



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

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

Report on a Joint Council of Europe/WHO meeting
Sofia, Bulgaria, 21–23 June 2007



STABILITY PACT
FOR SOUTH EASTERN EUROPE



**SOUTH-EASTERN EUROPE
HEALTH NETWORK**

Address requests about publications of the WHO Regional Office for Europe to:

Publications

WHO Regional Office for Europe

Scherfigsvej 8

DK-2100 Copenhagen Ø, Denmark

Alternatively, complete an online request form for documentation, health information, or for permission to quote or translate, on the WHO/Europe web site at <http://www.euro.who.int/pubrequest>.

© **World Health Organization 2007**

All rights reserved. The Regional Office for Europe of the World Health Organization welcomes requests for permission to reproduce or translate its publications, in part or in full.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Where the designation “country or area” appears in the headings of tables, it covers countries, territories, cities, or areas. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement.

The mention of specific companies or of certain manufacturers’ products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

The World Health Organization does not warrant that the information contained in this publication is complete and correct and shall not be liable for any damages incurred as a result of its use. The views expressed by authors or editors do not necessarily represent the decisions or the stated policy of the World Health Organization.

Contents

1. Introduction.....	4
1.1 Participants.....	4
1.2 Organization of the meeting.....	4
1.3 Scope and purpose	4
1.4 Agenda.....	5
2. Opening session.....	5
3. Health Diplomacy as a tool for peace and development: the new programme of the Italian Ministry of Health in support of international health	6
4. Development of mechanisms for transferring and sustaining the regional ownership of the SEEHN and establishing its Secretariat in the Region as of January 2008	7
5. Declarations of the SEE ministers of health	8
6. Review of progress of SEE regional projects	9
7. Public Health Services	11
7.1 Health Systems and Wealth: the place of public health services.....	11
7.2 Public health at the core of health systems	13
7.3. Reducing Health Inequalities – lessons learnt	14
7.4 Partnerships for public health	14
7.5 Public health policy of the European Union.....	15
7.6 SEE Public Health Forum: Public Health Strategies for SEE	16
7.7 Building a common understanding of public health and public health services in Europe	16
7.8 Evaluation of Public Health Services in SEE: findings, problems, challenges, opportunities and recommendations for improvement	17
7.9 Parallel working groups on:	20
8. Other issues.....	22
9. Conclusions and Decisions	22
Annex 1: List of Participants	24
Annex 2: Programme	33
Annex 3: Scope and Purpose	37
Annex 4: List of Working Papers and Background Documents.....	38
Annex 5: Regional Project Summaries.....	40

1. Introduction

The 16th meeting of the South-eastern Europe Health Network (SEEHN) is the fourth meeting since the adoption of the Network's Statutes at the Second Health Ministers' Forum in Skopje, The former Yugoslav Republic of Macedonia, 25-26 November 2005. In line with the process for the transfer of ownership to the Region, Bulgaria, which holds the Presidency of the Health Network for the period from January to June 2007, organized this meeting jointly with the SEE Health Network Secretariat (Council of Europe and WHO Regional Office for Europe) and provided significant support, as did the SEE member countries of the Network. This is also the second time that the SEEHN member countries include two countries, Bulgaria and Romania, which are now Members of the European Union.

This 16th meeting is the regular meeting of the Health Network held every six months. It follows the extraordinary meeting of the Network (the 15th meeting) in February 2007 in Sofia, which was called in view of the urgency to prepare a number of formal decisions to be adopted at the subsequent regular meeting (the 16th meeting), and for the SEEHN to provide inputs to outside events taking place before its next regular meeting.

1.1 Participants

The SEE Health Network meeting was attended by over 60 participants from all the SEE countries as well as a number of donor countries (including a French representative and the representative of the Italian Ministry of Health, after several years of absence), as well as observers from Estonia, Slovenia and Kyrgyzstan, international organizations and the European Commission; the full list of participants is attached.

1.2 Organization of the meeting

The meeting was chaired by Dr. Valery Tzekov, Deputy Minister of Health of Bulgaria, assisted by Dr. Svetlana Spassova, and session meetings were chaired successively by National Health Coordinators from the SEE countries. Dr. Alexandre Berlin, acted as rapporteur for the meeting.

1.3 Scope and purpose

The purpose of the meeting was to review progress of regional projects and discuss issues of regional importance, including pandemic preparedness and implementation of International Health Regulations, mental health and regional ownership. The dialogue and discussion on public health during the meeting also contributed to the forthcoming WHO Conference on Health Systems, 2008, to be attended by European ministers of health. The full scope and purpose of the meeting is also attached.

1.4 Agenda

The agenda was adopted and the main elements were:

- Health Diplomacy; the new programme of the Italian Ministry of Health in support of international health.
- Development of mechanisms for transferring and sustaining the regional ownership of the SEE Health Network and establishing its Secretariat in the Region as of January 2008.
- Declarations of the SEE ministers of health on:
 - “Strengthening Regional Capacity for Epidemic Preparedness and Response to Implementing the International Health Regulations”
 - “Long-term Programme for Regional Collaboration and Development in Mental Health”
- Review of progress of SEE regional projects.
- Public Health Services:
 - Health Systems and Wealth: the place of public health services;
 - Public health at the core of health systems;
 - Public health policy of the European Union;
 - Partnerships for public health;
 - Building a common understanding of public health and public health services in Europe;
 - SEE Public Health Forum: Public Health Strategies for SEE;
 - Evaluation of Public Health Services in SEE: findings, problems, challenges, opportunities and recommendations for improvement.
- Parallel working groups on:
 1. Disease Prevention: integration of individual public health services in primary health care;
 2. Health Protection: upgrading public health services and infrastructures;
 3. Health Promotion: working across sectors and with communities and individuals.

In addition, 12 working papers and 26 background documents were tabled at the meeting (list attached).

2. Opening session

The session was chaired by Dr. Valery Tzekov in his position as President of the Network. He extended a special welcome to the representatives of the European Commission, and the Italian Ministry of Health; the European Investment Bank sent apologies. Dr. Tzekov stressed that Bulgaria was committed to cooperation and welcomed the transfer of ownership process.

The meeting was welcomed and addressed by:

Ms. Snezana Cicevalieva, as Chair of the Executive Committee of the Health Network, who expressed the gratitude of the Executive Committee to Bulgaria and her appreciation for such a large participation (over 60 participants), showing clearly the maturity of the Network on its road towards the completion of the ownership transfer. She emphasized that now is the time to further re-think and develop appropriate structures for the Network.

Ms. Michèle Meunier for the Council of Europe Development Bank (CEB) emphasized the constructive partnership which has been established between the Bank and the Network and its continued support, the Network being one of the main partners of the Bank in the Region. She also stressed the significant level of the loans granted by the Bank on health in the Region (160 million euros). She expressed appreciation of the results already obtained by the project on the Evaluation of Public Health Services in the countries of the Region.

Dr. Piotr Mierzewski for the Council of Europe conveyed the greetings and appreciation of the Council of Europe for the work of the Network, which is building bridges between people; he emphasized the value for money that the network represents. The Parliamentary Assembly of the Council of Europe stressed that the Network should serve as a model for other regions, such as the South Caucuses.

Dr. Boguslaw Suski, for the European Commission, indicated that the Commission was impressed by the achievements and spirit of cooperation of the Network, and intends to continue cooperation and involvement in the Network.

Dr. Maria Haralanova for WHO Regional Office for Europe (co-organizer of the meeting along with Bulgaria) thanked the Bulgarian Ministry of Health for their support; she welcomed in particular Mr Robert Freund from the French National School of Public Health, the representative of the International Organization for Migration (IOM), Istvan Szilard, as well as the representatives from Estonia, Slovenia and Kyrgyzstan and the expert advisers from Israel and Spain. She stressed again the recognition of the WHO Regional Office for Europe for the achievements of the Network, and reiterated WHO's continued support for the Network until it becomes self-standing.

3. Health Diplomacy as a tool for peace and development: the new programme of the Italian Ministry of Health in support of international health

The Italian Representative, Dr Pietro Malara, gave a broad overview of the international Italian commitment in the field of health.

The Italian Ministry of Health is working together with The Ministry of Foreign Affairs to build up a partnership health network with Mediterranean and Middle Eastern countries (as well as in the Balkan countries or in other areas where regional cooperation is seen as a political priority) in order to strengthen and to make systematic the existing collaborative relationships in a shared regional framework.

This initiative stems from the conviction that working together to endorse and support the right to health and health care of each individual and social group can encourage reconciliation in areas of conflict by engendering shared values and solidarity. Support by Italy to other countries in order to increase efficacy, quality and accessibility of national health systems as well as the sharing of experiences and expertise at different levels of the health system are important tools of “Health Diplomacy” that can contribute to peace and regional development along with traditional tools of foreign policy.

The approach for “Health Diplomacy” is partnership, based on equality and solidarity in all sectors of mutual interest, including university, scientific and social components.

In this framework it becomes easier to cope with intersectoral issues such as immigration, or intercultural dialogue between countries. Working together for the health of immigrants in the family, transit and destination countries is an important tool to prevent tension between population groups.

The Italian Ministry of Health, appreciating the actions and projects of the SEEHN and underlining the Network’s substantial achievements, also supports the new proposals to integrate the SEEHN within the framework of the RCC. In this context it is ready to offer a contribution in the field of pandemic preparedness and implementation of the international regulation, in which Italy has valuable experience and expertise, from the Ministry of Health through the CCM (Centre of Disease Control) and the National Institute of Health (CNESPS).

4. Development of mechanisms for transferring and sustaining the regional ownership of the SEE Health Network and establishing its Secretariat in the Region as of January 2008

The topic, based on the Draft Discussion Paper “Vision on the Future of the SEE Health Network in the framework of the SEE Regional Cooperation Process (2008 and beyond)” was introduced by Ms Snezana Cicevalieva and Dr Maria Haralanova. They outlined the work of the Network to date, the Skopje Pledge, which established the legal personality of the Network, the financial and in-kind support of WHO Regional Office for Europe and the Council of Europe, including the provision of the Secretariat, as well as the current developments of the Regional Cooperation Process – indicating that the Network fits best under the “Economic and Social Development” chapter of it.

An extensive and productive discussion followed, with interventions from most countries of the Region, as well as donor countries, the European Commission, IOM, and Members of the Executive Committee.

The Bulgarian Representative (RCC Coordinator) reiterated the achievements of the Health Network in the recent years, setting it as an example for Regional Cooperation

in the framework of the Stability Pact, as well as the keen interest which the Stability Pact had in the Network, regularly attending its meetings.

The issues of the location of the Secretariat of the Health Network and the establishment of Regional Health Development Centres in the different countries were clarified after an extensive exchange of views.

Regarding the location of the Secretariat, it was agreed that all the countries of the Region are invited to submit proposals with details regarding their offer. Criteria, already outlined in the Vision document, will be further elaborated and a mechanism set up to evaluate the proposals received from the countries. On the basis of this evaluation the Executive Committee will submit a proposal to the Health Network for its decision.

The Regional Health Development Centres are not envisaged as new structures, but are to be based on the on-going projects of the Health Network, consolidating and promoting these activities, in particular outside the Region. There should not be an absolute timeframe for the establishment of these Centres; rather, they are to be established whenever countries are ready, on the basis of the criteria that have yet to be established. This approach was agreed in principle.

It was agreed that it was essential to maintain the sense of solidarity which has characterized the Health Network during this transition period. In this context the Executive Committee will write to the ministers of health of the Region to emphasize the very important role of the National Health Coordinators and the need to have their role enhanced.

The Chair of the Executive Committee requested that detailed written comments be submitted by the countries by the end of June. The Executive Committee, with a drafting group, will revise the document and prepare a Memorandum of Understanding. These documents could be discussed informally during the WHO Regional Committee meeting in Belgrade in September 2007, and then be finalized at the next meeting of the Health Network under the Croatian Presidency.

5. Declarations of the SEE ministers of health

- **“Strengthening Regional Capacity for Epidemic Preparedness and Response to Implementing the International Health Regulations”**
- **“Long-term Programme for Regional Collaboration and Development in Mental Health”**

The texts, which had been the object of extensive prior consultations, were agreed with only minor revisions. In both texts, the phrase “... invite the (other) Donors and Partner (International) organizations to consider their support and collaboration...” is to be replaced by “...invite Partner and Donors Organizations to consider their support and collaboration...” This new drafting creates greater uniformity between the

two Declarations and clarifies the issue that Donors can provide support of various kinds, including financial, technical and other.

All countries of the Region, with one exception, agreed that the Declarations should be signed by the health ministers at the September 2007 WHO Regional Committee in Belgrade, thus increasing the visibility of the Network. The Chair of the Executive Committee will write to all the ministers of health of the Region to that effect.

Regarding the Declaration on Mental Health, it is agreed that the reference to the Helsinki Declaration of 2005 also includes the primary goal of mental health programmes, to increase the ability of people with mental health problems to master their own lives and strengthen their independence.

6. Review of progress of SEE regional projects

As agreed at the previous meetings, the presentation of the regional projects was limited to achievements and challenges since the last meeting of the Network. The Regional Project Managers, or in their absence Dr Maria Haralanova, made these presentations (summaries are attached as an annex).

Mental Health

Several training programmes took place for leaders and managers as well as primary health care professionals. Manuals for leadership and management of community mental health services as well as case management of patients were also drafted.

The main challenge is transforming the project into a programme. The discussion which followed showed the continued high level of interest in this project. Interest at the Council of Europe is increasing. The IOM representative noted its interest of collaboration in relation to the most vulnerable groups. WHO indicated that it provided a professional post, located in Sarajevo, to support both the regional office and the countries. A research project is under way to evaluate the pilot community mental health centres. This project has been submitted for an award at the European Health Forum Gastein.

Communicable Diseases

Coordination has been strengthened and a password protected webpage established for exchange between the participants in the project. Avian Influenza Regional workshop was held and WHO certification of laboratories is under way. The importance and essentiality role of international cooperation was stressed.

The Belgian representative congratulated the project for its impressive achievements, and WHO stressed the fast progress in national capacities already achieved. The Italian representative expressed interest in the project in particular with respect to the International Health Regulations.

Food Safety and Nutrition

Major work has been carried out on Food Policy and Legislation. The achievements of the project were presented recently (in June) at an international conference in Paris. The Belgian representative underlined satisfaction in view of the complexity of the topic and the difficulties of the issues, which reach well beyond the Ministry of Health. The representative of the European Commission also stressed the complexity of the project and noted that very extensive legislation exists in the field at EU level; the project is particularly valuable in relation to the implementation of the *acquis communautaire*. WHO also stressed the importance of the achievements in view of the small funds available; it indicated the desirability of appropriate visibility of the project at the forthcoming WHO Regional Committee in Belgrade.

Tobacco Control

An important achievement has been the ratification by 7 out of the 9 countries of the Region of the WHO Framework Convention on Tobacco Control (FCTC), and the establishment of a number of tobacco laws. In view of the reduced support available to this project from Norway, Component 3 Public Awareness, will continue but in a more modest way (through public campaigns). Dr Maria Haralanova requested from the European Commission the possibility to use, free of charge, the excellent promotion campaign material which it has been developed and made available to Member States.

Blood Safety

The first component of the project has resulted in the publication of “Blood services in South-eastern Europe”. The book and the network was presented and very much appreciated at the recent WHO Regional Office for Europe meeting on blood, held in Copenhagen. The assessment approach which has been used for this project is now considered for possible transposition at the European level. The continuation of this project – donor promotion, quality management, professional qualifications, traceability and haemovigilance – depends of the availability of further funding.

The European Commission representative suggested that a workshop might be organized, with EU TAIEX (Technical Assistance and Information Exchange) support, for the assessment of the progress made by the countries of the Region towards adoption of EU legislation.

Several countries from the Region stressed the importance of the project and the urgent need to continue it. WHO Regional Office for Europe indicated that the project raised the level of awareness towards blood safety in the Region, but that large investments are needed. The CEB indicated that support is being provided for Bulgaria in this area and that a new project is being financed in Moldova, and that the European Pharmacopoeia of the Council of Europe, which now has responsibility for blood safety, should be approached.

Health Information

The close link between this project and the community-based Mental Health project was stressed again. Currently, software development is in its final phase, and some training is being planned. It was stressed that the quality of data depends on the quality of the staff in the community mental health centres. Dr Athanassios Constantopoulos congratulated the project for its achievements in such a short time and with very limited funds. A further funding agreement is currently being finalized between Switzerland and WHO Regional Office for Europe.

Improving maternal and neonatal health

The project was presented by Dr Maria Haralanova, in the absence of the Regional project manager, Dr Stelian Hodoroagea. The topic is of the highest importance in the Region. A situation assessment has been made using the WHO Regional Office for Europe's health systems approach. On the basis of the analysis of the national reports, a Regional report and recommendations are being prepared.

The Norwegian Representative, Dr Unni Rorslett, indicated the willingness of Norway to continue providing some support, on a reduced scale, and on the basis of a revised programme, using their terms of reference. Several countries of the Region indicated that any revision of the project should be considered only in full agreement with the experts from the Region, and that all the activities should take place in the Region, following the model of all the other projects. Dr Maria Haralanova indicated that the discussions between Norway and WHO Regional Office for Europe will take place to clarify these issues.

7. Public Health Services

Following earlier decisions taken by the Health Network, at this meeting a substantive discussion was structured around the topic of Public Health Services, with seven key presentations as well as three parallel working groups. Powerpoint presentations are included, please refer to the attached Compact Disc.

7.1 Health Systems and Wealth: the place of public health services

The topic was introduced by Dr Maria Haralanova. The joint CEB/ WHO Regional Office for Europe publication (Skopje, November 2005) "Health and Economic Development in SEE in the 21st Century" was noted, as was the Skopje Pledge, signed by all health ministers of the Region, and the forthcoming conference in Tallinn (2008).

The development of Health Systems is a priority for action at WHO Regional Office for Europe for 2008; Health Systems impinge not only on the clinical and medical care of patients but have a far broader value, including important population-based health services, such as food safety, communicable disease surveillance, emergency

planning, health promotion and disease prevention. Health Systems include all the institutions and activities focused on protecting, improving and promoting health.

“Health actions” are defined as:

“Any effort, whether in personal health care, public health services or through intersectoral initiatives, whose primary purpose is to promote, restore and maintain health”.

The work of the WHO Regional Office for Europe’s Expert Advisory Group on Public Health Services has defined public health as:

“The science and art of protecting health, preventing disease, and promoting health (with the goal of prolonging and improving life) through the organized efforts and informed choices of society, organizations, public and private communities and individuals.”

Dr Maria Haralanova stressed the following innovative features in the definition of Public Health:

- the notion of choice
- the important role of other organizations and civil society communities, from both the public and private arenas, as *partners* in health
- the focus on the individual, and the role that everyone has in contributing to public health at all levels.

Dr Haralanova then outlined the proposed 10 essential public health functions for Europe:

1. Surveillance and assessment of the population’s health and well-being;
2. Identification (assessment, investigation and prediction) of health problems and health hazards in the community;
3. Health protection: Technical assessment of needs and actions required to ensure health protection; Development and enforcement of laws and regulations that protect health and ensure safety;
4. Preparedness and management of public health emergencies;
5. Disease prevention: Applying interventions for primary and secondary prevention;
6. Health promotion and health education;
7. Initiation, support and carrying out of health related research;
8. Evaluation of the quality and effectiveness of personal and community health services;
9. Assuring a competent public health and personal health care workforce;
10. Initiation, development and planning of public health policy.

These functions apply variously to a wide range of areas of public health, around which specific activities and institutions may be organized with a health system. Such areas include:

- Strategy development
- Workforce development
- Legal advice
- Quality assessment
- Health information
- Health promotion and education

- Communicable disease
- Chronic disease prevention
- Public Health Dentistry
- Environmental Health
- Occupational safety and health injury prevention
- Food safety
- Public Health nutrition
- Mother and child health
- Community genetics
- Global health
- Public health laboratories

This introductory presentation was followed by a brief discussion. Dr Piotr Mierzewski (CoE) noted the need to clarify carefully the conflict between individual rights and public interest.

7.2 Public health at the core of health systems

The topic was introduced by Ms Sarah Joy Simpson, focusing on the importance of social determinants.

Social determinants of health are the broad ranging social conditions in which people live and work. The health system itself is both socially determined and a social determinant of health. Investments in health can only lead to limited gains unless attention is paid to wider social determinants of health. Focusing solely on health services to improve health tends to benefit those with already better health and does not adequately prevent ill-health and promote long term well being.

Within this context, actions of Ministries of Health should aim to:

- empower them to act within their own sector and to lead by example;
- persuade other ministries about health priorities and aims, e.g. making the case for investment in health to Ministries of Finance;
- establish stewardship/governance mechanisms, e.g. regular reporting on health equity by key social and economic determinants;
- promote effective capacity building for public health.

Currently, many countries of the Region are reforming their health systems, but without a sufficient focus on public health.

There is an urgent need to:

- evaluate public health capacity in SEE;
- determine or articulate health inequalities in SEE;
- integrate social determinants of health & equity capacity issues into public health service development & capacity building e.g. disaggregation of health outcomes data based on social & economic determinants.

7.3. Reducing Health Inequalities – lessons learnt

The topic was introduced by Mr Chris Lovitt from the United Kingdom, using an example from England.

He showed that despite high level government commitment to addressing health inequalities, they have persisted. A recent review of health inequalities in England both in terms of life expectancy and infant mortality has highlighted the need for both local engagement and local action by health services and local authorities.

Ensuring that targets are clear, attractive and locally meaningful is essential to obtain both commitment and local participation, both in the statutory and voluntary sector. This has often meant not only having technically robust, accurate and measurable national targets but translating these into meaningful local actions, often with a compelling story of preventing early death. Providing local data to decision makers has proven essential to assist in case finding and identification of people at risk of disease in order that standard, cost effective treatments such as statin therapy can be started and lifestyle advice undertaken.

In the discussion, the IOM Representative, Dr Istvan Szilard, noted that there are 36 million migrants in the EU and he questioned whether health services are ready to target these specific population groups, who often have particular health challenges and obstacles to access to health services.

7.4 Partnerships for public health

The topic was introduced by Mr Paul Lincoln from the National Heart Forum in the United Kingdom, which is a “national avoidable chronic disease primary prevention alliance”. He stressed the impact of commercial determinants on health from a perspective outside the formal public health system.

He focused on the health impact of marketing of “inappropriate” foods especially to children, giving numerous examples of how the food industry aims to target children and their parents across all types of media and in retail environments. He raised the issue of internet advertising, which is even more difficult to control and regulate than the other forms of advertising. This is within the context of a growing childhood obesity which is becoming a serious public health problem. Children should be considered a social responsibility, and government and society have a vital role in protecting their health.

He showed the potential downside of close government-industry relationships in this area, which, although they can be positive and assist in building regulatory regimes, too often mean that industry is too close to government for effective control to be exercised.

He explored in particular:

- The notion of partnerships, giving practical examples;
- How Government and Civil Society can work productively together;

- The “space” in which various actors operate;
- The nature of effective partnerships for improving the public's health;
- The role of the state in respect of civil society and industry.

In summary, there is a vital need to change the culture and economy of food to address growing non-communicable diseases.

7.5 Public health policy of the European Union

The European Commission Representative, DG SANCO Dr. Boguslaw Suski, emphasized the EU's role in public health. It aims to:

- Deliver a high level of health protection;
- Promote healthier lifestyles;
- Respond to disease outbreaks;
- Encourage member state co-operation on health;
- Provide accurate health information and data;
- Invest to tackle health inequalities;
- Combat smoking through legislation and campaigns;
- Deliver quality standards for blood, tissues, and cells.

In this context, a number of the objectives of the EU Public Health Programme 2007-2013 cover the current projects of the South-eastern Europe Health Network. For example, the aims of the EU's *Citizens' Health & Security* is relevant to the SEEHN's Communicable Diseases and Blood Safety projects; the EU's *Promoting Health* is relevant to activities within the SEEHN's Mental Health, Tobacco Control, Food Safety and Nutrition and Mother and Neo-natal Health projects; the EU's *Generate & Disseminate Knowledge* programme is relevant to the SEEHN's Health Information Systems project.

He also reviewed in detail current EU legislation in the field of public health and related areas, as well as the Treaty basis of legislation. He provided updated information on the Commission's activities in the field of tobacco control, substances of human origin and on initiatives such as the health services initiative, implementation of IHR, mental health strategy, alcohol and health forum, injury prevention, diet and physical activity strategy and HIV/AIDS programme.

He stressed the willingness of the European Commission to continue developing and enhancing collaboration with the SEE Health Network.

The contribution of the Commission representative was very much appreciated by the Network, and the very ambitious goals of the EU were underlined.

A copy of the Commission presentation is included, please refer to the attached Compact Disc.

The European Commission Representative, DG EMPL Dr. Dimo Iliev, presented the features of the Open Method of Coordination (OMC), its historical development and

current arrangements. To illustrate the process of cooperation between the Member States and the Commission he made reference to the European Commission's assessment of Bulgaria and its strategic report on social protection and inclusion; he stressed the lack of specific health-related targets in the strategic report. In presenting the Joint Inclusion Memorandum (JIM) he drew attention to the active role that health and health ministries have to play in the JIM preparation. He also described the links between the OMC and the European Social Fund on one side and the JIM and the instrument for pre-accession on the other.

7.6 SEE Public Health Forum: Public Health Strategies for SEE

The Forum for Training and Research in Public Health for SEE (FPH-SEE) was introduced by Prof Vesna Bjegovic from the Centre School of Public Health, University of Belgrade.

Set up under the Stability Pact, the FPH-SEE includes all the SEE countries and Germany. It is an open arena that aims to enhance the quality of training and research for the practice of public health in South Eastern Europe. It is a voluntary network of public health institutions (Schools of Public Health, Public Health Associations and Institutes of Public Health). In 2005, the Forum drafted a framework for a Common Regional Public Health Strategy for South-eastern Europe.

7.7 Building a common understanding of public health and public health services in Europe

The topic was introduced jointly by Dr Alex Leventhal and Dr Jose Martin-Moreno. Dr Leventhal gave details of the theoretical and conceptual background to the development of the PHS evaluation tools, including the development of the definition of Public Health and Public Health Services and the Essential Public Health Functions that have been developed as a basis for evaluation and self-assessment within the SEE countries. Dr Martin-Moreno described in detail the self-assessment tool that has been developed and piloted, and which is to be finalized during 2007.

The concepts of "public health" and "public health services" are understood and performed in different ways throughout the European region and beyond. The boundaries of public health services can be set very narrowly and very broadly but it is important to have a working, and workable definition, as a basis for assessing and evaluating the functions that are being performed and the services being delivered and with what level of effectiveness. Most important, it has been vital to ensure that a modern conception of public health underpins the assessment of functions and services in the SEE countries (and elsewhere), including an understanding of health promotion and disease prevention.

The tool being developed will enable each Member State to understand the gap between the current situation of the Public Health Services and the expected one, and thus allow it to recognize strengths and weaknesses in PHS and identify those areas in greatest need of investment and reform.

The PHS self-assessment tool is to provide an instrument useful as a conceptual framework and checklist for the design and assessment of Public Health Services.

The tool covers all areas of the WHO health systems functional framework, including its six 'building blocks' of service delivery, information technologies, medical products and technologies, health workforce, financing and leadership and governance (stewardship). It is organized around 10 proposed Essential Public Health Functions, and sub-divided into many sub-functions within each of the ten 'chapters'.

The results will enable each country to identify progress as their PHS reforms are implemented, as the exercise can be repeated and the data compared.

The format of the self-assessment tool was presented in detail.

7.8 Evaluation of Public Health Services in SEE: findings, problems, challenges, opportunities and recommendations for improvement

The PHS evaluation project, which includes a comprehensive questionnaire, as well as the self-assessment tool, has now been implemented in the SEE countries and preliminary results obtained. These preliminary findings of the Questionnaire for the Evaluation of Public Health Services (the "tool") were presented by Dr Dragan Gjorgjev, Regional Project Manager for the PHS project. This presentation is included, please refer to the attached Compact Disc.

They were summarized in detail in respect of health, demographic and socio-economic profiles, as well as in terms of health services delivery, governance, stewardship, policies and reforms, health information systems and research. These results will be augmented with further information yet to be delivered and further analysis of the questionnaires, leading to a full regional report later in the year. A summary of preliminary findings is:

Health Services delivery

- Infectious diseases – across the Region, compliance with control of infectious diseases is on a solid ground;
- Food safety and Environmental health – the Region is fairly strong in the area of food safety but in both these areas greater intersectoral cooperation is needed;
- Accreditation – ongoing intensive process of accreditation of professionals, institutions and services (including labs) needs to be supported more thoroughly;
- Disease prevention – this is a traditional and well established area of public health in the Region;
 - The Region has comprehensive vaccination programmes covering a full range of diseases.

- The most effective and well funded prevention programmes in the Region includes area such as HIV/AIDS, tuberculosis, tobacco and drug control activities.
- All countries in the Region have established screening programmes in some areas. However, the Region is still underdeveloped in the area of screening for non-communicable diseases.
- Access to services – there are problems in several countries with access to services in rural areas and among particular social groups, including ethnic minorities. However, the issue is generally on the political agenda and some actions have been effective;
- Emergencies – planning, investigation and response to natural disasters (earthquake, flood, storms), chemical and radiological hazards, communicable diseases outbreaks and bio terrorism are presented as well organized in most of the countries;
- Laboratories – most countries in the Region have public health laboratory systems capable of conducting rapid screening and high volume testing for routine diagnostic and surveillance needs to some degree or in specified areas. But there are exceptions and there is a need for improvement in some areas. Appropriate forms of regional cooperation in this area should be considered;
- Health promotion – health promotion activity in the Region varies among countries – predominantly being around the provision of information and education on issues such as HIV/AIDS prevention and tobacco control, alcohol, nutrition and physical activities, injuries. In general, this is an area where the Region is weak and strategies and investment are needed.

Governance

- A general regional picture that emerges is of institutional structures and legal frameworks that are generally strong, and processes for policy formation and strategy development relatively well established;
- Generally a clear package of services legally defined, and well defined activities and functions of traditional areas of public health;
- Responsibility for public health, apart from the Ministry of Health, is divided between other ministries for various social domains: education, ecology, social care, science, sport, agriculture, economy, labour and others. Cooperation between sectors in areas of public health is weak and in general intersectoral cooperation is an area where the Region needs to improve;
 - Environmental health is an area where greater intersectoral collaboration is particularly needed.
- Public health functions are generally well understood and defined – and there is an ongoing process of revision in most countries;
- There is generally no separate legal document for public health outside of the broader health system;
- There is under-funding of the health sector in general and public health services in particular by international standards – better resources should be argued for at the political level.

Resources for public health: human resources

- In some countries of the Region there are more formalized and more strategic systems for planning human resources in public health than in others; the majority of countries conduct training of people responsible for complying with the law or enforcing it across areas of public health. There is an ongoing process of modernisation of public health education and training in some countries;
- In most parts of the Region there is a significant problem with the geographical distribution of human resources in the health sector. Most countries note a lack of adequate resources in rural and remote areas, or at least significantly fewer resources in rural areas.

Policy and reforms – opportunities and threats

- The implementation of policy is a key concern and there is a weakness in this area identified across the Region; the monitoring of policy implementation is a weakness in the Region, for some countries more than others;
- The integration of policy across sectors remains partial and patchy across all countries; the lack of systematic Health Impact Assessment is also significant and requires attention;
- There is no quality assessment for health care services, which needs the development of additional regulations and standards (a start has been made in some countries);
- There is also a lack of consideration of comprehensive social determinants of health underpinning policy development. (A few broadly based strategies exist that seek to take account of poverty, housing, employment levels, social exclusion);
- Health sector reforms in the Region in recent years have focused on the financing and organization of the health system, with the aim of ensuring equal access to services;
- A lack of financial motivation for existing qualified personnel has been highlighted across the Region;
- The role of international organizations in the health sector is substantial in the SEE Region; most countries have a significant number of ongoing internationally funded projects. The Global Fund to fight AIDS, Tuberculosis and Malaria, Programmes with WHO, UNICEF, UNDP, EU, EAR, FAO etc.;
- The EU is a driver of positive change and the accession process a significant opportunity;
- Public health agenda in EU, and harmonization of the regulatory framework, within the context of the accession process, and the public health ‘pressure’ of WHO, UNICEF, UN and other international agencies can create incentives for positive change;
- Postponing of the process of EU integration represents a major threat;
- Over decentralisation may present risks of increased differences in the health conditions and provision of services among the different parts of the country;
- There is a need to improve public health information and emergency health alerts;

- Lack of monitoring of the health of communities, and assisting in the detection of emerging public health problems, with continued lack of computer-based technology to support such activities.

The next steps in the project for the evaluation of PHS in SEE are finalizing the Regional Report and setting priorities for intervention.

7.9 Parallel working groups on:

- **Disease Prevention: integration of individual public health services in primary health care.**
- **Health Protection: upgrading the public health services and infrastructures.**
- **Health Promotion: working across sectors and with communities and individuals.**

The 3 parallel working groups devoted three hours each to very intensive and wide ranging discussions. There were some inevitable but interesting overlaps between the three topics and there were clear interlinks between the three areas. The working groups were chaired by Dr Jose Martin-Moreno, Dr Alex Leventhal, and Mr Paul Lincoln. Dr Mike Sedgley, Dr Altin Malaj and Ms Sarah Simpson reported respectively on the main conclusions and recommendations of the three groups: disease prevention, health protection and health promotion.

Disease prevention

Measures for primary prevention (decrease the number of new cases of disorders) and secondary prevention (early identification and efficient treatment of existing cases) were discussed.

- It was considered that in the Region immunization programmes were in general very good (both in terms of coverage and record keeping – the issue of the real coverage of some marginalized groups was raised as well as the urban/rural split);
- There is the need to strengthen capacity building programmes; concern was expressed with the migration of health professionals from the Region;
- Regarding secondary prevention, health professionals are medically well qualified and thus early diagnosis is particularly feasible; however there is often a lack of both managerial and communication skills;
- Specific recommendations related to primary prevention were:
 - immunization programmes can be extended;
 - *regional* agreement on an immunization calendar, including for the introduction of new vaccines would be desirable;
 - the lack of production of most vaccines in the Region was noted;
 - GP training should include more preventative activities;

- incentives should be provided to GPs through the insurance systems and be population-based and not fee-for-service.
- Regarding secondary prevention, the principal area for action is the establishment of a systematic portfolio of early detection for cancers, CVDs, diabetes, and neo-natal, congenital disorders screening.

Health protection

The full range of issues was covered: infrastructure, programmes, legislation and education.

The long standing Health Protection tradition of the Region was stressed (including networks of public health institutions and preventive activities); however, in many cases the existing structures are now old and often obsolete.

Recently health protection has been transformed into specific programmes implemented by interdisciplinary teams (a strength) but often depending on external (international) funding. These programmes are also in competition for funds with health care activities. The programmes often lack managerial skills and have poor monitoring and evaluation.

The ministries of health often lack the capacity to enforce Public Health laws. Regarding education and training, there is a lack of trained professionals in new health protection disciplines, and a lack of lawyers knowledgeable in Public Health at the ministries of health.

The following key recommendations were made:

- Infrastructure:
 - urgent need to improve financing of institutions and programmes;
 - manpower has to be provided with adequate salaries.
- Programmes:
 - increased cooperation between sectors is essential;
 - involvement of civil society to support public health;
 - strengthen managerial skills in public health.
- Legislation:
 - consideration should be given to the possibility and need for a specific Public Health Law in countries which do not presently have one;
 - strengthen the capacities of the ministries of health to enforce Public Health laws.
- Education:
 - need to attract more professionals into training in public health;
 - need for in-service training of the current health protection workforce.

Health Promotion

Most countries of the Region have institutions, departments or units devoted to Health Promotion. There is however the need to develop and improve a shared common understanding in the Region of Health Promotion and of Health Promotion strategies.

Health Promotion activities are usually sporadic (specific campaigns) and need to be more systematic with indicators of effectiveness incorporated in data collection systems.

Separate funding for Health Promotion would be desirable and would make it more effective.

Workforce capacity in Health Promotion should be strengthened, including GP training.

Collaboration in Health Promotion between official agencies and Civil Society is essential.

8. Other issues

The European Commission Representative, Dr. Suski, proposed to facilitate the dialogue between this Network and the Northern Dimension in Health and Wellbeing, and in particular, initially, to exchange experience related to the management of regional cooperation. He also indicated that SANCO is willing to contribute to support the Network with a political advocacy and promotion on the EU and international level. Ms Michèle Meunier informed the meeting participants of future changes in her responsibilities at the CEB; who in turn thanked Ms Meunier for her continuous support to the SEE Health network.

9. Conclusions and Decisions

The texts of the Declarations of the SEE ministers of health on:

- Regional commitments for pandemic preparedness and the implementation of the International Health Regulations;
- Transforming the Mental Health Project into a long-term regional mental health programme with a SEE Regional Centre for Mental Health;

were agreed and it was decided that they should be signed by the health ministers at the WHO Regional Committee meeting in Belgrade in September 2007.

To that effect, the Chair of the Executive Committee will write to each of the health ministers of the Region, and the National Health Coordinators were urged to approach and explain to each of their respective ministers about the scope and importance of these Declarations for the Region.

The Vision of the Future of the SEE Health Network in the framework of the SEE Regional Cooperation Process was discussed and the overall approach was agreed. It was agreed that it was essential to maintain the sense of solidarity which has characterized the Health Network during this transition period. In this context, the Executive Committee will write to the ministers of health of the Region to emphasize the very important role of the National Health Coordinators and the need to have their role enhanced.

The Chair of the Executive Committee requested that detailed written comments be submitted by the countries by the end of June. The Executive Committee, with a drafting group, will revise the document and prepare a Memorandum of Understanding. These documents could be discussed informally during the WHO Regional Committee meeting in Belgrade in September 2007, and then be finalized at the next meeting of the Health Network under the Croatian Presidency.

The importance of the National Health Coordinators during this transition period was stressed as well as the need to their role to be enhanced. To that effect it was agreed that Chair of the Executive Committee write to the ministers of health.

The presence and very positive contributions of the European Commission and Italian Representatives were appreciated by the Health Network.

The technical presentations and discussion on “Public Health Services” as well as the preliminary findings on the evaluation of public health services in SEE were very much appreciated by the Health Network.

It was agreed that it would be desirable to organize working groups and a meeting under the Public Health Evaluation project to discuss the needs for a comprehensive approach towards “a framework law on public health”.

The Health Network requested that the Executive Committee thank the CEB for its contribution to the Network and request that Ms Michèle Meunier continue to sit on the Executive Committee.

Annex 1

List of Participants

Albania

Dr Silva Bino
Regional Project Manager, SEE Health Network Project on Communicable Diseases
Surveillance
Institute of Public Health
Rruga Alexander Moisiu No. 80
Tirana

Dr Arben Ivanaj
National Health Coordinator and
Deputy Minister of Health of Albania
Ministry of Health
Boulevard "Bajram Curri"
Tirana

Dr Elizana Zaimi Petrela
Country Project Manager, SEE Health Network Project on Public Health Services
Deputy Director, Institute of Public Health
Faculty of Medicine, University of Tirana
Rr "Aleksander Moisiu" nr. 80
Tirana

Belgium

Ms Leen Meulenbergs
Chief of Service, International Relations Department
PFS Health, Food Chain Safety and Environment
Eurostation Bloc II
Victor Horta Place 40, Box 10
1060 Brussels

Bosnia and Herzegovina

Dr Goran Cerkez
Assistant Minister
Federal Ministry of Health
Marsala Tita
71000 Sarajevo

Mr Zlatko Horvat
Secretary of the Minister of Civil Affairs of Bosnia and Herzegovina
Ministry of Civil Affairs of Bosnia and Herzegovina
Trg BiH 1
71000 Sarajevo

Dr Natalija Milovanovic
Ministry of Health and Social Welfare of Republika Srpska
Vladike Platona bb
78000 Banja Luka

Dr Aida Pilav
Country Project Manager, SEE Health Network Project on Public Health Services
Head, Department of Health Statistics and Informatics
Federal Public Health Institute
Ministry of Health
Titova 9
71000 Sarajevo

Ms Vesna Puratic
Regional Project Manager
SEE Health Network Project on Mental Health
Ministry of Civil Affairs
Wilsonovo Setaliste 10
Sarajevo 71000

Bulgaria

Prof Tatiana Ivanova
Country Project Manager, SEE Health Network Project on Public Health Services
Head of Department
Development of Health Systems and Resources
National Centre of Public Health
Protection NCPHP
15, bull. Acad. Ivan Geshov
1431 Sofia

Ms Milena Grigorova
Alternate National Health Coordinator
State Expert
Programmes and Projects Management Directorate
Ministry of Health
5, Sveta Nedelja Square
BG-1000 Sofia

Mr. Liubomir Kiuchiukov
Deputy Minister
Ministry of Foreign Affairs
Sofia

Dr Michail Okoliyski
Regional Project Manager, SEE Health Network Project on Information Systems and Director
National Programmes in the Field of Mental Health
National Centre of Public Health Protection
15 Ivan Geshov Boulevard
BG-1431 Sofia

Ms Tanya Shishkova
National Coordinator for the Stability Pact for SEE
Council of Ministers
1 Dondoukov Blvd
1000 Sofia

Dr Svetlana Spassova
Director National Health Policy
Ministry of Health
5, Sveta Nedelja Square
BG-1000 Sofia

Dr Valery Tzekov
Deputy Minister of Health of Bulgaria
Ministry of Health of Bulgaria
5, Sveta Nedelja Square
BG-1000 Sofia

Croatia

Dr Vlasta Hrabak-Zerjavic
National Health Coordinator
Head, Epidemiology of Chronic Diseases Service
Croatian National Institute of Public Health
Rockefellerova 7
HR-10000 Zagreb

Estonia

Dr Jelena Tomasova
Deputy Director for Development
Health Protection Inspectorate
Ministry of Health
Paldiski mnt 81
10617 Tallinn

France

Ms Fanny Soule
Project Officer
Scientific and Institutional Cooperation
Embassy of France
Sofia
Bulgaria

Italy

Dr Pietro Malara
Head, Office for Bilateral Agreement
Directorate General for EU and International Relations
Ministry of Health
Piazzale Industria 20
00144 Rome

Kyrgyzstan

Dr Tolon Isakov
General Director
State SANEPID Surveillance
Ministry of Health of Kyrgyzstan
Moskovskaya 148
Bishkek 720405

Dr Ulan Kadyrbekov
Officer, Republican Centre of Health Promotion
Ministry of Health of Kyrgyzstan
Moskovskaya 148
Bishkek 720405

Norway

Dr Unni Rorslett
Senior Adviser, Division for International Cooperation and Preparedness
Royal Ministry of Health and Care Services
Box 8011 Dep
N-0030
Oslo

Republic of Moldova

Dr Mihail Gavriiliuc
Main Specialist in Neurology
Ministry of Health and Social Protection
2 Alexandri Street
MD-2009 Chisinau

Romania

Dr Alina Dobrota
Regional Project Manager
SEE Health Network Project on Blood Safety
Director, Regional Blood Transfusion Centre
85 Nicolae Iorga Street
8700 Constanta

Dr Luminita Smaranda Iancu
Country Project Manager, SEE Health Network Project on Public Health Services
Director, Institute of Public Health Iasi
14 Victor Babes Street
700465 Iasi

Serbia

Dr Alexandra Makaj
Regional Project Manager
SEE Health Network Project on Food and Nutrition
11000 Belgrade

Prof Snezana Simic
Country Project Manager, SEE Health Network Project on Public Health Services and Assistant
Minister of Health
Ministry of Health of the Republic of Serbia
Nemanjina 22-26
11000 Belgrade

Slovenia

Mrs Dunja Gruntar Golanda
National Health Coordinator and Secretary, EU Affairs and International Relations Service
Ministry of Health of the Republic of Slovenia
Stefanova 5
1000 Ljubljana

Ms Lea Peternel
Senior Adviser
Ministry of Health of the Republic of Slovenia
Stefanova 5
1000 Ljubljana

Switzerland

Ms Lilia Gouneva
National Programme Officer
Swiss Agency for Development and Cooperation
21 Tsar Osvoboditel Blvd
1504 Sofia
Bulgaria

The former Yugoslav Republic of Macedonia

Ms Snezana Cicevalieva
Chair, SEE Health Network Executive Committee and
Head, Sector for European Integration and International Cooperation
Ministry of Health
"50 Divizija" No 6
91000 Skopje

Dr Dragan Gjorgjev
Regional Project Manager, SEE Health Network Project on Public Health Services
Republic Institute for Health Protection
50 Divizija 6
1000 Skopje

United Kingdom

Mr Paul Lincoln
Chief Executive
National Heart Forum
Tavistock House South
Tavistock Square
London WC1H 9LG

Mr Chris Lovitt
Specialist Trainee in Public Health
Health Inequalities, Health Improvement Directorate
Department of Health
Skipton House, 80 London Road
London SE1 6LH

South East Europe Health Network Executive Committee

Dr Alexandre Berlin
Honorary Director
European Commission
121 Avenue d'Italie
75013 Paris
France

Dr Athanassios Constantopoulos
Consultant Psychiatrist and Director
Regional General Hospital of Athens (G. Gennimatas)
Mental Health Centre
Zalogou 6, Agia Paraskevi TK 153.43, Attica
Greece

European Commission

Mr Dimo Iliev
Policy Adviser, Desk for Bulgaria
DG Employment, Social Affairs and Equal Opportunities
European Commission
1-3 Rue de SPA
B-1049 Brussels
Belgium

Mr Boguslaw Suski
DG Health and Consumer Protection
Directorate C – Public Health and Risk Assessment
European Commission
F101 08/91 Rue Froissart 101
B-1050 Brussels
Belgium

Representatives of intergovernmental organizations

Professor Vesna Bjegovic
Section of International Public Health (S-IPH)
Head, Centre School of Public Health
School of Medicine, University of Belgrade
Dr Subotica 15
11000 Belgrade
Serbia

Mr Robert Freund
Epidemiologist, International Affairs Department
French National School of Public Health (ESNP)
Avenue du Pr Léon Bernard – CS 74312
35043 Rennes Cedex
France

Dr Istvan Szilard
Senior Migration Health Adviser for Europe &
Migration Health Liaison Person to EC/EU
International Organization for Migration MRF Brussels
40 rue Montoyer
Brussels
Belgium

Stability Pact Social Cohesion Initiative

Dr Altin Malaj
Health Programme Officer, Stability Pact for South Eastern-Europe Social Cohesion Initiative
Ministry of Health of Albania
Bulevardi “Bajram Curri”
Tirana, Albania

WHO Expert Advisory Group on Public Health Services

Dr Alex Leventhal
Director, Public Health Services
Ministry of Health
King David St. (POB 1176)
Jerusalem 91010
Israel

Prof Jose M. Martin-Moreno
Academic Director of the MPH Programme at EVES
& Professor at the Medical School, University of Valencia
Avenida Blasco Ibanez, 15
46010-Valencia
Spain

Secretariat

Council of Europe

Piotr Mierzewski, M.D.
Head of Health Division
Council of Europe,
Directorate General III - SOCIAL COHESION, Department of Health and Bioethics
Bureau 1.03, Bâtiment F, rue Tureau
67075 Strasbourg-Cedex
France

Council of Europe Development Bank

Mrs Michèle Meunier
Director, Research and Analysis Department
Directorate General for Loans
55 Avenue Kleber
75784 Paris Cedex 16
Paris
France

World Health Organization Regional Office for Europe

Dr Maria Haralanova
Regional Adviser
Public Health Services

Ms Chris Brown
Programme Manager
Investment for Health and Health Promotion
WHO European Office for Investment for Health and Development, Venice

Dr Dora Mircheva
Technical Officer
Public Health Services

Dr Mike Sedgley
Technical Officer
Public Health Services

Ms Sarah Joy Simpson
Technical Officer for Health Promotion
WHO European Office for Investment for Health and Development, Venice

Ms Donna Zilstorff
Administrative Assistant
Public Health Services

Observers

Dr. Snejana Altankova
Director
Public Health Directorate
Ministry of Health
Sofia

Assoc. Prof. Andrey Andreev
Director
National Project Manager, SEE Blood Safety Project
National Center of Haematology and Transfusiology
Sofia

Dr. Masha Gavrailova
Head of Department
National Project Manager, SEE Tobacco Project
Ministry of Health
Sofia

Dr. Hristo Hinkov
National Project Manager, SEE Mental Health Project
National Centre of Public Health Protection
Sofia

Ms Nevena Ilieva
Ministry of Foreign Affairs
Sofia

Prof. Liubomir Ivanov
Director
National Centre of Public Health Protection
Sofia

Assoc. Prof. Mira Kojouharova
National Project Manager, Communicable Disease Project
National Centre of Infectious and Parasitic Diseases
Sofia

Dr. Aneta Popivanova
National Project Manager, Maternal and Neonatal Health Project
Specialised Hospital for Active Treatment of Gynaecology Mother's Home
Sofia

Dr. Svetlana Tcherkezova
National Project Manager, SEE Food Safety Project
Ministry of Health
Sofia

Dr. Anna Varsanova
Head of Unit
Medical Activities Directorate
Ministry of Health
Sofia

Annex 2

Programme

Wednesday, 20 June 2007	
14:00 – 19:00	Arrival
Thursday, 21 June 2007	
09:00 – 10:00	Opening Welcome addresses <ul style="list-style-type: none"> • Ministry of Health of Bulgaria • Ministry of Foreign Affairs of Bulgaria • Chair of the South-eastern Europe (SEE) Health Network Executive Committee • Council of Europe • Council of Europe Development Bank • European Commission • WHO Regional Office for Europe Election of officers Adoption of Scope and Purpose and Programme
10:00 – 10:45	Health and Diplomacy: The New Italian Programme on Support to International Health <i>Dr Pietro Malara, Head, Office for Bilateral Agreement, Ministry of Health, Italy</i> Developing mechanisms for transferring and sustaining the regional ownership of the SEE Health Network and establishing its Secretariat in the Region as of 01 January 2008 and next steps. Draft discussion paper: Vision on the future of SEEHN in the framework of the SEE Regional Cooperation Process <i>Discussion</i>
10:45 – 11:15	Coffee break
11:15 – 12:30	Developing mechanisms for transferring and sustaining the regional ownership of the SEE Health Network and establishing its Secretariat in the Region as of 01 January 2008 and next steps. <i>(continued)</i>
12:30 – 14:00	Lunch

Thursday, 21 June 2007 <i>continued</i>	
14:00 – 15:30	<p>Declaration of the SEE ministers of health on “Strengthening Regional Capacities for Epidemic Preparedness and Response to Implement International Health Regulations”</p> <p><i>Discussion</i></p> <p>Declaration of the SEE ministers of health on “Long-term Programme for Regional Collaboration and Development in Mental Health”</p> <p><i>Discussion</i></p>
15:30 – 16:00	<i>Coffee break</i>
16:00 – 17:30	<p>Review of progress of SEE regional projects</p> <ul style="list-style-type: none"> • Enhancing social cohesion through strengthening community mental health services in SEE: Ms Vesna Puratic, Regional Project Manager • Strengthening communicable diseases surveillance and response in SEE: Dr Silva Bino, Regional Project Manager • Strengthening food safety and nutrition services in SEE: Dr Aleksandra Makaj, Regional Project Manager • Public health capacity building for strengthening tobacco control in SEE: Dr Marta Civljak, Regional Project Manager • Increasing regional self-sufficiency in relation to safer blood and blood components: Dr Alina Dobrotă, Regional Project Manager • Establishing regional networks and systems for the collection and exchange of social and health information: Dr. Michail Okoliyski, Regional Project Manager • Strengthening national capacities for improving maternal and neonatal health in SEE: Dr Stelian Hodorogea, Regional Project Manager
17.30 – 18.00	<p>Signing Ceremony</p> <p><i>Decision on Strengthening communicable disease surveillance and response in SEE. Addendum Two to Component Two: Strengthening of laboratory capacities and early warning systems for avian influenza in south-eastern Europe</i></p>

Friday, 22 June 2007 Public Health Services	
09:00 – 11:00	<p>Health systems and wealth: the place of public health services <i>Dr Maria Haralanova, Regional Adviser, Public Health Services, WHO Regional Office for Europe</i></p> <p>Public health at the core of health systems <i>Ms Christine Brown, Programme Manager, Investing for Health and Health Promotion, WHO European Office for Investment for Health and Development</i></p> <p>Reducing health inequities – lessons learnt <i>Mr Chris Lovitt, Specialist Trainee in Public Health, Department of Health, United Kingdom</i></p> <p>Partnerships for public health <i>Mr Paul Lincoln, Chief Executive, National Heart Forum, United Kingdom</i></p>
11:00 – 11:30	Coffee break
11:30 – 12:30	<p>Public health policy of the European Union <i>Mr Boguslaw Suski, DG Health and Consumer Protection (SANCO), European Commission</i></p> <p><i>Dr Dimo Iliev, DG Employment, Social Affairs and Equal Opportunities, European Commission</i></p>
12:30 – 14:00	Lunch
14:00 – 15:30	<p>Building a common understanding of public health and public health services in Europe <i>Prof Jose M. Martin-Moreno, Academic Director of the MPH Programme at EVES, Spain; Dr Alex Leventhal, Director, Public Health Services, Ministry of Health, Israel</i></p> <p>SEE PH Forum: Public Health Strategies for SEE <i>Prof Vesna Bjegovic, Head, Centre School of Public Health, Serbia</i></p> <p>Evaluation of public health services in SEE: findings, problems, challenges, opportunities and recommendations for improvement <i>Prof Dragan Gjorgjev, Regional Project Manager, Public Health Services</i></p>
15:30 – 16:00	Coffee break

Friday, 22 June 2007 Public Health Services <i>continued</i>	
16:00 – 17:30	<p>PARALLEL WORKING GROUPS <i>Moderated discussions</i></p> <p>Disease Prevention: integration of individual public health services in primary health care <i>Moderated by Prof Jose M. Martin-Moreno and Dr Mike Sedgley, WHO Regional Office for Europe</i></p> <p>Health Protection: upgrading the health protection services and infrastructures <i>Moderated by Dr Alex Levanthal and Dr Maria Haralanova</i></p> <p>Health Promotion: working across sectors and with communities and Individuals <i>Moderated by Mr Paul Lincoln, Ms Christine Brown and Ms Sarah Simpson, Technical Officer, Investment for Health and Health Promotion, WHO Office, Venice</i></p>
Saturday, 23 June 2007	
09:00 – 10:30	<p>PARALLEL WORKING GROUPS <i>continued</i> <i>Moderated discussions and conclusions & recommendations</i></p> <p>Disease Prevention: integration of individual public health services in primary health care <i>Moderated by Prof Jose M. Martin-Moreno and Dr Mike Sedgley</i></p> <p>Health Protection: upgrading the health protection services and infrastructures <i>Moderated by Dr Alex Levanthal and Dr Maria Haralanova</i></p> <p>Health Promotion: working across sectors and with communities and Individuals <i>Moderated by Mr Paul Lincoln, Ms Christine Brown and Ms Sarah Simpson</i></p>
10:30 – 11:00	<i>Coffee break</i>
11:00 – 12:30	<p>PLENARY</p> <p>Reports from the Working Groups: Discussion of conclusions of the working groups</p> <p>Towards efficient public health services in SEE: conclusions and recommendations</p> <p>Closing</p>

Annex 3

SCOPE AND PURPOSE

In follow-up to the recommendations of the 15th meeting of the South-eastern Europe (SEE) Health Network held in Sofia, Bulgaria in February 2007, the Bulgarian Presidency together with the Executive Committee and the Secretariat of the SEE Health Network are organizing the scheduled 16th meeting of the SEE Health Network. The meeting will take place in Sofia, Bulgaria on 21-23 June 2007. The meeting will be attended by the National Health Coordinators, Executive Committee of the Network, European Commission/DG SANCO, Council of Europe, Council of Europe Development Bank, European Investment Bank as well as by all other major partners and donors.

The purpose of the meeting is to review progress of regional projects, discuss issues of regional importance including pandemic preparedness and implementation of International Health Regulations, mental health, and regional ownership. The dialogue and discussions on public health during the meeting will also contribute to the forthcoming WHO Conference on Health Systems, 2008 to be attended by European ministers of health.

In view of the above, the Sixteenth Meeting of the SEE Health Network will:

- Review the progress of the regional action in the agreed areas;
- Agree on the Declaration of SEE ministers of health on strengthening regional capacities for epidemic preparedness and response in support to the implementation of the IHR;
- Agree on the Declaration of SEE ministers of health on transformation of the SEE mental health project into a long-term regional programme of cooperation;
- Develop mechanisms for transfer of ownership of the SEE Health Network within the frame of the SEE Regional Cooperation Process as of 2008;
- Agree and sign the Decision on Addendum Two to Component Two: Strengthening of laboratory capacities and early warning systems for avian influenza in south-eastern Europe.

In line with the decision of the SEE Health Network on the content and format of the regular network meetings, the thematic topic of the 16th meeting will be “Public Health Services in SEE”.

The SEE Network, with the support of the WHO Regional Office for Europe, the Council of Europe Development Bank and the Department of Health of the United Kingdom, is currently undertaking a major evaluation of Public Health Services (PHS) in each of the nine countries of the region. This is in line with the commitments of the SEE ministers in the Skopje Pledge and in the framework of the WHO regional office for Europe programme of Public Health Services. The PHS project aims to identify strengths and weaknesses as well as best practice across a wide range of areas of public health and to recommend strategies for investment and reform. The results of the evaluation will be discussed during the meeting.

The two-day meeting on the topic of PHS will provide opportunities for sharing contemporary European experiences from the SEE Health Network partners on public health and public health services and developing regional vision on public health in SEE. It will also discuss in depth the SWOT analysis of PHS in SEE completed by the WHO evaluation project, and make recommendations for future action.

Annex 4

LIST OF WORKING PAPERS AND BACKGROUND DOCUMENTS

Working papers

1. List of working papers and background documents
2. Scope and purpose
3. Provisional agenda
4. Provisional programme
5. List of participants
6. Declaration of the SEE ministers of health on strengthening regional capacities for epidemic preparedness and response to implement International Health Regulations.
7. Declaration of the SEE ministers of health on long term programme for regional collaboration and development in mental health
8. Draft discussion paper on vision for the future of the SEE Health Network in the framework of the SEE regional cooperation process
9. Decision on Project: Strengthening communicable disease surveillance and response in SEE. Addendum Two to Component Two: Strengthening of laboratory capacities and early warning systems for avian influenza in south-eastern Europe
10. Summary sheets for implementation of SEE Health Network projects
11. Draft regional report on evaluation of public health services in Europe
12. Strengthening Public Health Capacity and Services in Europe – Draft Discussion paper

Background documents

SEE Health Network

13. The Skopje Pledge
<http://www.euro.who.int/document/E88513.pdf>
14. International Health Regulations, World Health Organization
http://www.who.int/gb/ebwha/pdf_files/WHA58/A58_55-en.pdf
15. Mental Health Declaration for Europe, Helsinki Conference, 2005
<http://www.euro.who.int/document/mnh/edoc06.pdf>
16. Regional table of the Stability Pact, Zagreb, May 2007 – Chairman's Conclusions
<http://www.stabilitypact.org/rt/RTZagrebconclusions.pdf>

17. Regional table of the Stability Pact, Zagreb, May 2007 – Annex to the Chairman's conclusions
<http://www.stabilitypact.org/rt/ZAGREBAnnextoConclusionsRCC.pdf>
18. Meeting report of the 14th Meeting of the SEE Health Network, Durres, November 2006 *<http://www.euro.who.int/Document/SEE/SEEReport.pdf>*
19. Meeting report of the 15th Meeting of the SEE Health Network, Sofia, February 2007 *http://www.euro.who.int/document/SEE/SEE_Rep_15_mtg.pdf*
20. Blood services in SEE – current status and challenges
(copies to be provided at Registration)

Public Health Services

21. Evaluation of public health services in Europe – Questionnaire
(copies to be provided at Registration)
22. Strengthened health systems save more lives: an insight into WHO's European Health Systems' Strategy
<http://www.euro.who.int/healthsystems>
23. Summary report of the first consultative meetings for preparation of the WHO European Ministerial Conference on Health Systems, 2008, 24-25 August 2006, Vienna, Austria; 30-31 October 2006, Barcelona, Spain
<http://www.euro.who.int/healthsystems/Conference/Documents/preparatory>
24. Meeting report of the 1st Meeting of the Core Expert Team on the Public Health Functions and Services in the European Region, Valencia, July 2006
http://www.euro.who.int/Document/DCP/PHS_Valencia_2006_rep.pdf
25. Meeting report of the 2nd Meeting of the Core Expert Team on the Public Health Functions and Services in the European Region, London, December 2006
http://www.euro.who.int/publichealth/20070319_1
26. Public health in the Americas, WHO PAHO, 2002,
http://publications.paho.org/english/moreinfo.cfm?Product_ID=666&CFID=1298148&CFTOKEN=14926353

Annex 5



Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: Jan – Jun, 2007

Sofia, Bulgaria, 21-23 June 2007

Summary Sheet

<i>Project Title</i>	
Enhancing Social Cohesion through Strengthening Food Safety and Nutrition Services in SEE Region	
<i>Component I</i>	
Food Policy and Legislation	Period (03/05-06/06)
<i>Key Achievements</i>	
<p>The Component One “Food Policy and Legislation” of The Food Safety and Nutrition Project was finalized by all nine countries</p> <p>All participant countries stressed the importance of the project continuance.</p> <p>All eight countries focused their efforts to create documents to be a frame for a comprehensive and integral approach to achieve high level of internationally recognized food safety standards.</p> <p>Documentary milestones highlighted that a great interest and movement in the SEE countries started towards reorganization and upgrading food and nutrition services.</p> <p>The Project became a tool in the efforts for reconciliation, peace and stability in the Region with a sense of ownership and partnership.</p> <p>The next phase in the project implementation will be considerably more demanding in terms of the workload and the complexity of the tasks - much greater effort will be required</p>	
<i>Challenges – regional level</i>	
<p>Most countries acknowledged that implementation is a major challenge due to the lack of coordination, financial resources and expertise. Policies need to tailor strategies for implementation that explicitly take into account the financial, managerial and technical aspects of the policy and the anticipated resistance and support from all the actors within and outside government. Successful implementation requires an understanding and agreement on objectives that should be clear, realistic and accepted by all the stakeholders.</p>	
<i>Challenges – country level</i>	
Albania	<p>Particular challenges are the necessity to: continue the significant progress that has been made in the transposition of EU laws; clarify the roles of the different inspectorates and define the division of accountability in food safety matters; ensure co-ordination of the activities of the MoAFCP and the MoH; enhance import controls of food products and raw materials; establish an effective system for the collection and analysis of epidemiological and other data on food-borne diseases.</p>

Bosnia and Herzegovina	Particular challenges are the necessity to: ensure co-ordination of the implementation of the food control laws in each of the entities and the avoidance of gaps and overlaps; ensure state level co-ordination of efforts and exchange of data, particularly with reference to outbreaks of food-borne disease, between the two entities; make further progress with the transposition of EU food safety laws at the state level.
Bulgaria	Particular challenges are the necessity to: ensure that the system in place for monitoring the implementation of the food safety legislation is strong and in line with that would be required by the EU Commission Food and Veterinary office (FVO). Since January 2007 Bulgaria has become EU member
Croatia	Particular challenges are the necessity to: ensure that the responsibilities of the two ministries - MAFWM and MHSW – are adequately defined, that gaps and overlaps are eliminated and that there is good co-operation and exchange of information between them in food safety and public health matters; continue and accelerate the process of legal approximation with EU laws; take steps, by the provision of procedures manuals and training of the inspectors to make implementation of the new controls effective.
Moldova	Particular challenges are the necessity to: eliminate inconsistencies and differences of approach between the agencies involved in the implementation of food safety controls; reduce the bureaucratic burden; proceed steadily with upgrading to legal basis of food safety controls to bring them into line with current international standards, taking particular account of EU and WTO requirements; ensure that, by training, good management and monitoring of performance, the system of food safety controls is consistent and effective; introduce a system to permit the traceability of food products of animal origin
Montenegro	Particular challenges are the necessity to: establish a national co-ordination body for food safety; improve communication and co-operation between the various state institutions, scientific institutions, non-governmental organizations and other services in the area of food safety; eliminate gaps and overlaps in the food safety controls; introduce a harmonized system for the monitoring of hazardous residues in foods of plant and animal origin.
Romania	Particular challenges are the necessity to: ensure that the inspectors involved are capable of effectively and consistently implementing the system of food safety controls; monitor and audit the performance of the inspectors in the implementation of the new laws. Since January 2007 Romania has become EU member
Serbia	Particular challenges are the necessity to: complete the drafting and adoption of the most important laws for the food safety sector; prepare strategies and laws to define the competencies of the implementing agencies in food sector; improve communication and collaboration between the ministries responsible for food safety; ensure the competence of the inspectorates to implement the controls effectively and consistently; rationalize the network of laboratories responsible for food safety.

The former Yugoslav Republic of Macedonia	Particular challenges are the necessity to: continue with the transposition and implementation of EU harmonized food safety control laws; provide appropriate training for inspectors in the food safety sector to ensure the complete and effective implementation of the new control measures; initiate an awareness campaign for food business operators.
---	--

(continued from page 1)

Main Activities	
<i>Component I</i>	
<ul style="list-style-type: none"> • Analysis on the existing Food Safety and Nutrition systems for the collection and processing of food safety information in order to ensure an effective science based system tailored to the specific needs of each country • Development and continuous improvement of monitoring through country surveys and country reports on FSN policy and legislation • WHO-EURO SEE Network consultation on the improvement of food control system in Moldova, Albania and Macedonia which provided a platform to share knowledge, expertise and experience of different countries in the sub-region in regards to their food control systems • The work plan for the activities of Component Two was developed • Participation of countries at the Workshop of the SEE Food Safety and Nutrition Network held in <i>Chisinau, Moldova, 17-18 May, 2007</i>. The theme of the meeting was “Challenges in the Implementation of Food and Nutrition Policies in SEE”. • The workshop was organized by the SEE Food Safety and Nutrition (FSN) Regional Project Office hosted by the Moldovan Ministry of Health. The Governments of Switzerland and Belgium kindly provided financial support co-funding the event, while the technical expertise, experience and knowledge was provided by the WHO Regional Office for Europe and Belgium. The workshop aimed to identify potential problems in implementation of the FSN Policy; tailored the Second Food Safety and Nutrition Action Plan to SEE Member States needs; and defined policy options and recommendations for restructuring border control in regards to food and nutritional products, to harmonize with EU aquis. • Preparation of the publication summarizing all accomplishments in the SEE countries regarding Food Control Systems. This publication will provide important information on the deliberations, conclusions and recommendations of each country in the South East Europe Network, needed to ensure an effective science based food safety and adequate nutrition system. It will also serve as a corporate document to which individuals and organizations can refer to. • Participation at the Meeting of Nutrition and Food Safety Counterparts on the second European action plan for food and nutrition policy, Paris, 4-6 June 2007. Achievements and challenges of the Project were presented through the presentation of Regional project manager at the session “The interaction of nutrition and food safety in regional and global initiatives - Regional networking. 	

Donor/ Funding	Component I Amount (\$)			Total Amount (\$)
Belgium	40,000			40,000
Greece	150,000			150,000
Italy	110,000			110,000
Switzerland	43,000			43,000
WHO/EURO				60,000
TOTAL (\$)				403,000

For further information please contact with Regional Project Office:
SEE Regional Project Office, Serbia, Belgrade, Omladinskih brigada Street 1;
Tel / Fax: + 381 11 269 82 42 ; **e-mail:** sanjamak@yubc.net

Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: Jan – Jun, 2007



Sofia, Bulgaria, 21-23 June 2007

Summary Sheet

<i>Project Title</i>	
Strengthening national capacities for improving maternal and neonatal health in South-Eastern Europe	
<i>Component I</i>	<i>Period (01/2007 - 12/2008)</i>
Raise quality of care provision in the field of maternal and perinatal health through the development / update of national standards, guidelines and protocols	
<i>Component II</i>	<i>Period (01/2008 - 12/2009)</i>
Review, development / update of national laws, policies and strategies to ensure universal coverage with effective maternal and newborn public health interventions	
<i>Component III</i>	<i>Period (01/2009 - 12/2010)</i>
Setting up in each SEE country models of implementation of evidence-based practices and WHO recommendations in maternal and perinatal health.	
<i>Key Achievements</i>	
<ol style="list-style-type: none"> 1. Finalization of collection of baseline information and background documents on the situation of maternal and neonatal health in the nine countries and the problems faced by the health systems to be tackled 2. Preparation and submission of final variants of Country Profiles based on the health system framework 3. Preparation and discussion of the draft of the SEE Regional report on maternal and newborn health and health systems 4. Translation and sharing of national guidelines and protocols in the field of maternal and neonatal health 5. Preparation of Regional draft report on MNH guidelines development and use in SEE countries 6. Creation of national capacities for development and implementation of guidelines and protocols in the field of maternal and neonatal health care 7. Elaboration, discussion and endorsement of country plans for development and implementation of guidelines and protocols 	
<i>Achievements – country level</i>	
Albania	
Bosnia and Herzegovina	Improved collaboration between MoH of different entities during collection of baseline data and preparation of country profile
Bulgaria	
Croatia	
Moldova	Establishing of direct communication and collaboration between representatives of National Society of Perinatology of Moldova and Society of Neonatology of Romania
Montenegro	
Romania	Establishing of direct communication and collaboration between representatives of National Society of Perinatology of Moldova and Society of Neonatology of Romania
Serbia	
The former Yugoslav Republic of Macedonia	

<p><i>Challenges – regional level</i></p> <ol style="list-style-type: none"> 1. Absence of financing of Component One of the Project: all activities (Workshop on Guidelines Development, Second Project Meeting) were organised using finances from Inception Phase 2. Change of Governments in a number of countries: it made impossible country visits of WHO and Norway experts

<p><i>Challenges – country level</i></p>
Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Moldova
Montenegro
Romania
Serbia
The former Yugoslav Republic of Macedonia

(continued from page 1)

Strengthening national capacities for improving maternal and neonatal health in South-Eastern Europe

<p>Main Activities</p> <p><i>Component I</i></p> <ol style="list-style-type: none"> 1. Establishment of the Organizational Set up of the project 2. Evaluation of current implementation and use of EBM standards/guidelines/protocols in the field of MNH Maternal and Neonatal Health in the SEE countries 3. Regional Report on use of standards/guidelines/protocols 4. Regional Workshop on Guideline Development, Adaptation, Use and Assessment (Split, Croatia, 11-13 April 2007) 5. Preparation of SEE IMNH project website <p><i>Component II</i></p> <p><i>Component III</i></p>

Donor/ Funding	Inception phase Amount (\$)	Component II Amount (\$)	Component III Amount (\$)	Total Amount (\$)
Norway	190.000			
TOTAL (\$)				190.000

For further information please contact with Regional Project Office:
 SEE Regional Improving Maternal and Neonatal Health Project Office, Spitalul Clinic Municipal N1, Melestiu 20 str., Chisinau-2017, Moldova; Tel/fax: + 372 22 273339; stelianhod@yahoo.com.

Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: Jan – Jun, 2007

*Sofia, Bulgaria, 21-23 June 2007***Summary Sheet**

<i>Project Title</i>		
Enhancing Social Cohesion through Strengthening Mental Health Services in SEE Region		
<i>Component I</i>	<i>Mental Health Policy and Legislation</i>	<i>Period 2002-2004</i>
<i>Component II</i>	<i>Establishment of harmonized model for community mental health services</i>	<i>Period(2004 -2005-)</i>
<i>Component III</i>	<i>Training of mental health professionals</i>	<i>Period (2006 - 2008)</i>

Key Achievements

Since the previous Components has been described in the progress report presented extensively during the implementation time and finalization of the activities, the key achievements are related to the Training Component in the period January-June 2007

I Training

The two training manuals have been produced; Leadership and Management (draft) and Case Management (draft). They are in the process of reviewing with technical advisors and national experts in participating countries. The manuals are to be translated in the national languages.

Three training sessions within Training and Leadership Module have been conducted 1. Community team Leadership
2. Strategic Development; 3. Strengthening Leadership Capacity. The training is a model of ToT. Trained professionals will (some already started) train the teams of CMHCs in their catchments area.

III Working Group Meeting (Case Management Training)

IV Primary Health Care Module in Mental Health is prepared (draft version). Each country has made adjustment according to specific country needs and agreed methodology with national experts and MOH.

V Preparing proposal for the Regional Programme on Collaboration in Mental Health

- a) Mental Health Declaration – presented during 15.meeting of Health Network , Sofia, February 2007
- b) Regional Proposal - presented during 15.meeting of Health Network, Sofia, February 2007
- c) Revised Proposal – to be presented during 16. meeting of Health Network, Sofia, February 2007

Achievements – country level

Albania	Module for primary health care professionals prepared Primary health care professionals trained in Vlora and its catchments area Draft Case Management Module Translated and adjusted
Bosnia and Herzegovina	3 Modules Prepared (draft) to be revised and translated in English language (Community mental health module in primary care; Community mental health care in public health; Community mental health in psychiatry).
Bulgaria	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted Manual for Management of Psychosis translated for mental health professionals
Croatia	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted Manual for Management of Psychosis translated for mental health professionals

Moldova	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted
Montenegro	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted
Romania	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted
Serbia	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted
The former Yugoslav Republic of Macedonia	Module for primary health care professionals prepared Draft Case Management Module Translated and adjusted

Challenges – regional level

Signing the Declaration on regional programme for mental health
Establishment of the Regional Development Centre to be approved by the SEE Health Network
Evaluation of community mental health services in the SEE region (Research project in cooperation with University of London).

Challenges – country level

Albania	Mental Health is a priority in Albania Training of professionals and adjustment of curricula for education in mental health
Bosnia and Herzegovina	Evaluation of community mental health services on national level Improve professionals skills in community mental health (workforce development) Adjustment of training curricula in mental health
Bulgaria	Workforce development in community mental health and further development of community mental health service
Croatia	Development of community mental health services
Moldova	Workforce development (training of all mental health professionals and development of community mental health services as a part of health reform
Montenegro	Workforce development in community mental health and development of new community mental health centres according to health strategy
Romania	Mental health is one of the priority and according to health strategy the MOH supports further development of community mental health services . In order to become sustainable training of mental health professionals is of crucial importance
Serbia	Development of community mental health services all over the country
The former Yugoslav Republic of Macedonia	Workforce development and mental health legislation implemented

Main Activities

Component I

Component II

Component III Training in Leadership and Management (3 sessions)
Training of mental health professionals and primary health care practitioners
 November 2006
 March 2007
 May 2007
 Manual for Leadership and Management prepared
 Manual for Case Management Prepared
 International expert meeting for Case Management Training Development (Zagreb, Croatia, 8-9 may 2007)
 Training for primary health care professionals in mental health conducted in all nine countries. In total 300 people were trained. 3 training sessions were held in each of the nine countries. Total number of days -63 including a day for preparatory meetings

Donor/ Funding	Component I Amount (\$)	Component II Amount (\$)	Component III Amount (\$)	Total Amount (\$)
Donor Country Belgium			400 000	
Donor Country Greece			400 000	
Donor Country Slovenia			30 000	
Donor Country Switzerland			200 000	
Donor Country5				
Donor Country6				
Donor Country7				
Donor Country8				
WHO/EURO				
CoE				
			TOTAL (EUR)	1.030.000

For further information please contact with Regional Project Office:
 SEE Regional Project Office,; Tel: + 387 33 712 790 ; Fax: +387 33 712 791; E-mail:vesna.puratic @seemhp.ba

Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: Jan – Jun, 2007

*Sofia, Bulgaria, 21-23 June 2007***Summary Sheet**

<i>Project Title</i>		Public Health Capacity Building for Strengthening Tobacco Control in South-East Europe
Public Health Capacity Building for Strengthening Tobacco Control in SEE Region		
<i>Component I</i>	Raising awareness and capacity building for the entry into a force of FCTC in the Region	<i>Period (M/YY - M/YY)</i> April 1 st 2005-March 30 2006
<i>Component II</i>	Improving the knowledge and skills of policy makers and public health leaders in planning and management of comprehensive Tobacco Control	<i>Period (M/YY - M/YY)</i> March 31 2006- March 31 2007
<i>Component III</i>	Information campaigns aimed to increasing awareness and support of public for Tobacco Control Policy	<i>Period (M/YY - M/YY)</i> March 31 2007-march 31 2008
<i>Key Achievements</i>		
<ul style="list-style-type: none"> ● Thanks to the project, tobacco control is significantly higher on the political agenda in all of the countries and the subregion ● Substantial progress achieved in intersectorial links and collaboration ● We see increase in public support towards tobacco control measures ● Remarkable progress in the FCTC ratification process/ 5 SEE countries ratified it ● Most countries have seen an active process of legislative initiatives and updates; in some of them still in progress ● Capacity building in the countries thanks to the first stage of the project ● Strengthened capacity building thanks to the National workshops for capacity building in comprehensive tobacco control that followed the Intersectoral workshop on capacity building in tobacco control for SEE countries that was held in Bled, Slovenia on October 11 -13, 2006. National workshops were held in all countries except in Bosnia and Herzegovina, where is expected to be held on 29 May 2007. 		
<i>Achievements – country level</i>		
Albania	Ratification of the FCTC, active process of legislative and national strategy on tobacco control Strengthened capacity building on tobacco control at national level	
Bosnia and Herzegovina	Progress achieved in intersectorial links and collaboration	
Bulgaria	Ratification of the FCTC, active process of legislative and national strategy on tobacco control Strengthened capacity building on tobacco control at national level	
Croatia	Progress achieved in intersectorial links and collaboration, ratification of FCTC in progress Strengthened capacity building on tobacco control at national level	
Moldova	Progress achieved in intersectorial links and collaboration, ratification of FCTC in progress Strengthened capacity building on tobacco control at national level	
Montenegro	Progress achieved in intersectorial links and collaboration, ratification of FCTC in progress Strengthened capacity building on tobacco control at national level	
Romania	Ratification of the FCTC, active process of legislative and national strategy on tobacco control Strengthened capacity building on tobacco control at national level	
Serbia	Ratification of the FCTC, active process of legislative and national strategy on tobacco control Strengthened capacity building on tobacco control at national level	
The former Yugoslav Republic of Macedonia	Ratification of the FCTC, active process of legislative and national strategy on tobacco control Strengthened capacity building on tobacco control at national level	

<i>Challenges – regional level</i>	
<ul style="list-style-type: none"> • The project has identified challenges and obstacles that seem to be common in most countries: lobbying from the tobacco industry including funding of state level activities, concerns from the agricultural sector • Lack of awareness and low interest for tobacco issues in some key sectors • A need on establishing national surveillance systems. • Continuation of the project is needed for establishment of the achievements of the project and for development of the Tobacco control in the Region 	
<i>Challenges – country level</i>	Same as the regional level
Albania	Enforcement of the new law, concerns from the agricultural sector, lobbying from the tobacco industry Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Bosnia and Herzegovina	Administrative procedures of decision making and collaboration among entities and ministries; ratification of FCTC. Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Bulgaria	Enforcement of the tobacco control law, concerns from the agricultural sector Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Croatia	Ratification of the FCTC which is in process Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Moldova	Ratification of the FCTC which is in process Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Montenegro	Ratification of the FCTC after the Montenegro was separated from Serbia Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Romania	Enforcement of the Tobacco control law in accordance with FCTC Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Serbia	Enforcement of the Tobacco control law in accordance with FCTC, lobbying from the tobacco industry Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
The former Yugoslav Republic of Macedonia	Enforcement of the Tobacco control law in accordance with FCTC, concerns from the agricultural sector Continuation of the project is needed as a great support for establishing and improving achievements on tobacco control field
Main Activities	
<i>Component I</i>	
<ul style="list-style-type: none"> • A regional intergovernmental consultation held in <i>Sofia, Bulgaria, 29-30 September 2005</i> • National meetings to follow up the Regional meeting were held in all countries except in Bosnia and Herzegovina • Regional studies on prevalence, legislative and economics of tobacco control 	
<i>Component II</i>	
<ul style="list-style-type: none"> ❖ Regional Intersectoral workshop on capacity building in tobacco control for SEE countries held in <i>Bled, Slovenia, 11-13 October 2006</i> ❖ National workshops followed up the regional workshop. They were successfully held in all countries except in Bosnia and Herzegovina. According to the plan it will be held on 29 May, 2007. 	
<i>Component III</i>	
<ul style="list-style-type: none"> ❖ Sub regional training workshop on designing and carrying out an anti-smoking media campaign ❖ National training workshop on designing and carrying out an antismoking campaign ❖ Preparation of materials for antismoking campaign 	

Donor/ Funding	Component I Amount (\$)	Component II Amount (\$)	Component III Amount (\$)	Total Amount (\$)
Donor Country1	142000 Euro	316 600 Euros		
Donor Country2				
Donor Country3				
Donor Country4				
Donor Country5				
Donor Country6				
Donor Country7				
Donor Country8				
WHO/EURO				
CoE				
TOTAL (\$)				458 600 Euros

For further information please contact with Regional Project Office:
SEE Regional Project Office,; Tel: 00385 98296682+; Fax: +; Email: mcivljak@snz.hr



Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: November 23, 2006 – June 21, 2007

Sofia, Bulgaria, 21-23 June 2007

Summary Sheet

<i>Project Title</i>	
STRENGTHENING THE COMMUNICABLE DISEASES SURVEILLANCE AND RESPONSE IN SOUTH EASTERN EUROPE	
<i>Component I</i> Strengthening the national surveillance systems and the sub-regional coordination and integration of communicable disease surveillance systems	<i>Period (02/2002 - 09/2004)</i>
<i>Component II</i> Strengthen surveillance, policy guidelines and legislation to prevent and control infectious diseases	<i>Period (09/2004- 07/2006)</i>
<i>Component III</i> Addendum to Component Two: Strengthening of integrated surveillance, laboratory capacities and exchange of information, with special emphasis on influenza pandemic preparedness	<i>Period 08/2006 - 06/2007)</i>
<i>Key Achievements</i>	
<p><i>I, II</i></p> <ol style="list-style-type: none"> 1. Assessment and analysis of communicable surveillance systems and early warning systems to streamline efforts on how to improve and adapt the national systems. 2. Harmonization of guidelines, case definitions and procedures with current definitions in EU countries 3. National Policies and Guidelines on Communicable Diseases Surveillance Systems and Outbreak Responses 4. Regional training package on applied field epidemiology for country surveillance managers 5. Strengthening of regional capacities on applied and field epidemiology 6. Increasing institutional and human capacity to improve standards of safety and health protection in the region 7. Preparation of National Influenza Preparedness Plans 8. Training package on Health Mapping 9. Periodic coordination with countries on progress, exchange of information on epidemiological situation, and joint planning of future of surveillance systems reforms. <p><i>III</i></p> <ol style="list-style-type: none"> 10. Assessment of Influenza Lab capacities and influenza surveillance systems 11. Improvement of National Influenza Preparedness Plans 12. Strengthening of novel diagnostic capacities of Avian Influenza 13. Establishment of web page with different links and a forum for Influenza 14. Strengthening of multisectorial response toward Avian Influenza 15. Assessment of National Influenza Preparedness Plans 16. Strengthening of Influenza Surveillance Systems 17. Publishing of Leaflet, SAM, and Surveillance system in SEE countries 	
<i>Achievements – country level</i>	
Albania Country Project Manager (CPM) has been active in inter country activities. Also some achievements are obvious within the country. Country surveillance system has been improved especially early warning system. Also capacities on field epi, health mapping and GIS has been strengthened	
Bosnia and Herzegovina The participant in inter county activities has been active when participating. WHO related activities are implemented and country surveillance system has been improved. Also capacities on field epi, health mapping and GIS has been strengthened	
Bulgaria CPM has been very active in inter country activities. Very good coordination within the country.. Most of the activities were implemented and achievement can be easily identified. New policy documents has been developed and legislation has been revised. The surveillance system has been strengthened. Capacities on applied epi and GIS have been strengthened.	
Croatia Representatives from Croatia have been very active during inter country activities. CPM is very active and there is good coordination within the country. Some activities are implemented. The surveillance system has been strengthened	
Moldova CPM or other representatives from Moldova has been active during inter country activities. All designated activities were implemented and a reporting system is in place. Policy papers were developed and proposals for change in legislation were made.	
Montenegro CPM is very active and most of the activities even due to small budget were implemented. Very good communication about	

project implementation. The surveillance system is in the process of strengthening.
Romania Country representatives has been very active in inter county activities. The surveillance system has been reformed and a new country CD surveillance centre is in place. Capacities on applied epi and GIS have been strengthened
Serbia CPM and all other representatives have been very active during regional activities. Good coordination and collaboration within the country. All designated activities were implemented. A reporting system is in place. A new Early Warning system is in place and surveillance has been improved. Capacities on applied epi has been strengthened
The former Yugoslav Republic of Macedonia CPM and all other representatives have been very actively participating during regional activities. All designated activities were implemented and reported following RPM recommendations. Surveillance system has been improved. Policy documents have been prepared.

<i>Challenges – regional level</i> Strengthening communicable diseases surveillance (CDS) and response is a very important issue closely link with security and health development of the region. It needs a strong collaboration between WHO and appropriate institutions as well as designated country representatives. Some inter country activities were delayed. It is difficult to distinguish the implementation of the project from the implementation of important WHO recommendations related to all countries in Europe. Also it is important to include some capacities that do not exist into country structures. A tracking system of monitoring the achievements of interregional activities and their impact on countries is still missing and should be developed. More commitment is needed from WHO technical counterparts or country offices to support the initiative. Country health coordinators should be more active during project implementation.

<i>Challenges – country level</i>
Albania Project management and implementation skills should be strengthened. Some training in project management and leadership is needed.
Bosnia and Herzegovina CPM is still not officially selected. No progress report from the country. Component two agreement has not been implemented even contacts of RPM were made with health political coordinators
Bulgaria Quarterly reports of the project should be improved.
Croatia Project management skills should be strengthened.
Moldova Country deliverables should be sent on time. Project management skills are needed.
Montenegro . CPM should be officially selected. Training in leadership is needed.
Romania Lack of communication with CPM. Country representatives has been very active in inter county activities. The implementation of component two has not been yet reported.
Serbia Deliverables should be sent with reports. Some project management and leadership training is needed
The former Yugoslav Republic of Macedonia Changes of project coordination in need to be updated. Training in project management and leadership is needed.

Main Activities
<i>Component I</i>
<ul style="list-style-type: none"> - First consultation with Directors of Communicable Disease Institutes or Ministerial Departments. Lyon, France 2002 - Preparation of draft scope and purpose with technical assistance from IVS, Paris and Albania. April 2002. - Review of current training needs and opportunities in the countries of SEE. June 2002 – June 2003 - Epidemiological surveillance and control of communicable diseases in the countries of Dubrovnik Pledge. 28-30 August, Vlora, Albania. (Second SEE-CDS workshop) - The Dubrovnik pledge on Surveillance and Prioritization of Infectious Diseases, 21-23 November, 2002. (Third SEE-CDS workshop) - Assessment of countries surveillance and early warning systems 2003-2004 - Regional training of surveillance managers on applied Epi. Slovenia 2003 - Training of country epidemiologist in EPIET 2002-2004 - Fourth regional workshop of the South Eastern European Communicable Diseases Surveillance (SEE-CDS) Project. 23-27 April 2005, Skopje, The Former Yugoslav Republic of Macedonia. - Country prioritization exercises

Component II

- Preparation of Influenza Pandemic Preparedness Plans in each country
- Evaluation of Influenza Surveillance Systems
- Country and local training on Applied and Field Epidemiology
- Country and local training on GIS and Health Mapping
- CDS policy developments
- CD legislation assessments and revisions
- Country prioritization exercises
- Harmonization of guidelines, case definitions and procedures with current definitions in EU countries
- Fifth regional workshop of the South Eastern European Communicable Diseases Surveillance (SEE-CDS) Project. 27 February – 1 March, 2006, Sofia, Bulgaria
- Country coordination on HIV/AIDS

Component III

- Strengthening of regional project implementation capacities
- Development of SEE-CDS Webpage
- Establishment of a forum for information exchange and discussion about Influenza and Avian Influenza
- Assessment of Influenza laboratories and their role in Influenza Surveillance
- Regional Workshop of Influenza Lab Experts of SEE countries, 25-27 October 2006, Bucharest Romania
- Sixth Regional workshop of the South Eastern European Communicable Diseases Surveillance (SEE-CDS) Project dedicated to Implementation of Influenza Pandemic Plans and Intersectorial collaboration. 27-29 November 2005
- Participation of SEE Influenza experts in European Influenza Surveillance nMeeting
- Seventh Regional Workshop of the South Eastern European Communicable Diseases Surveillance (SEE-CDS) Project dedicated to implementation of IHR and emerging diseases
- Strengthening lab capacities to diagnose AI through novel molecular techniques by SEE lab staff training .
- SEE countries participation into the process of WHO certification for novel diagnostic molecular techniques.

Donor/ Funding	Component I Amount (\$)	Component II Amount (\$)	Component III Amount (\$)	Total Amount (\$)
FRANCE	150,000	318,916		468,916
GREECE		152,000		152,000
BELGIUM			126,600	126,600
WHO/EURO	100,000	56,000		156,000
CoE	-	-		
			TOTAL (\$)	903,516

For further information please contact with Regional Project Office:

SEE Regional CDS Project Office, Near Institute of Public Health, Rr.Alexander Moisiu, N.80, Tirana/Albania; Tel: + 355 43 63008; Fax: +355 43 70058; orikum@hotmail.com, silvi@sanx.net

Sixteenth Meeting of South-eastern Europe Health Network

Reporting Period: Jan – Jun, 2007

*Sofia, Bulgaria, 21-23 June 2007***Summary Sheet**

<i>Project Title</i>	
SEE information systems project: Establishing regional networks and systems for the collection and exchange of social and health information	

<i>Component I</i> Preparation for the Implementation of the Information System on Community Mental Health Service Provision	<i>Period (06/05 -05/06)</i>
<i>Component II</i> Implementation of the Information System on Community Mental Health Service Provision	<i>Period (06/06 -05/08)</i>

<p><i>Key Achievements</i></p> <ul style="list-style-type: none"> ❑ Analysis on the existing information systems for the collection and processing of mental health information and on the local needs for information support of the newly established CMHCs in the eight participating countries; ❑ Analysis on the criteria for identification of groups at risk of social exclusion; ❑ Development and continuous improvement of the Monitoring questionnaire for the activities at the CMHCs; ❑ Concept for the software, based on the requirements of the countries; ❑ The Decision for the implementation of Component Two of the project was signed in Sarajevo in June 2006 by the Health Coordinators of the participating countries. ❑ The Work plan for the activities of Component Two was developed and approved by the Executive Committee of the Project. ❑ The first version of the electronic patient record and the information system ISY-COM for the support of the clinical and managerial activities at the CMHCs was developed. It contents of four use cases: Identification information of the patient; Ambulatory contact; Team meeting; Episode of care. The software is developed in English language and was translated already in Bulgarian language. The translation and adaptation of the software in the other eight partner countries will be one of the goals during the Component Two of the project. ❑ The Bulgarian Ministry of Health included the ISY-COM at the National Strategy in the chapter aimed at the introduction of an computerized protocol at the outpatient psychiatric services at the country. ❑ The Unit C2 Health Information of the DG SANCO, EC recognized the achievements made so far under the SEE Information System project and invited the RPM to the next meeting of the working group, unfortunately due to reasons of restructuring the meeting is postponed for the end of 2007. ❑ A proposal for Component Two of the project was developed with the support of the WHO and the Secretariat of the SEE Health Network and was sent for approval to potential donors.
--

<i>Achievements – country level</i>
<p>Albania As an official representative of Albania, Dr. Elizana Petrela Zaimi took very actively part at the 2nd Technical Workshop of the Project. A new CPM was elected and is coordinating the work at the country office.</p>
<p>Bosnia and Herzegovina Bosna and Herzegovina is one of the most active countries in the implementation of the project. The Monitoring reports are of excellent quality and the inputs coming from the CPM and the technical experts are very helpful for the practical implementation of the project. Ms. Sandra Jovanovic was elected as a member of the Advisory group for the development of the electronic patient record and the information system. A meeting of the Advisory group for consultation, coordination and revision of the content of the software is planned for the year 2007 after successful fundraising for Component 2.</p>
<p>Bulgaria The working groups had completed their work on the different tasks. During the reporting period the CPM had regular meetings and discussions with the representatives from the municipality, the mental health dispensary and the experts working on the electronic patient record. The CMHC in Blagoevgrad will serve as a pilot centre during the first trials of the implementation and functioning of the software.</p>
<p>Croatia There is the strong attitude and readiness of the CPM and the national experts to contribute to the project but for different reasons the CPO is still not functioning in a proper way. The CPM took part very actively part at the workshop in Sofia.</p>

<p>Moldova</p> <p>Moldova is reporting on its successful implementation of the project activities. The General Health System in the country is currently under reform, which makes the moment very convenient for reformation of the existing mental health Information system as well. Therefore, it is considered that the introduction and the implementation of the SEE Mental Health Information Project will bring very important and perceptible changes. The CPO collaborated with the new Political Coordinator – Vice Minister Dr. Boris Golovin, and with the National Institute of Public Health and Sanitary Management on the elaboration of the necessary project documents and on the implementation of the activities. The involvement of all relevant persons with the project implementation will continue.</p> <p>Dr. Larisa Boderskova was elected as a member of the Advisory group for the development of the electronic patient record and the information system. A meeting of the Advisory group for consultation, coordination and revision of the content of the software is planned for the year 2007.</p>
<p>Montenegro</p> <p>The CPM of Montenegro is one of the actives and responsible managers in terms of collecting and analysing the data at spot at the CMHC in Podgorica. Several recommendations to the development of the technical and legal framework of the software were made. The work on the translation and adaptation of the software was discussed and planned with the CPM.</p>
<p>Romania</p> <p>The monitoring and evaluation of the CMHC is part of the local activity of the CPM in Romania. The whole amount of the donor budget was spent according to the budget chapters. A very good partnership and exchange between the RPO and the CPO was established and maintained.</p>
<p>Serbia</p> <p>The CPM for Serbia is working in a close collaboration with the CPM in Montenegro. All the tasks of the project for the first component were executed according to the plan. There are some savings from the budget of Component One, which could be used for activities during the second stage of the project</p>
<p>The former Yugoslav Republic of Macedonia</p> <p>Dr. Vladimir Ortakov was elected as a member of the Advisory group for the development of the electronic patient record and the information system. A meeting of the Advisory group for consultation, coordination and revision of the content of the software is planned for the end of the year 2007 after successful fundraising for Component 2. Several conversations with the CPM clarified the direction and some of the practical groups of clinical information and data about the psychosocial rehabilitation for the electronic patients record, which is in the final phase of development.</p>
<p><i>Challenges – regional level</i></p> <p>The validity of the information collected for the purposes of the clinical and managerial decision making at local, regional and national level is of great importance. The different needs for information support at the 10 CMHCs have to be met by sensitive and open for updates electronic system;</p> <p>Ensuring the practical use of the information system by the professionals at the CMHCs through consideration of the national requirements for reporting of different clinical and managerial data to different financing institutions and decision making bodies. This effective use of the information system will guarantee the sustainability of the project after its finish in 2007.</p> <p>The budget for financing the activities of Component Two is still not available.</p>
<p><i>Challenges – country level</i></p> <p>Albania</p> <p>Albania reported some difficulties and misunderstandings with the allocation of the responsibility for the project activities. The Executive Committee of the Project together with the RPO in Sofia provided support and advice to the decision makers. Consultations with Dr. Elizana Petrela Zaimi were held in order to clarify the responsibilities for executing the activities of the project.</p> <p>The Questionnaire for needs assessment and the Monitoring Instrument for the CMHC are not filled out.</p> <p>Bosnia and Herzegovina</p> <p>Some problems about the late access to the budget of the project were reported. After the active participation of the CPM the budget was spent according the budget line.</p> <p>Bulgaria</p> <p>The financing for the activities at national level for Component Two of the project from the Open Society Institute in Sofia was not continued do the termination of the Health program at the institute. The Monitoring reports were developed in accordance with the time schedule although some difficulties in collecting and summarizing the clinical and managerial information were reported.</p>

<p>Croatia Croatia reports that the acting Minister of Health decided that Information Systems Project will be implemented through the National Mental Health Institute. The CPM took part very actively part at the workshop in Sofia. The Questionnaire for needs assessment was not filled in. The Monitoring Instruments for the CMHC were prepared for the year 2006 but this monitoring activity was not continued in 2007 due to several reasons.</p>
<p>Moldova Some difficulties with the access to the budget of the project were reported at the beginning of the project, but they were solved.</p>
<p>Montenegro The Monitoring reports were developed very detailed and in accordance with the time schedule. Some difficulties regarding the responsibilities and the lack of support were reported by the CPM.</p>
<p>Romania</p>
<p>Serbia</p>
<p>The former Yugoslav Republic of Macedonia</p>
<p>Main Activities</p>
<p><i>Component I</i></p> <p>1. Comparative situation analysis based on:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Questionnaires The aim of the Questionnaire was to generate information on the current national and local (if available) systems for the collection and analysis of mental health information and to determine the relevant needs of the SEE countries for information support. <input type="checkbox"/> Country Profiles Development of descriptions of the local needs for information support of decision making on the basis of the model/questionnaire of the RPO (country surveys and reports); <p>2. Questionnaires for monitoring activities of the pilot community mental health centres</p> <ul style="list-style-type: none"> <input type="checkbox"/> Provision of ongoing feedback on the work of the 10 pilot Community Mental Health Centres (CMHCs) established under the SEE Mental Health Project. <input type="checkbox"/> Set of basic questions concerning daily operations and clients of the CMHCs. With the expansion of services delivered at the CMHCs, the questionnaire will be modified accordingly <p>3. Concept for the local information system at the CMHCs established under the SEE Mental Health Project</p> <p>4. 2nd Technical workshop, 4-6 May 2006, Sofia – a joint event with the SEE Mental Health Project</p> <ul style="list-style-type: none"> <input type="checkbox"/> Major issues related to the concept for effective evaluation and support of the clinical and managerial work of the Community Mental Health Services discussed; <input type="checkbox"/> National reports on the progress achieved; <input type="checkbox"/> Identification of national and local needs for information support to decision making; <input type="checkbox"/> Criteria for identification of persons at risk of social exclusion; <input type="checkbox"/> Concept for the software, based on the requirements of the countries; <input type="checkbox"/> Expert group of CPM-s established <p>5. First Intercountry Report</p>
<p><i>Component II</i></p>
<p>1. Development and introduction of the software ISY-COM A format for recording patient and service identity data, service utilization, clinical data, course of illness, clinical progress, social and demographic data and other relevant information were elaborated. On this basis the software was developed and will be field tried before adopting for general use. It contains of four use cases: Identification information of the patient; Ambulatory contact; Team meeting; Episode of care. The software was developed in English language and was translated already in Bulgarian language. The translation and adaptation of the software in the other eight partner countries will be one of the goals during the Component Two of the project.</p> <p>2. Structuring of the clinical practice Streamline the utilization of the service to a point when comparison of counts of events and persons between different programs in one service and across services will be valid. This would increase the validity of the monitoring of the activities. There are two identifiable stages of this task:</p>

2.1. Setting the pathways through the service.

This should result in identifying the entry points, the loci of decision-making, the types of decisions made at each locus, the staff entrusted with decision making. The decision trees operated at each CMHC should be obtained, compared and suggestions for slight modifications made where necessary. The desired goal of this task should result in an identifiable agreed pattern of CMHC designed to the local needs and tradition.

2.2. Operational definitions of service related events.

This should result in an agreed list of indicators to be used in the service monitoring, such as “visit” and visit types. The way to proceed with this task will be to study one of the CMHCs and after the findings at that site develop a proposed list, circulate and expand or change it in line with recommendations and needs arriving from the other partners

3. Regional monitoring and evaluation

3.1. **3rd SEE Workshop** on implementation and adoption of the model for integrated information system: Training and exchange.

3.2. **Setting up of SEE network** and regular monitoring and evaluation on CMHCs;

3.3. **Improving** the SEE Information System on mental health to enable proper monitoring, evaluation and management;

3.4. Ongoing **direct sharing** of data and information **among SEE experts and institutions** through the network according to agreed procedures

Donor/ Funding	Component I Amount (€)	Component II Amount (€)		Total Amount (€)
Greece	150,000			150,000
OSI	16,000			16,000
WHO/EURO	14,000			14,000
CoE				
TOTAL (Euro)				180,000

For further information please contact with Regional Project Office:

SEE Information systems Project, National Centre of Public Health Protection, 15, Acad. Ivan Geshov Blvd., Sofia 1431, Bulgaria, Tel. +3592 9549769, Fax. +3592 9549718, mobile: +359888 941453, E-mail: rpoinfoproject@mbox.contact.bg

:



Sixteenth meeting of South-Eastern Europe Health Network

Reporting period: June 2005 – June 2007

Sofia, Bulgaria, 21-23 June 2007

Summary Sheet

Project title	
Increasing Regional Self-sufficiency on Blood and Blood Components	
Component I The Development of Blood Safety National Policies in accordance with the EC Directives and the International Recommendations	<i>Period (M/YY-M/YY)</i> 6/05-7/06
Component II Increasing trans-national availability of safe blood and blood components for medical emergencies and special circumstances	<i>Period (M/YY-M/YY)</i> 11/06-1/09
Key Achievements-	
Component One	
<ul style="list-style-type: none"> • Regional assessment report on blood safety policies, services and availability of blood and blood components • Regional quality status review of blood transfusion services, based on the national quality status analysis • 8 blood safety national policies elaborated/endorsed/updated • Recommendation on regional strategic direction in the field • Setting-up a network of professionals, consisting in the 9 CPMs • The Decision for the implementation of Component Two was signed by the National Health Coordinators in June, 2006, in Sarajevo 	
Achievements – country level	
Albania	
The activities developed under the project Component One provided to the experts the opportunity to assess the situation in the country, through the visits and audits. The national strategy was elaborated and adopted as outcome of a national project developed during the period. The quality status assessment report underlined the training needs along the country. In this respect, the CPM totally sustained the objectives of Component Two, focused on technical issues, including quality management training.	
Bosnia and Herzegovina	
The specific political and administrative status of BiH required a more complex approach of the elaboration of legal frame for the blood service. The Competent authorities of the 3 entities were informed about the current situation and the developing direction required to ensure safety; through the project activities, the appointed working groups designed the draft of the national strategy; national objectives have been set up.; the quality status assessment provided the opportunity to evaluate the dispersion and heterogeneity degree of the blood services and needs to introduce national legal frame .The CPM underlined the added value of the project for the country: it enhanced the action and decision at top level management.	
Bulgaria	
The value of the project for the national reform of the transfusion service was represented by the opportunity provided to identify new challenges raised during implementation of national strategy and the reform of the service; enhancing collaboration with other experts. During the period, the national program on blood safety was conducted according to the PoA. Transposition of EU directives in the national legislation was performed.	
Croatia	
The national report on the current situation supported the process of priority setting in the field, including legal requirements for transposition of EU directives in the national legislation. ; The dispersion and heterogeneity of blood establishments suggested the need for reorganization. A preliminary schedule of the new structure of the blood services was drafted. National program for information system was foreseen for 2008-2009.	
Moldova	
The national reports provided the MoH with the valuable information for the elaboration of the national policy on blood safety and national program, part of the health system reform, that were drawn up and submitted for approval. Sharing experiences with other experts supported the implementation at national level. Activities developed under other projects enhanced the development process of national blood services.	
Montenegro	
Based on the outcomes of the project, the MoH and national experts elaborated and adopted the national policy on blood safety and the dedicated strategy, planned to be implemented during the period 2006-2010. The Competent authority was appointed (MoH). The elaboration of the legal frame has started, the law being drafted.	
Romania	
The report on national policies, services and availability provided valuable info for the elaboration of the national program on the reorganization of the national transfusion system; the quality status report proved its utility in identifying the needs related to the elaboration and implementation of a quality management system ;Existing legal provisions have been updated to complete the transposition of EU directives in the national legislation	
Serbia	
The activities conducted under the current Stability Pact Project have been developed in conjunction with other projects in the field, nationally implemented. During this period, the national program on blood safety was elaborated, national strategy and plan of action ; national blood policy was revised .The new law was drafted.	

The former Yugoslav Republic of Macedonia

The national report on policies, services and availability provided to the top level decision makers a real image of the current situation, starting point for the elaboration of the national restructuring program. The draft of the national blood safety policy was drawn up, as well as the draft of the Law for Blood Supplies.

Challenges – regional level

- Getting financial resources for launching and implementing Component two of the project is the essential challenge now for all the interested parts. The objectives set up are focused on technical issues ,training sessions and voluntary blood donation promotion being common fields of action for all the national strategies and plans of action presented by the CPMs by the end of Component One.
- Enhancing collaboration at the professionals’ network level, created during Component One
- Sharing expertise in the reorganization process
- Extension of the professionals’ network at regional level
- Setting up an information system
- Increasing the professionals skills at national level, through regional training sessions for trainers with the aim to build local capacity for long-term sustainability of change.

Challenges – country level

Albania

Finalization of the national program for the reorganization of the transfusion system; phasing out the current system of paid donations

Bosnia and Herzegovina

Overcome the organizational difficulties caused by the specific political and administrative national structure and finalise and adopt the national general policy and strategy. Implementation of national programm

Bulgaria

Further implementation and harmonization of quality and safety standards

Croatia

Adoption of the legal frame, base for the implementation of the national program

Moldova

Development and implementation of the national program

Montenegro

Successful implementation of the recently adopted national strategy and national programme

Romania

Development of the QMS and the restructuring process of the national blood service. Enhancing the MoH commitment and ensuring appropriate financial resources for the national programme.

Serbia

Finalization of the national program and priority setting for implementation

The former Yugoslav Republic of Macedonia

Adoption of the legal frame and of the national program

Main Activities

Component I

- Preliminary steps: presentation of the project during the meetings in Ohrid and Bucharest, to the national health coordinators and national blood transfusion experts
- Setting up the regional office in Romania, Constanta; purchasing of equipment
- Elaboration of regional and national work-plans and budgets break-downs
- Setting up the common frame for the national reports on the current situation in the field
- Elaboration of 8 national reports on national policies, services and availability based on data gathered and of the regional report
- Elaboration of promotional materials for the Forum
- Elaboration of national and regional review on quality systems status, based on data gathered at national level
- Elaboration/update of blood national policies and recommendation for strategic approach
- 3 regional meetings- Ljubljana, Zagreb, Bucharest

Component II

Not yet launched. No further developments have been made as project activities since last meeting. WHO –EURO and Romanian MoPH have done special efforts to succeed in appropriate fundraising to launch the activities of the Component II. Despite the fact that all the potential donors acknowledged the importance of the accomplishment of the proposed objectives for the development of transfusion services at regional level, no funds have been allotted to support the project continuation so far. The objectives and activities are complying with the EU Directives and follow the required developing line. The development of the activities would support the professionals from the SEE transfusion systems to increase their knowledge in QM, develop their skills as trainers ,develop strategy on promotion campaign to increase the unpaid blood donation .

Donor/ Funding	Component I Amount (€)	Component II Amount (€)	Component III Amount (€)	Total Amount (€)
Switzerland	116,209			116,209
Slovenia	20,000			20,000
Ireland	10 000			10,000
WHO	40,000			40,000
TOTAL				<u>(€) 186,209</u>
<i>For further information please contact with Regional Project Office:</i>				
SEE Regional Project Office,; Tel: +40740215051; Fax: +341101448; Email:alina_mirella@yahoo.com				