in November 2005. As specified in the Statues of the SEEHN, the SEEHN Presidency will rotate from country to country every 6 months. The country hosting the Presidency will also provide secretariat support. So far we have had the Presidencies of BiH and Albania. Bulgarian presidency is currently underway. Secretariat support was also complemented with the recruitment of a Health Programme Officer based at the MoH in Tirana, after a trilateral Memorandum of Understanding was signed by SP SEE, WHO EURO and MoH of Albania, specifying roles and responsibilities.

This paper reflects the important discussions and suggestions that were made in discussions during the 15th SEEHN meeting in Sofia, February 2007. Even though the paper includes suggestions and comments from all stakeholders, the SEEHN Secretariat is looking forward to receiving your comments on this document.

² Health and Economical Development in the SEE region in the 21st century, 2006.

Where We Are

The current activities taking place under the auspices of the SEE Health Network are regulated by the Statutes of the SEE Health Network, approved by the Ministers of Health of the SEE region, during the Second Ministers of Health Forum that took place in Skopje, November 2005. The SEEHN Statues also stipulate the structures and functions of the SEEHN and of the regional project offices and managers.

At first the Statutes say the following on the SEEHN Secretariat:

1. The Secretariat shall be provided on a rotational basis by the ministry of health of the SEE country that holds the Presidency of the SEE Health Network. For this purpose, the respective minister of health shall secure the necessary resources and support for the regional meetings.
2. The Secretariat shall provide administrative support to the SEE Health Network and the Executive Committee.
3. The roles and responsibilities of the Secretariat are contained in Appendix 1 of these Statutes.

More specifically on the roles and responsibilities of the SEEHN Secretariat, the Statutes stipulate:

- (a) to assist the Executive Committee to prepare a proposal for a two-year strategic plan;
- (b) to assist the Executive Committee to prepare a proposal for the annual work plan and the budget;
- (c) to support the implementation of the work plan and to manage the activities of the SEE Health Network;
- (d) to support the fundraising efforts of the SEE Health Network;
- (e) to assist the Executive Committee to prepare annual technical and financial progress reports for the regular meeting of the SEE Health Network;
- (f) to assist the Executive Committee to prepare a short interim progress report half-way through each budget year;
- (g) to assist the Executive Committee to ensure the appropriate utilization of resources.

Since 2001 the Secretariat support has been provided by WHO EURO and CoE. Starting in January 2006, and as specified in the Statutes, the first country took over the Presidency of the SEE Health Network, Bosnia and Herzegovina, for a period of 6 months. The SEEHN 13th Meeting took place in Jahorina, June 2006. Second country to take over the Presidency of the Network was Albania in July 2006. The 14th SEEHN Meeting took place in Durres, November 2006. Both meetings were organized with the careful preparation and involvement of the respective Ministries of Health, but still with the strong support from WHO EURO and CoE. In the meantime there was little contribution from local secretariats in fulfilling the other functions of the SEEHN Secretariat, as specified in the Statues (above).

To date, the joint WHO EURO, CoE and the SP/SCI Secretariat including the recently established office supported by Switzerland and hosted by the MoH in Albania (2006-2007), contribute minimum 8 staff (including: WHO - 2 half time and 2 full time senior public health professionals, 3 programme assistants, and minimum 15% time of at least 6 senior WHO professionals at the level of Regional Advisers; CoE – 30% time of a senior public health professionals; SP/SCI Health Officer – one full time public health professional) involved in the Secretariat activities continuously.

Where We Are Going

As agreed during the Second Ministers of Health Forum in Skopje, November 2005, and stipulated in the Statutes of the SEEHN, the WHO EURO and CoE secretarial support to the SEEHN Secretariat will be reduced to capacity building, day-to-day coaching, supervision, technical assistance, and will no longer perform the functions specified above.

Based on estimations from WHO EURO, this organization has contributed in kind the equivalent of € 3 million, in the last 6 years, to the SEEHN and its Secretariat. Considerable contributions (financial and in kind) have been made by CoE, and through the in kind contributions of the SEE countries themselves. The most recently examples of the latter are the technical and financial by the Governments of Bosnia and Herzegovina, Albania and Bulgaria provided during serving their presidency.

As agreed by countries and stipulated in the Statutes of the SEEHN, in 2008, all Secretariat functions will be performed without the administrative support of WHO EURO and CoE. This will leave a huge gap that will need to be filled with financial and in kind contributions from the countries in the region.

Acknowledging the contributions of the WHO EURO and CoE, countries in the region will have to consider carefully the amount of the work and resources that will have to be committed to SEEHN Secretariat, starting in January 2008, for the SEEHN to keep running, and continue to be the most successful among the sub-initiatives stemming from the Stability Pact for SEE.

Similar to the SEE countries financial contributions to the RCC Secretariat, SEE countries Ministries of Health can make financial contributions to the SEEHN Secretariat based on the status of their economic development (as a percentage of their GDP per capita). The financial contributions by the countries in the region will be complemented by generous contributions by interested donors and parties, contributions made to the SEEHN Secretariat annually.

Should the SEE countries decide not to contribute to the SEEHN Secretariat, as agreed in the Skopje Pledge, the SEEHN Executive Committee and the Secretariat will have to think over and propose new ways out and amend the Statutes as to reflect that specific situation.

Proposed Changes

Rotating vs. Central Secretariat

Recent experiences by BiH, Albania and Bulgaria in rotating Secretariats and Presidencies have shown that the considerable contributions made to the Secretariat by the respective MoH, have only been sufficient in co-organizing and co-sponsoring the regular SEEHN meetings in the region.

All the other functions of the SEEHN Secretariat would have not been fulfilled if not for the contribution made by WHO EURO and CoE, especially in keeping the institutional memory of the regional cooperation, since Dubrovnik 2001.

It would be close to impossible to the ministries of health in all the SEE countries to come up with individuals that will need to be identified to serve for 6 months in the SEEHN Secretariat, that would be capable of performing all the SEEHN Secretariat functions and also have the institutional memory of the developments as early as the creation of the SEEHN. It is also not cost-effective to hire employees on a 6 months basis as well. It is estimated that it would take up to one year for an official to get up to speed with all of the developments and the activities of the SEE Health Network and its Secretariat. A permanent Secretariat provides for better accountability and transparency, two basic principles agreed and implemented by the SEEHN over the years that contributed to building up then trust. The latter is of major importance for the future involvement and support of the donors.

For the above reasons it is proposed that instead of being a rotating SEEHN Secretariat, the Secretariat beyond 2007 will serve better as a permanent **central SEEHN entity established** somewhere in the region.

Location

The SEEHN Secretariat will have to be based in the region, to keep in line with recent decisions on regional ownership of the whole process (Skopje Pledge). Since all SEE countries will make contributions to the SEEHN Secretariat, the seat of the Secretariat can be in any of the SEE countries.

One possibility, as proposed by CoE, is to make use of the principle of the larger contributors, which is to have the country prepared to make the greatest contribution to the SEEHN Secretariat, actually host it.

Another option would be to have the SEEHN Secretariat based in the same location as the RCC Secretariat. The relevance of the location close to RCC Secretariat is obvious, especially for the necessary political and other support that the successor of the Stability Pact for SEE will have in the region.

Again, despite of the location of the SEEHN Secretariat, the financial and in kind contributions for its activities will be shared between the SEE countries, donor governments and other interested parties.

There are obviously other approaches and option for choosing the location of the Secretariat. Whatever option is being selected, it is imperative that a consensus is reached among all 9 SEE Ministers of Health.

SEEHN as a Legal Entity

As mentioned earlier, some of the functions of the SEEHN Secretariat will have to include the supervision and management of most of the activities of the SEEHN Network and its regional projects in public health. One specific activity is also handling of funds and their allocation to the regional projects that will require that the SEEHN Secretariat is established as a legal entity.

It is therefore proposed that the future SEEHN Secretariat is established as a separate legal entity subject to full agreement of all 9 SEE Governments and in line with all international regulations as well as those of the hosting country.

Even though the legal status and its possible options for fulfilling it will be a subject for further consideration by SEE member countries and their legal experts, one thing needs to be reiterated. Some of the donors might pull out if the SEEHN Secretariat does not have all the accountability, transparency and the authority when dealing with donors and SEE member countries governments.

One other very important issue to be addressed in the discussions on the legal status of the SEEHN Secretariat includes also the relationship of this Secretariat with the RCC Secretariat. As proposed, the SEE Health Network and health activities will be included in the priority area of Economic and Social Development of the RCC. How the SEEHN Secretariat will relate to the RCC Secretariat will have to be determined in the future after we know more on the structure and functions of the RCC Secretariat (to be discussed in May 2007).

In view of the above, a multi-country legal agreement will have to be signed by all SEE countries to determine the way forward for the SEEHN Secretariat.

Contributors to the SEEHN Secretariat

As mentioned earlier, the contributions made to the SEEHN Secretariat will come from various sources. The first group includes contributions made by the countries in the SEE region. These contributions can be as percentage of their GDP per capita, or as a contribution based on the ability and willingness to contribute by countries in the region, especially by the new EU members (Bulgaria and Romania).

The second group of contributors includes the donors and other interested parties. Some of the existing donors have already expressed interest in funding a region-based SEEHN Secretariat, not only for the first year but also for subsequent years, provided that the countries in the SEE region have an expressed interest in keeping the SEEHN and its Secretariat going, as well as a clear commitment for financial or in-kind contribution to the its operation.

The country that will be identified to host the SEEHN Secretariat will also make an in kind contribution by providing office space, office equipment, communications and other needed supplies to the SEEHN Secretariat office.

Budget

The budget of the SEEHN Secretariat will cover costs of the activities of the SEEHN Secretariat, with personnel of 4, two technical public health professionals, one financial officer and one administrative assistant. The estimations are made for the average costs in the countries of the SEE Europe, and only for the year 2008. The size of the SEEHN Secretariat might increase depending on the workload and the future developments.

Contributions to the SEEHN Secretariat will also cover the costs of the two annual meetings of the SEE Health Network that will be hosted by the countries that have the Presidency of the SEE Health Network for 6 months at a time (as stipulated by the SEEHN Statutes).

Below the two separate estimated costs (SEEHN Secretariat and the second one on the SEE Health Network Meetings) are presented.

Table 1

SEEHN Secretariat Annual Budget

Budget -- SEEHN Secretariat 2008

	Unit	Number	Cost/unit (€)	Amount (€)	Totals
Personnel					108,000
Technical Officer	person	2	36,000	72,000	
Financial Officer	person	1	24,000	24,000	
Admin Assistant	person	1	12,000	12,000	
Office					
Office rent	space	1 in kind from local MoH			
Office equipment	equipment	1 in kind from local MoH			
Running costs					18,600
Telephone	cost	5	3,000	15,000	
Stationary	cost	1	3,600	3,600	
Website					9,600
Setting up	cost	1	4,800	4,800	
Maintenance	cost	1	4,800	4,800	
Travel					20,000
Technical Officer	cost	2	10,000	20,000	
Executive Committee meetings					13,920
Air travel	cost	16	700	11,200	
Hotel	cost	16	60	960	
Local travel	cost	16	50	800	
Per diems	cost	16	60	960	
				Total (€)	170,120

As shown in the table above, the budget for the SEEHN Secretariat includes the costs for 4 personnel, running costs related to communications and office supplies; costs related to opening

and maintenance of a central website for the SEEHN; and travel in the region of the two public health personnel. As mentioned, the costs related to office space and equipment will be offered in kind by the hosting country MoH.

The budget for the SEEHN Secretariat includes the costs of the meetings of the SEE Health Network Executive Committee, travel and per diems. Please note that this budget is a preliminary estimation of costs related to the SEEHN Secretariat activities and is subject to possible amendments at a second moment.

Regional Meetings Budget

The budgets for the Regional Meetings of the SEEHN are displayed separately. These estimations are based on previous expenses occurred during the SEEHN Presidencies of BiH, Albania and Bulgaria. Countries have already committed to providing these costs as stipulated and signed in the Skopje Pledge.

Table 2

	Unit	Number	Cost/unit (€)	Amount (€)	Totals
Regional Meetings					56,600
Air travel	cost	80	500	40,000	
Hotel	cost	80	60	4,800	
Local travel	cost	100	50	5,000	
Per Diems	cost	80	60	4,800	
Stationaries	cost	1	2,000	2,000	

This budget includes the financial costs of organizing two annual regional meetings of the SEEHN. This costs, as per the SEEHN Statutes are to be born by the respective MoH of the countries in the region.

The 15th meeting of the SEEHN was the first time that countries in the region financed their own participation. This considerable achievement in regional ownership is expected to continue with all the subsequent meetings, following the 17th meeting of the SEEHN.

The budget for the regional meetings of the SEEHN includes the costs of air and ground travel, hotel and per diems. It also includes the costs related to the preparation of the meeting documents and the publication of the final report.

Next Steps

Some of next steps include:

1. Agreement for establishing a central permanent SEEHN Secretariat
2. Agreement and drafting of the legal status of the Secretariat
3. Identifying the relationship between the SEEHN Secretariat and the RCC Secretariat
4. Negotiations with donors and interested parties to secure financial contributions to the SEEHN Secretariat
5. Signing of the multi-country legal agreement on the future of the SEEHN and its Secretariat.
6. Establishing the formula for the financial contributions made by donors and member countries.
7. Agreement on the location of this Secretariat