

Meeting of the countries of the  
South-eastern Europe Health Network  
on improving information for policy:  
strengthening health information and  
vital registration systems

Tirana, Albania, 16–17 November 2015





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## ABSTRACT

The countries of the South-eastern Europe Health Network met in Tirana, Albania on 16–17 November 2015 to discuss improving information for policy. The aim of the meeting was to enable partner countries to discuss their most critical common issues in health information and to contribute to a joint vision of how to address these issues collectively. Acknowledging the substantial benefits of establishing a health information network, the countries agreed to meet again in 2016, with the technical and strategic support of the WHO Regional Office for Europe, to decide on a possible model and ways of working.

## KEYWORDS

HEALTH INFORMATION SYSTEMS – ORGANIZATION AND ADMINISTRATION  
VITAL STATISTICS  
DATA COLLECTION  
HEALTH POLICY

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Design and layout: 4PLUS4.dk

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# Abbreviations

CARINFONET	Central Asian Republics Health Information Network
CRVS	civil registration and vital statistic systems
DIR	Division of Information, Evidence, Research and Innovation
EHII	European Health Information Initiative
HIS	health information systems
SEEHN	South-eastern Europe Health Network
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund



The sessions gave participants the opportunity to map country situations in terms of current practice, achievements and common challenges.



## Executive summary

This meeting of the member states of the South-eastern Europe Health Network (SEEHN) on improving information for policy was convened by the Division of Information, Evidence, Research and Innovation (DIR) of the WHO Regional Office for Europe and hosted by the Ministry of Health of Albania, in the context of the Albanian Presidency of SEEHN, on 16–17 November 2015. The aims were to provide the participants with an opportunity for networking and sharing their experience and expertise in health information, to enable partner countries to identify their most critical common issues in health information and to contribute to a joint vision of how to address these issues collectively with a view to potentially establishing a health information network.

The meeting brought together senior national health information experts and senior leaders and decision-makers from SEEHN member states who play a critical role in promoting capacity-building and knowledge improvement in the health information systems (HIS) and civil registration and vital statistic systems (CRVS) in their respective countries. The meeting was attended by representatives of the United Nations Population Fund (UNFPA) and the United Nations Children’s Fund (UNICEF). The co-chair of the European Health Information Initiative (EHII) and two members of the Central Asian Republics Health Information Network (CARINFONET) were also at the meeting, to illustrate the benefits to countries of their participation in regional platforms such as EHII, and subregional networks, and to present the advantages of addressing common issues faced by countries through joint collaboration, as exemplified by CARINFONET.

The sessions consisted of presentations and moderated plenary discussions, giving participants the opportunity to map country situations in terms of current practice, achievements and common challenges regarding HIS and CRVS, and to identify ways of strengthening them.

The following topics were addressed during the meeting:

- health information as support for decision-making;
- strengthening HIS;
- national and international reporting and data quality;

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SEEHN aims to provide the participants with an opportunity for networking and sharing their experience and expertise in health information.

- support tools for health information strategy development;
- CRVS in the subregion and its improvement;
- migration registration and statistics; and
- health information networks and potential for regional approaches.

The participants jointly acknowledged the substantial benefit of the establishment of a health information network and agreed to work closely with the WHO Regional Office for Europe to prepare next year's workshop, where they would decide on a possible model for the new network and finalize the ways of working. The countries agreed to meet in 2016 to discuss the network. The WHO Regional Office would prepare and propose some options for different network models, share existing terms of reference and strategic papers of other health information networks in the WHO European Region, and provide further technical and strategic support.



# 1. Introduction

This meeting of the SEEHN countries on improving information for policy: strengthening health information and vital registration systems was held by the WHO Regional Office for Europe by agreement with the Ministry of Health of Albania.

Participants were welcomed to the meeting by Dr Ledia Lazeri, Head of the WHO Country Office in Albania, Mr Tomi Thomo, Director of Health Advancement, Quality Control and Prioritization, on behalf of the Ministry of Health of Albania, and Dr Claudia Stein, Director of DIR, WHO Regional Office for Europe. Dr Stein thanked Dr Ledia Lazeri and the Albanian Ministry of Health for their recognition of the need for health information and taking the initiative to host this meeting. She emphasized that the meeting was a starting point for providing extensive support to countries who were moving from an awareness of the difficulties of integrating health information to an appreciation of its strengths. She added that during the meeting the participants would have a great opportunity to interact, bring new ideas to the table and identify the best ways to be supported.

Dr Claudia Stein was elected as the Chairperson of the meeting. The meeting programme [see Annex 1] was adopted. Ms Alena Usava was nominated as rapporteur for the meeting.

## 1.1 Background

Health information is a valuable resource and is indispensable for making important health decisions. It is the foundation for public health and an integral part of health systems, which themselves provide an effective basis on which to protect health, combat diseases and plan and deliver health services. Important advances in public health have depended upon the increasing availability and application of accurate and reliable health information. However, health information can also be overwhelming and difficult to interpret. Given the wealth of information available through various sources and the pace at which new data are generated, keeping abreast of new information and applying it on a daily basis remain an ongoing challenge.

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Health information is a valuable resource and is indispensable for making important health decisions. It is the foundation for public health and an integral part of health systems, which themselves provide an effective basis on which to protect health, combat diseases and plan and deliver health services.

The potential for good health information to help create a culture of evidence-informed decision-making for public health is well recognized. However, the current situation is characterized by significant gaps in the availability and timeliness of information. Reliable, timely and relevant health information can only be generated by a well functioning, integrated HIS and CRVS with complete coverage of registration of births, deaths and causes of death.

During its SEEHN presidency, Albania, acknowledging the increasingly important role of health information as a critical input into local, national and global decision-making, and that the strengthening of health information is fundamental to achieving national health targets, had joined the WHO Regional Office for Europe in its efforts to promote better health through better information. It was hosting this meeting to explore the potential of regional approaches to develop technical collaboration among the SEEHN countries.

## 1.2 Meeting objectives

The objectives of the meeting were to:

- enable partner countries to identify the most critical common issues and challenges in health information and vital statistics systems of the subregion, and to actively contribute to a common vision of how to address them collectively;
- provide participants with an opportunity for networking and for sharing their experience, knowledge and expertise in the area of health information, thus creating greater awareness among participants of various challenges, potential solutions and ideas, and drawing attention to best practices that might profitably be adopted in SEEHN countries;
- discuss the European agenda and international initiatives to strengthen health information, and to understand more clearly how SEEHN countries are positioned within the larger international agenda and how they can contribute to and benefit from international efforts; and

- discuss the various models of health information networks operating in other parts of the WHO European Region, and examine their merits for a potential SEEHN health information network.



Reliable, timely and relevant health information can only be generated by a well functioning, integrated HIS and CRVS with complete coverage of registration of births, deaths and causes of death.

### 1.3 Meeting design and implementation


Prior to the meeting, participants were asked to:

- prepare a presentation on national advances in the collection, management and use of health information in order to share the experience of their respective countries in ensuring that data from their HIS and CRVS contributed to effective planning, programme monitoring and evaluation and allocation of resources, with particular focus on how well their data were integrated at country level and how well the relevant agencies worked together in reporting to international organizations;
- prepare a presentation giving an overview of their national HIS in order to identify its strong points and discuss how the weak points in the HIS needed to be addressed; and
- reflect on practices and systems of CRVS in their own countries and ways to improve the quality of their vital statistics on birth, deaths and causes of death, to enable better availability of information for policy-making and planning.

These pre-meeting tasks formed the basis for plenary discussions at the meeting itself.

### 1.4 Participants

Meeting participants included senior national health information experts, senior leaders and decision-makers from the ministries of health, public health centres and institutes from seven SEEHN member states (Albania, Bosnia and Herzegovina, Bulgaria, Montenegro, Republic of Moldova, Romania, and the former Yugoslav Republic of Macedonia) who played a critical role in promoting capacity-building and knowledge improvement in HIS and CRVS (see Annex 2 for full list).



The presenters, Dr Neville Calleja, Dr Helge Brunborg and Mr Eivind Hoffmann, briefed participants on achievements and challenges with regard to strengthening HIS and CRVS in the subregion, including migration registration and statistics. This was followed by interactive plenary discussions of the situations in the participating countries.

Dr Anna Korotkova attended the meeting to share her experience as co-chair of EHII and to outline the benefits gained by countries through their participation in regional platforms, such as the public health alliance of the Commonwealth of Independent States, illustrating the added value from such collaboration. The participants from Kazakhstan, as a member and future chair of CARINFONET, shared their country's experience of participating in the network and presented the recent developments of CARINFONET, the achievements and challenges of the HIS and CRVS in the countries of the subregion, and the advantages of addressing common issues faced by the countries through joint collaboration.

## 2. Topics discussed

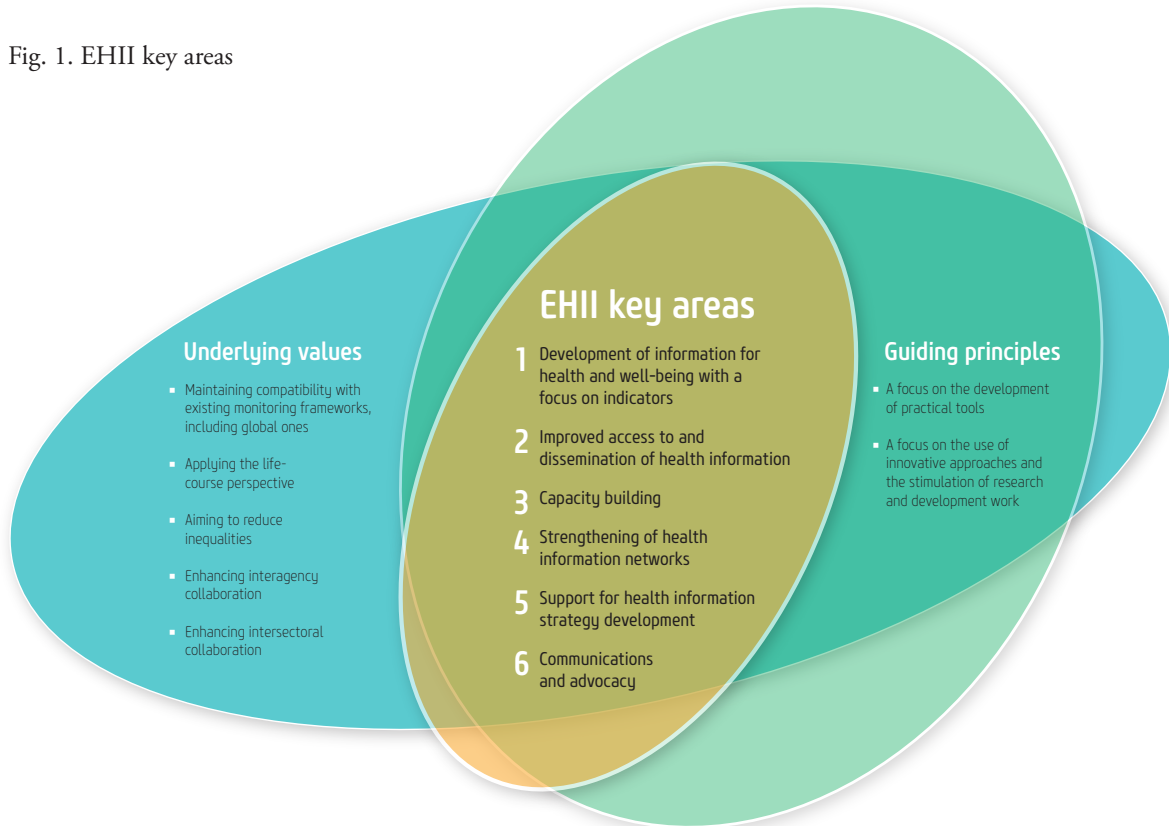
### 2.1 Health information activities in the WHO European Region

On the first day of the meeting the participants presented their national advances in the collection, management and use of health information and exchanged experiences in current practice, achievements and challenges within their country HIS. After the introductory round, Dr Claudia Stein gave an overview of health-information-related developments and activities in the WHO Regional Office for Europe and their relevance for the SEEHN countries, discussing in particular:

- WHO/EU collaboration towards a single integrated European HIS
- EHII and its key areas
- health information networks
- possible models of health information networks.

Health information is crucial for countries. However, until now the European Region had been faced with persistent inequalities in health information. Evidence and knowledge was dispersed, incomplete and difficult to access; health information activities were often not funded through sustainable structures; and international data collections were poorly harmonized. In order to close these gaps, the European Commission and the WHO Regional Office for Europe had taken joint action to work towards a single integrated HIS covering the whole European Region; this goal will be implemented through EHII. This step was taken in the context of the European Health 2020 policy. Following the Moscow Declaration in 2010, whereby the European Commission and the WHO Regional Office for Europe agreed to work together on seven specific areas including health information, this step was confirmed at the meeting of the Regional Committee for Europe in 2015 in Vilnius. Dr Stein emphasized the important role of the EHII. This multi-partner network, which provides overarching guidance for health information activities in the European Region, was created to broaden international cooperation and to support the development of a single European HIS. This could be achieved by activities in the six key areas at the core of EHII [see Fig. 1].

Fig. 1. EHII key areas



The participants also received an overview of existing networks, such as the Evidence-informed Policy Network Europe, CARINFONET and the Small Countries Health Information Network, and were briefed on possible health information network models. A basic model would be a formal or informal network as a platform for exchange and mutual support, to identify joint priorities and issues and make joint requests to international players. The chair of such a network would be eligible to become a member of EHII. An intermediate model might include joint reporting and a joint web-based platform. An advanced network model would encompass all the above as well as potentially offering joint capacity-building for member countries, joint strategy development, communication and advocacy. Any network model would require the setting up of a formal or informal advisory group, a focal point nominated by each country, and agreed terms of reference. Providing administrative support through a secretariat would normally be the role of the country chairing the network. Technical and strategic support for the network would always be provided by the WHO Regional Office.



## 2.2 Updates on national advances in health information

In their presentations, participants shared their countries' experiences of collection, management and use of health information. Needs and challenges were the main focus of attention. The main weak points and challenges of HIS were:

- the reliability of health statistics;
- inconsistencies in reported data between different data sources (such as national official statistics and international estimates), underestimation of mortality rates, especially child and maternal mortality, and overestimation of life expectancy;
- lack of cooperation between institutions and ministries in data collection and reporting;
- fragmented systems which were not integrated and lacked a centralized database;
- lack of funding; and
- lack of systematic, evidence-informed decision-making processes.

## 2.3 Strengthening health information systems

In his session, Dr Calleja familiarized participants with the main components of the HIS assessment tool developed by the WHO Regional Office for Europe to assist Member States in improving their national information systems (see Fig. 2).

Dr Calleja described the six components and standards of a HIS: resources, indicators, data sources, data management, information products, and dissemination and use. These interacted with each other to produce better information. Strengthening HIS should be built on common principles, implementation processes and

Fig. 2. Support tool to enhance national health information systems and develop national health information strategies.



tools. The three-phase implementation process represented a roadmap of activities which proceeded from the first phase – leadership, coordination and assessment – to priority-setting and planning, followed by implementation of national HIS-strengthening activities. This was to achieve the main goal: increasing the availability, accessibility, quality and use of health information vital for decision-making at national and global levels.

Lack of financial and human resources and limited analytical capacity were common problems which could not be ignored, especially for small countries. Malta was an example of a small country which had successfully dealt with these challenges and Dr Calleja stressed that small countries had their advantages, such as flexibility and complete coverage of the whole population in HIS. They could also access greater support by collaborating with organizations such as WHO, WHO's International Agency for Research on Cancer, the International Clearinghouse for Birth Defects Surveillance and Research, European Surveillance of Congenital Anomalies, Eurostat, and the Joint Research Centre, the European Commission's in-house science service.

Participants from three countries (Bosnia and Herzegovina, the Republic of Moldova, and Romania) gave more detailed presentations on their HIS. They described how the governance of the HIS was organized in their respective countries, and whether there was a national health information strategy and a legal basis for collection of health data. They outlined the main available data sources and databases used in their countries, and described the flow of routine data and information and specific indicator sets used for monitoring purposes, as well as the main health-reporting activities and their use in their respective countries. They also highlighted the strong and weak points of their national HIS. Additionally, one of the participants from Kazakhstan, as a representative of CARINFONET, shared the network's successful experience in integration, leadership and the use of data in decision-making.

At the end of the session, Dr Calleja summarized the results of the country health overviews prepared by participants. His observations were that not all participants had mentioned surveys as data sources, or indicators on well-being, determinants of health and health expenditure. None of the participants had mentioned networks among the knowledge translation activities, despite the


importance of the availability of intranational networks. The following strengths and features of country HIS were noted:

- centralized HIS (four countries);
- existence of legal framework (four countries);
- availability of surveys (three countries);
- real-time monitoring (two countries);
- linkage potential of databases (two countries);
- public availability of data (one country);
- data harmonized to international definitions (one country); and
- health information strategy (one country).

The weak points were as follows:

- no health information strategy (three countries);
- no centralized HIS (two countries);
- linkage difficult (three countries);
- incomplete coverage (three countries);
- lack of technology (three countries);
- lack of financial/human resources (two countries);
- no nationally agreed indicator set (one country);
- only in available in the national language (one country); and
- poor legal framework (one country).

Summarizing the day, Dr Claudia Stein stressed that SEEHN would benefit from a strong focus on health information, and more activities and exchange were needed among the countries. The support tool was important in developing health information strategies assessing a HIS and developing a strategy. Such assessment of national HIS needed to be done regularly; the WHO Regional Office would support the countries in their efforts. She suggested that Romania could be the next country to pilot the support tool, following the example of the Republic of Moldova and Bulgaria. Dr Claudia Dima agreed to support the process.



Many countries had made much progress.  
However, a number of problems still existed.

## 2.4 Strengthening CRVS

Dr Helge Brunborg gave an introductory presentation and facilitated a plenary discussion on CRVS and ways to improve the quality of vital statistics on births, deaths and causes of death, to enable better availability of information for policy-making and planning. Dr Brunborg gave background information about CRVS and emphasized their importance as the best data source for many of the European Health 2020 targets as well as for the Sustainable Development Goals. He presented the milestones of the modernization process of the civil registration system in Albania, the challenges faced during this process, and the current situation. He also presented the so-called Nordic model of population registration, which includes a unique personal identification number and a central population register.

The plenary discussion on CRVS showed that many countries had made much progress. However, a number of problems still existed: parallel birth registration at medical and civil institutions was a problem in many countries; online registration was still rare and needed to be improved; and there were still problems with the coverage and quality of statistics on causes of death, requiring further support. Collaboration between national agencies responsible for CRVS remained patchy and was a common problem.

## 2.5 International migration registrations and statistics

Mr Eivind Hoffmann led this session on two other important aspects of a HIS: migration registration and statistics. He familiarized the participants with the main components and procedures of such registrations and statistics and increased their awareness of the need for and value of migrant registration for health systems. Mr Hoffmann summarized the requirements that have to be met by high-quality registrations and statistics and presented some of the challenges posed by international migration to health systems and health registration, particularly the nature and volume of health-related work, and the availability and need for human and other resources in the health service. To meet these challenges, the health authorities and health services need access both to good quality registration of foreign and national citizens' movements across external borders, and to data on the presence of migrants. Data are also needed on the migration of health workers. Relevant legislation needs to be in place to enable access to information about individuals at risk and to sources

for statistics. In addition, good operational cooperation is essential between the health authorities and those monitoring and regulating international migration.

## 2.6 Experience from existing health information collaboration

The second day of the meeting provided some potential solutions to the current challenges. The co-chair of EHII, Dr Anna Korotkova, and the two participants from Kazakhstan, illustrated the benefits to countries of participating in such networks and regional platforms, which enabled countries to address common issues through joint collaboration.

Dr Anna Korotkova outlined the activities of EHII, which is a multi-partner network providing guidance for health information activities in the European Region, and its support tool to assist countries to assess their information systems and identify gaps. Health information does not consist only of statistics; it includes many other aspects. Dr Korotkova emphasized that country collaboration requires harmonization and standardization. It is not easy to change systems and in order to exchange information, one joint system is helpful; indicators need to be harmonized. It is important to create a network of institutions and a community of professionals who provide the information.

Dr Korotkova described the first steps taken by the Russian Federation in this direction, such as the creation of a network of institutes under the Ministry of Health. This network aimed to bring together information providers and users and provide information on the basis of the exchange of experience. It involved the adoption of a law on strategic planning with the aim of having strategies at all levels, which could be coordinated. The former Soviet Union countries had commonalities which lent themselves to natural collaboration between the countries: a similar history of health systems, and the same reporting system.

The members of CARINFONET then shared the experience of the central Asian republics of being a part of the network and familiarized participants with CARINFONET's products and outputs. Dr Nugumanov emphasized the value of this collaboration: it had been very helpful to exchange information on where and how countries were going to achieve their common goals in health information improvement.

Representatives of the Small Countries Health Information Network (Malta and Montenegro) made a brief statement about this very young initiative, describing how its members – Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino – decided to focus on health information, to propose a strategic vision to share challenges and approaches to finding solutions. The small countries had expressed interest in receiving support from WHO to establish the Small Countries Health Information Network. This required adjusting to the specific information needs of small countries, with their limited resources on the one hand but a heavy burden of reporting requests on the other. There were common challenges and opportunities. The network members were expecting many benefits from this collaboration, such as improvement in data collection and analysis, development of sets of health indicators, better data reporting and the use of health information in decision-making processes. Other benefits would be seen in the fields of capacity-building, enhanced communication between the institutions and, with regard to CRVS, more support to improve mortality statistics.



The South-eastern European countries agreed that they could easily exchange experience because they shared similar health systems and health information challenges.



### 3. Conclusion and issues for further work

All participants expressed a strong interest in forming a SEEHN health information network to improve their HIS and CRVS. Participants said that there were no doubts that the exchange of knowledge and experience was needed, and networking could be extremely useful in sharing best practices and moving towards common goals. The first step would be establishing the most appropriate mechanism based on countries' preferences. The countries of south-eastern Europe agreed that they could easily exchange experience because they shared similar health systems and health information challenges; they had also recently agreed on a joint set of indicators for reporting on noncommunicable diseases. Contacts between the countries were needed to exchange this information and to define a *modus operandi*. Creating a network would thus be useful for health information professionals to harmonize data collections, and create standardized tools, for better comparison between countries. Dr Korotkova stressed that collaboration and competition with countries within such a network would help the members to improve, citing the example of Kazakhstan and the Russian Federation. The participants agreed that the topic merited further discussion.

It was decided to organize a brain-storming workshop to discuss the modalities and terms of reference of a SEEHN health information network in 2016, where options for different network models would be proposed, discussed and agreed. The WHO secretariat would suggest different models by sharing different scenarios, and would propose terms of reference and strategic background papers of other health information networks in the WHO European Region. WHO stressed that the SEEHN countries should aim for their own unique solution, one that would be most appropriate for them.

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Networking could be extremely useful in sharing best practices and moving towards common goals.

# Annex 1. Programme

**Monday, 16 November 2015**

## **Welcome and opening remarks**

- Mr Tomi Thomo, Ministry of Health, Albania
- Dr Ledia Lazeri, Head of WHO Country Office in Albania
- Dr Claudia Stein, Director, Division of Information Evidence, Research and Innovation, WHO Regional Office for Europe

## **Introduction of the participants**

## **Election of Chairperson and Rapporteur**

## **Adoption of the provisional agenda and provisional programme**

- Chairperson

## **Health-information-related developments and activities in the WHO European Region and their relevance for the SEEHN countries**

- Dr Claudia Stein

## **Updates on national advances in the collection, management and use of health information**

- 5–7 minute presentations by all participating countries

## **Strengthening health information systems: quality and relevance** (Chair: Dr Neville Calleja)

- Country experiences: current practice, achievements and challenges within their country HIS
- HIS and their key principles – integration, leadership and the use of data in decision-making (Dr Neville Calleja)
- Moderated plenary discussion of common weaknesses of countries' HIS and ways to strengthen their systems in order to generate more reliable data for policy-making

## **Summary of the day**

- Chairperson

**Tuesday, 17 November 2015**

**Strengthening civil registration and vital statistics systems (CRVS) in the subregion** [Chair: Dr Helge Brunborg]

[Chair: Dr Helge Brunborg]

- How to modernize a civil registration system: the case of Albania [Dr Helge Brunborg]
- Country panel discussion on practices and systems of their CRVS and ways to improve the quality of their vital statistics on births, deaths and causes of death to enable better availability of information for policy and planning

**International migration registrations and statistics relevant for health information systems** [Chair: Mr Eivind Hoffmann]

[Chair: Mr Eivind Hoffmann]

- Presentation [Mr Eivind Hoffmann]
- Q&A and discussion

**Benefits for countries from regional platforms: leveraging technical expertise, sharing experiences and establishing standards and best practices for regional comparison, reporting and accountability**

- Presentation [Dr Anna Korotkova, co-chair of EHII]
- Q&A

**Realizing the potential of regional and subregional approaches to support health outcomes and systems through strengthening the quality and use of information: experience from existing health information collaborations and networks of the WHO European Region**

- Presentation [Vice-chairperson, CARINFONET]
- Brief statement by representative(s) from the Small Countries Health Information Network
- Q&A

**Discussion of possible mechanisms by which regional network solutions can be used for countries' HIS and CRVS improvements and agreement on priority areas for joint work and next steps**

- Panel discussion

**Summary of the day**

- WHO Secretariat and Chairperson

**Closing remarks**

- Dr Ledia Lazeri

## Annex 2. Participants

### Albania

Mr Tomi Thomo

Director of Health Advancement, Quality Control and Prioritization, Ministry of Health

Mr Kreshnik Brasha

Director, Information Technology and Medical Systems, Ministry of Health

Professor Genc Burazeri

Institute of Public Health

Ms Miranda Harizaj

Director of Information Systems, General Directory of Civil Status, Ministry of Interior

Dr Arjan Qoku

Health Insurance Fund

Ms Blerina Subashi

Head of Sector, Sector of Sociodemographic Analysis, Institute of Statistics

### Bosnia and Herzegovina

Dr Irena Jokic

Institute for Public Health of the Federation of Bosnia and Herzegovina

Ms Sabina Šahman-Salihbegović

Ministry of Civil Affairs of Bosnia and Herzegovina

Dr Sladjana Siljak

Public Health Institute of the Republic of Srpska

### Bulgaria

Mr Jordan Arnaudov

Head of Department, Information Systems, Technologies and E-health, National Centre of Public Health and Analysis

Mr Peter Atanasov

National Centre of Public Health and Analysis

### Kazakhstan

Ms Svetlana Shubina

Director, Department of Informatics Development, Ministry of Health and Social Development

Mr Talgat Nugumanov

General Director, Republican Centre of Health Development, Ministry of Health and Social Development

### Montenegro

Mr Pavle Aligrudic

Assistant Director of Information Systems, Clinical Centre of Montenegro

Ms Natasa Terzic

Director, Centre for Health System Development, Institute of Public Health

## Republic of Moldova

Mr Alexandru Buga

Head of Division, Division of Public Health Management and Monitoring, National Centre of Public Health

Mr Igor Condrat

Deputy Director, E-health Department, National Health Management Centre

## Romania

Dr Claudia Dima

Senior Public Health and Management MD, National Centre for Evaluation and Health Promotion, National Institute of Public Health

## The former Yugoslav Republic of Macedonia

Ms Marijana Neshkovska

Ministry of Health

Dr Tanja Lekovska Stoicova

Institute for Public Health

## Temporary advisers

Dr Helge Brunborg

Senior Research Fellow, Division for Development Cooperation Statistics, Norway

Dr Neville Calleja

Director, Health Information and Research, Ministry for Energy and Health, Malta

Mr Eivind Hoffmann

Senior Advisor/External collaborator, Analysis and Development Department [AUA], Norwegian Directorate of Immigration

Dr Anna Korotkova

Deputy Director of International Collaboration Issues, Federal Research Institute for Health Organization and Informatics of the Ministry of Health of the Russian Federation

## Consultants

Ms Odeta Lena

Consultant, WHO Country Office, Albania

Ms Alena Usava

Consultant, WHO Regional Office for Europe

## Observers

Dr Dorina Çanaku

Expert, Institute of Public Health, Albania

## Representatives of other organizations

UNFPA Albania

Dr Dorina Toçaj

UNICEF Albania

Ms Mariana Bukli

## **WHO Regional Office for Europe**

Ms Olga Fradkina  
Programme Assistant, DIR

Ms Gladiola Kashari Kodra  
Administrative Assistant, WHO Country Office, Albania

Dr Ledia Lazeri  
Head of WHO Country Office, Albania

Dr Claudia Stein  
Director, DIR

## **Interpreter**

Mr Alexander Reshetov  
Freelance interpreter/translator



# The WHO Regional Office for Europe



The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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## Member States

Albania	Finland	Luxembourg	Slovenia
Andorra	France	Malta	Spain
Armenia	Georgia	Monaco	Sweden
Austria	Germany	Montenegro	Switzerland
Azerbaijan	Greece	Netherlands	Tajikistan
Belarus	Hungary	Norway	The former Yugoslav Republic of Macedonia
Belgium	Iceland	Poland	Turkey
Bosnia and Herzegovina	Ireland	Portugal	Turkmenistan
Bulgaria	Israel	Republic of Moldova	Ukraine
Croatia	Italy	Romania	United Kingdom
Cyprus	Kazakhstan	Russian Federation	Uzbekistan
Czech Republic	Kyrgyzstan	San Marino	
Denmark	Latvia	Serbia	
Estonia	Lithuania	Slovakia	



## World Health Organization Regional Office for Europe

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