



# **Report of the 23rd Meeting of the South-Eastern Europe Health Network**

**Ohri, The former Yugoslav Republic of Macedonia,  
24–25 June 2010**



## ABSTRACT

The 23rd Meeting of the South-Eastern Europe Health Network (SEEHN) in June 2010 discussed: progress towards full ownership of the SEEHN by the countries of south-eastern Europe and development of further activities; the seat of the SEEHN, host country agreement and secretariat; activities of the regional health development centres; the main reforms currently under way in the area of public health services; preparations for the 3rd Ministerial Forum of Ministers of Health of South-Eastern Europe in 2011.

### Keywords

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## Introduction

The 23rd Meeting of the South-Eastern Europe Health Network (SEEHN) was its regular six-monthly meeting, as stipulated in the Skopje Pledge of 2005 and the Memorandum of Understanding of 2009. It took place in Ohrid, The former Yugoslav Republic of Macedonia, on 24 and 25 June 2010 under the presidency of that country.

The Meeting was attended by 20 participants from south-eastern European countries, as well as representatives of Switzerland as a donor country and of the Regional Cooperation Council, and observers from the European Commission and the International Organization for Migration. Apologies were received from representatives of Belgium, Bulgaria, Slovenia, the European Investment Bank and the Council of Europe Development Bank. The absence for reasons of health of Executive Committee member Professor A Constantopoulos was sincerely regretted, and wishes for a speedy recovery were sent to him. The list of participants is in Annex 1.

The main purposes of the Meeting were:

- to implement the process of handing over to the south-east European countries the ownership of regional cooperation in public health and, in particular, the establishment of the SEEHN Secretariat in Skopje;
- to accelerate preparations for the Third Forum of the South-east European Ministers of Health to take place in Sarajevo (Bosnia and Herzegovina) in 2011;
- to continue the establishment of regional health development centres.

In addition, a technical seminar was held on current reforms in the public health services of the nine south-east European countries. The scope and purpose and agenda for the Meeting are in Annex 2.

## Opening session

The opening session was chaired by Ms Snezana Cicevalieva, Chairperson of the Executive Committee. Dr Alexandre Berlin, member of the Executive Committee, acted as rapporteur for the Meeting.

After welcoming the participants, Ms Cicevalieva read an address by Dr Bujar Osmani, Minister of Health of The former Yugoslav Republic of Macedonia. Dr Osmani stressed the importance of the partnership created by the Network, with health as an important element for the peace, stability and economic prosperity of the region. The Network had become a meeting-place for health policies in south-eastern Europe, integrating them with European health policy through its partners and friends. He paid tribute to the partners and supporters on the European health scene, including all the individuals who had helped the Network to come so far.

Dr Osmani said that at the start of the second decade of the 21st century, the Network was at the beginning of a new era. He considered that its best news of the previous decade was the establishment and maintenance of good cooperation in health in south-eastern Europe. The Memorandum of Understanding had clearly shown that there was political will to continue and

strengthen subregional cooperation in health. This not only encompassed ownership and sustainability: it also proved that the Network would continue to operate in a stable and prosperous fashion from its new secretariat in Skopje. Operational activities to set up the new secretariat were well under way, and Dr Osmani thanked all the Member States and partners for their efforts to this end. All the countries in the region faced challenges as regards health funding. Countries needed to strengthen their fundamental laboratory capacity and the capacity of their regulatory and enforcement bodies, and to establish reliable systems for data collection and information management. This was absolutely fundamental for setting regional priorities and monitoring progress. Health services in the public sector were plagued by stockouts, inadequate working conditions and staff shortages. Better interventions were needed. By establishing excellent cooperation in the health area, the Network was helping countries to overcome these challenges together.

Dr Osmani stressed his positive view that the Meeting would meet the challenges faced by future subregional cooperation in health through the SEEHN, especially in the light of:

- the new arrangements regarding the seat of the SEEHN
- the forthcoming ministerial conference in 2011 in Bosnia and Herzegovina
- the financial and other commitments of the Member States
- the current state of the regional health development centres
- the strengthening partnerships.

Dr Maria Haralanova brought the warm greetings of the WHO Regional Director for Europe, Dr Zsuzanna Jakab. Dr Jakab valued the Network as an exemplary initiative for partnership in public health. The Regional Office would continue to provide strong support to the SEEHN to ensure that public health remained high on the political agenda so that the benefits of public health would be delivered to the people. The Office would embark on a new European health policy to tackle the major health inequalities still prevalent in the Region. While work with the countries of south-eastern Europe would continue, more emphasis would be placed on concerted action through networks such as the SEEHN. The Regional Director would invite the Network to a side event during the 60th session of the Regional Committee for Europe in Moscow in September, and would strongly support the SEEHN Ministerial Forum in 2011. The Regional Director was also intending to meet the Secretary-General of the Regional Cooperation Council (RCC) to seek its enhanced support and greater visibility for the SEEHN.

On behalf of the Council of Europe, Dr Piotr Mierzewski stressed the need for the ambassadors of Member States to the Council of Europe, and through them the foreign ministers, to become more aware of the role that the Council of Europe could play in the area of health, in particular through the SEEHN. He proposed to organize a meeting of the ambassadors in Strasbourg in October to present the Network. This would also be an excellent preparatory occasion for the 2011 Ministerial Forum. Dr Mierzewski emphasized the need to increase the external visibility of the SEEHN by the urgent creation of a web site for the Network and through press releases.

Mr Nand Shani (RCC) stressed the strong working relationship between the RCC and the SEEHN. The RCC recognized SEEHN as an important regional initiative that had successfully brought together experts from the region and produced commendable results in the area of public health cooperation. The RCC had given political support to the signature of the Memorandum of Understanding on the future of the SEEHN, had provided the Network with technical expertise in the preparation of the host country agreement and had actively promoted a project prepared by the Network on addressing public health threats in south-eastern Europe. In its strategy for the

coming three years, the RCC would continue to exercise its duties to represent the region, assist the South East European Co-operation Process, monitor regional activities, exert strategic leadership in regional cooperation, provide a regional perspective in donor assistance (notably in European Union (EU) assistance under the Instrument for Pre-Accession Assistance) and support the increased involvement of civil society in regional activities. The relationship between the SEEHN and the RCC was a two-way affair that needed to be constantly nourished. There was scope for continuing to strengthen and intensify it and the RCC was ready and willing to work together with the SEEHN.

On behalf of the European Commission, Ms Elena Geogieva said that as an observer in the SEEHN, the Commission had followed its activities closely over the years. She congratulated the Network for its continuous efforts and strong commitment to driving the promotion of health in south-eastern Europe. The Commission supported these activities and the successful regional cooperation for achieving better health outcomes in south-eastern Europe. The European Commission strongly approved of the vision for the future of the Network and was looking forward to seeing it implemented. The continuing relations and exchanges between the Commission and the Network were important. The previous year, in response to the Commission's Green Paper on the European Workforce for Health, the Network had expressed its views on the brain drain following migration of health workers; it agreed with the analysis in the paper and underlined the need for urgent attention to the situation regarding the health workforce in south-eastern Europe. Most recently, the SEEHN had contributed to the online consultation preceding the drafting of the Commission's Communication on Global Health. The various points raised in the Network's contribution had been taken into account in the development of the Commission's Communication and the associated working documents. The Commission was particularly pleased that the Network's contribution had helped to raise awareness of the importance of regional networking in general, and in south-eastern Europe in particular, in the context of global health. The Commission saw such networks as being important links between national and global action, which was why it placed particular emphasis on regional initiatives. Relations with the SEEHN were significant in this context. The Commission encouraged the Network to continue with their bilateral relations and with its successful initiatives in various fields of public health. The health topics covered by the Network were also of great importance to the Commission. Since they fell under the EU health *acquis* (EU legislation and policy initiatives in public health), the Commission saw many opportunities for the Network to have added value in the context of the integration of south-eastern European countries into the EU. Moreover, through working together valuable synergies could be developed which could lead to better results, while the Network's ideas and experience could feed in to the formation of EU policies, as on the two occasions already mentioned. "It is obvious that when you act together and cooperate you are also stronger and more visible and your voice is better heard", Ms Geogieva said.

On behalf of the International Organization for Migration (IOM), Ms Mariya Samulova congratulated the SEEHN for its important achievements to date and for the crucial step in establishing the secretariat. The IOM was an intergovernmental body with 125 member states committed to the principle that well-managed migration benefits both migrants and societies. There was increasing international recognition of the health-related dimension of migration and a consensus on the need for regional and global health management strategies. The IOM had long experience of working in south-eastern Europe in areas such as health promotion and direct assistance for migrants and the Roma, as well as for victims of trafficking and the mobility of health professionals. The IOM welcomed in particular the establishment of regional health

development centres within the framework of the SEEHN and looked forward to collaborating in their areas of expertise as well as to expanding in other areas where the IOM was already active. These included:

- migrant and Roma/ethnic minorities' health: research, intervention and policy dialogue;
- public, occupational and migrants' health in detention/reception centres and border management;
- support for victims of trafficking;
- population mobility, tuberculosis, HIV and AIDS;
- psychosocial assistance to migrants and communities;
- capacity-building for staff working with migrants and ethnic minorities;
- mobility of health professionals.

The IOM was in negotiation with the European Commission Directorate-General for Health and Consumer Protection for a direct agreement on joint action to establish: (i) intergovernmental networking and (ii) exchange of good practice on health and interventions on health prevention and promotion to address the particular needs of migrants and ethnic minorities (including Roma and vulnerable groups). The aim would be to achieve this through facilitation of a consultative mechanism among the EU member and accession states and European Economic Area countries on the topics of: (i) access to health care services for irregular migrants and ethnic minorities not covered by national health systems, with a special focus on vulnerable groups such as mothers and children; and (ii) sensitizing the health services and workforce to migrants (and ethnic minorities/Roma) with a view to improving the accessibility and quality of health care services. Ms Samulova reiterated the interest of the IOM in working with the SEEHN and potentially becoming a full member/partner of the Network. The full text of Ms Samulova's presentation is in Annex 3. Copies of the publications related to these areas were made available at the Meeting.

## **Progress towards full ownership of the SEEHN by the countries of south-eastern Europe and development of further activities**

### **Seat of the SEEHN, host country agreement, secretariat**

Ms Cicevalieva reported on the progress made with the signature of the host country agreement and with the physical organization of the secretariat and its staff.

The action required of the countries and the host country is detailed in Section 6.

Dr Haralanova indicated that the Regional Office was in favour of signing a Memorandum of Understanding with the Network for continued close cooperation and support.



## **Regional health development centres**

The regional health development centres provided technical support for the SEEHN. The current status of and developments with the following regional health development centres were discussed:

- surveillance and control of communicable diseases and implementation of international health regulations (Albania);
- organ and tissue donation and the transplantation programme (at the Ministry of Health, Croatia);
- blood transfusion (at the regional blood transfusion centre in Oradea, Romania);
- public health services (at the Institute for Public Health, The former Yugoslav Republic of Macedonia).

By agreeing in principle with these proposals, the SEEHN had passed another important milestone, as the centres would serve to enhance the cohesion of the Network and its technical capacity to serve the region. The requirements for setting up the centres and the outline of the proposal to be prepared by interested countries were included in the call for proposals approved by the Network.

The SEEHN also considered it vital to improve communication and visibility. Regular communication was essential for facilitating exchanges between members in different countries, and external visibility through public web sites was just as important. The SEEHN newsletter, which it was essential to establish soon, should include issues from the regional health development centres.

## **Terms of reference and functions of the members of the SEEHN Executive Committee**

The Meeting discussed the terms of reference and functions of the members of the SEEHN Executive Committee. It was agreed that this topic should be discussed in more detail at the next meeting, on the basis of the proposal by the chairperson of the Executive Committee that the roles and responsibilities proposed for the Executive Committee and the national health coordinators should be to:

- represent the Network appropriately in the international community and within Member States;
- carry out fund-raising activities for the Network;
- extend partnerships and networking;
- implement the Network's decisions to the full;
- propose creative solutions for improving the work of the Network;
- communicate adequately within the Network and with the international community;
- carry out specific activities effectively in implementation of the Network's decisions;

- monitor, evaluate and report on the policies and strategies and propose measures for improving the impact of the Network's decisions;
- ensure that they had the right experience and background to implement the above;
- lobby and advocate for the Network wherever possible or necessary.

## Preparations for the 3rd Ministerial Forum in 2011

The Third Forum of the South-east European Ministers of Health, to take place in Sarajevo (Bosnia and Herzegovina) in 2011, received considerable attention. There was an extensive discussion regarding the topic of the Forum, based on the topic proposed at the 22nd meeting of the SEEHN in Belgrade (in November 2009), "Health in all policies". It was agreed that the Forum, which would take place on the tenth anniversary of the SEEHN, should be the occasion to take stock of the Network's achievements and provide guidance for the future. The projects implemented by both the SEEHN and the regional health development centres should have an adequate slot at the Forum in the programme currently being put in place. Bosnia and Herzegovina confirmed its readiness to host the Forum in Sarajevo on 6–7 June 2011 and to provide the local facilities and support. Participants would cover their own costs. The SEEHN secretariat in Skopje would provide support during the preparatory phase and would be available in Skopje during the Forum. The Regional Office would provide the necessary support, particularly in terms of expertise; the partners in the SEEHN would also be invited to consider possible support.

## Reforms to public health services

Each country presented the main reforms currently under way in the area of public health services.

**Croatia** had undertaken several activities in the educational and agricultural sectors in relation to the prevention of obesity. New departments for mental health and drug addiction had been set up within the network of the 21 public health institutes.

**Montenegro** was focusing on access to services. This was addressed in a new law, but funding was needed for implementation and a basic package of services was yet to be designed. An anti-corruption plan had been developed for the health sector.

The **Republic of Moldova** had established a centre for the control of the health determinants of noncommunicable diseases, increased the number of services with free access and set up a centre for health promotion. The need for a "health in all policies" approach was acknowledged.

**Serbia** had also focused on "health in all policies" and was developing an intersectoral action plan involving nine ministries and several nongovernmental organizations. The plan included a sustainable development strategy and environmental protection. Inequalities in health were also an important issue, especially among the Roma. Thirty budget-funded projects had been set up covering 30 000 Roma families, including immunization, health check-ups and schooling. There was cooperation with EU agencies (the European Monitoring Centre for Drugs and Drug Addiction, the European Centre for Disease Prevention and Control, the European Medicines Evaluation Agency). Cross-border and joint projects were also important.

Various points of regional significance arose from the presentations and ensuing discussion. Several countries were giving additional attention to taking action in the field of intersectoral cooperation. This was an important area for health promotion and disease prevention, as any progress on improving lifestyles and other determinants of health required action in non-health settings and by non-health sector actors. The importance of a “health in all policies” approach was expressed by all countries, in itself and as a priority area of the European Commission. Several topics or particular areas of health had provided a focus for developing multisectoral and multi-stakeholder (including nongovernmental organizations) approaches across many of the nine countries.

There was agreement that a joint project proposal in the area of “health in all policies” and multisectoral/multi-stakeholder approaches to prevention and promotion should be drafted and funding sought. Other areas identified as providing challenges related to “health in all policies” were food safety, where developments were seen as negative in many countries, with agriculture ministries and veterinarians taking a leading role; and occupational health, which had been given only peripheral attention.

The opportunity to develop a proposal relating to occupational health was also considered. In the European Commission, this issue was dealt with by the Directorate-General for Employment, Social Affairs and Inclusion. It could be a good example to the Commission for the SEEHN to make a proposal that brought health and employment together for occupational health aims. It was noted that financial support was potentially available from the EU for cross-border cooperation. The SEEHN could be an advocate for cross-border cooperation in health, although this would need to be defined further. It was agreed that, in general, project proposals should be drawn up on the basis of the provisional workplan for the regional health development centres.

Lastly, an important question was raised: was a public health law helpful for financing, as budget lines would then be clearer and funding specified in the law?

## **Summary, conclusions and decisions**

The SEEHN thanked the authorities of The former Yugoslav Republic of Macedonia for the excellent organization of the Meeting.

The 24th meeting of the SEEHN would take place in Tirana in November 2010 under the presidency of the Minister of Health of Albania.

## **Regional health development centres**

Reports were presented (and forwarded) on the development/work programmes for the regional health development centres on communicable diseases in Albania, on mental health in Bosnia and Herzegovina, on human organ and tissue transplantations in Croatia, on blood safety in Romania and on public health services in The former Yugoslav Republic of Macedonia.

- Following the oral presentation on communicable diseases, a more detailed document was sent to members of the Network with a request to respond within 15 days. On the basis of the comments received, a proposal for setting up the regional health development centre in Albania would be prepared and submitted for approval

to the ministers of health of the SEEHN countries during the side event to be organized by the Regional Director at the 60th session of the Regional Committee for Europe in Moscow in September.

- The current situation regarding the development of the regional health development centre on mental health in Bosnia and Herzegovina was described. The person nominated to head the centre raised some concerns among the SEEHN members. Following the previous leadership by Bosnia and Herzegovina of the regional community-based mental health project, considerable management expertise had been developed in the country which could have been used to advantage to establish the centre rapidly. This was of great interest for the region, and would build on the excellent achievements of the mental health project.
- The centre for human organ and tissue transplantations was being established in Croatia and a work programme would be submitted soon for consideration by the SEEHN. A workshop was to be organized with the support of the European Commission's Technical Assistance and Information Exchange in December to consider, in particular, the criteria for joining the Eurotransplant International Foundation. Requests for nominations of national counterparts would be made jointly by the Minister of Health of Croatia and the Regional Director for Europe. The Council of Europe expressed strong interest and support.
- The regional health development centre for blood safety<sup>1</sup> in Romania would develop its programme on the basis of the results achieved by the project in this area carried out within the framework of the SEEHN. The work programme would be drawn up in close consultation with the Regional Office and the Council of Europe, both organizations having expressed considerable interest in this centre and willingness to provide support. Slovenia had also indicated earlier its interest in and willingness to support the activities of the centre. While the centre was being established and a work programme submitted for approval to the SEEHN, a training course would be organized in September. The question of a regional association of directors of blood transfusion centres would also be considered.
- A detailed one-year programme of work for the regional health development centre for public health services in The former Yugoslav Republic of Macedonia was presented by the Director of the centre. The programme, which included the organization of a policy dialogue/technical workshop on financing in public health, was favourably received and approved by the SEEHN. Presentations were made by all the countries in the region of the current status of and developments in public health. A number of the countries had adopted specific public health laws, while in others public health activities were part of more general health laws.

The SEEHN considered that the regional health development centres were the technical support for the life of the Network and should receive adequate visibility. The SEEHN newsletter should include issues related to the centres, and they should be adequately represented at the Ministerial Forum in June 2011 in Sarajevo. Consideration was given to the need to organize a training workshop for international work for the directors of the centres under the auspices of the SEEHN.

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<sup>1</sup> The proposal for the regional health development centre located the centre originally in Constanza. Later, officials from the Ministry of Health in Bucharest changed the location to Ordea. The decision for the change was made by the SEEHN during its 22nd meeting in Belgrade in November 2009.

## **Seat of the SEEHN, host country agreement, secretariat**

The following conclusions were reached and decisions taken.

1. The Meeting agreed that no further changes should be introduced into the text of the host agreement.
2. Albania, Bulgaria, the Republic of Moldova, Serbia and The former Yugoslav Republic of Macedonia would finalize the process of signature and possible ratification of the host agreement within one month of the date of the 23rd meeting. The other countries gave the end of September as the target date.
3. The signed host agreement, accompanied by a document indicating that the signatory was authorized to sign, was to be sent to the Ministry of Foreign Affairs of The former Yugoslav Republic of Macedonia.
4. As soon as five signatures had arrived in The former Yugoslav Republic of Macedonia, the official procedures for the ratification of the agreement by the host country and legal and other arrangements for the seat of the secretariat would be initiated, as appropriate.
5. The representative of The former Yugoslav Republic of Macedonia said that the contract for the premises had been signed and they were expected to be ready by September. One person had already been seconded to the secretariat, and a second would be seconded soon.
6. The Regional Office would provide support to the SEEHN during the interim period until all structures were in place and fully functioning. In particular, it would second an expert to the secretariat.
7. The Swiss Cooperation Office would consider continued support for the secretariat during the interim period. A proposal and eventual contract would have to be prepared.
8. The Council of Europe would also endeavour to continue providing support to the SEEHN during this crucial period.
9. The recruitment procedure for international staff would be discussed at the next meeting of the SEEHN, in Tirana.
10. That meeting would also consider further, if necessary, the terms of reference (positions and mandates in particular) for the national health coordinators and the members of the Executive Committee.
11. The Meeting was reminded of the imperative need for the member countries to anticipate in 2010 the budget contribution for the SEEHN and its secretariat for 2011.

## **Preparations for the 3rd Ministerial Forum in 2011**

The following points were made in relation to the 3rd Ministerial Forum of Ministers of Health of South-eastern European countries to be held in Sarajevo in 2011.

1. Bosnia and Herzegovina confirmed its readiness to host the Forum in Sarajevo on 6–7 June 2011.
2. Bosnia and Herzegovina agreed to provide the local facilities and support. The participants would cover their own costs. The SEEHN secretariat in Skopje would provide support during the preparatory phase and would be available in Skopje during the meeting. The

Regional Office would provide the necessary support, in particular in terms of expertise. The partners of the SEEHN would also be invited to consider possible support.

3. It was agreed that the Forum, which would take place on the occasion of the tenth anniversary of the SEEHN, should take stock of the achievements of the Network, provide guidance for the future, including changing the structural framework from projects to programmes, and focus on the major public health issues relevant to south-eastern Europe. In the light of the last consideration, it was agreed that the ministers of health of the south-east European countries should take a final decision on the topic of the Forum at the informal meeting to be organized at the invitation of the Regional Director for Europe during the 60th session of the Regional Committee for Europe in Moscow in September, to which the SEEHN partners and the European Commission would also be invited.
4. To facilitate this decision, the Regional Office agreed to prepare a discussion document, taking into account the suggestions received from the SEEHN members and partners.
5. To proceed with preparations for the Forum, an organization committee, a programme committee and a joint statement committee should be set up.
6. The organization committee would be composed of Albania, Bosnia and Herzegovina, the SEEHN secretariat and partners (the Regional Office and the Council of Europe).
7. A coordination meeting should be organized soon and report at the next meeting of the SEEHN in Tirana.
8. The programme committee should be set up, after consultation with members of the SEEHN, immediately following the ministers' decision at the Regional Committee meeting in September. It should report at the Tirana meeting of the SEEHN.
9. The joint statement committee should be set up at the same SEEHN meeting in Tirana.

## **Regional Cooperation Council**

Following the presentation on the role of the RCC in providing political and legal support, promoting and monitoring all regional cooperation initiatives and providing a regional perspective to donors, the SEEHN indicated that it would be appropriate if the RCC would give greater visibility to the Network in its various documents and on its web site.

Regarding the project on Enhanced Regional Cooperation for the Management, Control and Prevention of Public Health Threats, submitted by the RCC on behalf of the SEEHN to the European Commission for financing, the RCC representative indicated the need for members of the Network to push the project through their representatives on the selection committee of the European Commission.

*Annex 1*

**LIST OF PARTICIPANTS**

**Albania**

Ms Ledia Agolli  
Adviser, Foreign Relations  
Ministry of Health  
Boulevard "Bajram Curri"  
Tirana

Dr Silvia Bino  
Regional Project Manager  
SEE Communicable Disease Surveillance and Control project  
Head of Department  
Institute of Public Health  
Tirana

**Bosnia and Herzegovina**

Dr Natalija Milovanovic  
Senior Coordinator for the Development of Monitoring and Evaluation System in Health  
Ministry of Health and Social Welfare of Republic of Srpska  
Trg Republike Srpske 1  
78 000 Banja Luka

**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

**Montenegro**

Ms Nina Milovic  
Senior Adviser for International Cooperation  
Ministry of Health, Labour and Social Welfare  
Rimski Trg 46  
Podgorica

### **Republic of Moldova**

Dr Octavian Grama,  
Deputy Minister of Health  
Ministry of Health, Republic of Moldova  
2, Alexandri Str.  
MD-2009 Chisinau

Ms Tatiana Paduraru  
Consultant Foreign Assistance  
Ministry of Health, Republic of Moldova  
2, Alexandri Str.  
MD-2009 Chisinau

### **Romania**

Dr Ligia Burta  
Regional Project Manager  
SEE Blood Safety Project  
Blood Transfusion Center – Oradea

### **Serbia**

Dr Elizabet Paunovic  
National Health Coordinator  
Minister Assistant-Head of the Sector for International Relations  
Ministry of Health, Republic of Serbia  
Nemanjina Str. 22-26  
11 000 Belgrade

### **Switzerland**

Ms Maja Zarić  
National Programme Officer  
Swiss Agency for Development and Cooperation  
Country Office  
Bosnia and Herzegovina

### **The former Yugoslav Republic of Macedonia**

Ms Snezana Cicevalieva  
Chair, SEE Health Network Executive Committee  
Head, Sector for European Integration and International Cooperation  
Ministry of Health  
“50 Divizija” No 6  
1000 Skopje



## **South East Europe Health Network Executive Committee**

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

### **European Commission**

Ms Elena Georgieva  
Policy officer  
Directorate-General for Health and Consumer Protection  
Brussels

### **International organizations**

Ms Mariya Samuilova  
International Organization for Migration  
Rue Montoyer 40  
1000 Brussels  
Belgium

### **Regional Cooperation Council**

Mr Nand Shani  
Expert on Economic and Social Development  
Regional Cooperation Council  
Sarajevo  
Bosnia and Herzegovina

### **Secretariat Council of Europe**

Dr Piotr Mierzewski  
Head, Health Division  
Department of Health and Bioethics  
Directorate General III – Social Cohesion  
Bureau A6.43.C, Agora Building  
1 Quai Jacoutot  
67075 Strasbourg-Cedex  
France

**WHO Regional Office for Europe**

Dr Maria Haralanova  
Regional Adviser, Country Health Systems  
SEE Health Network Secretariat  
8, Scherfigsvej  
DK-2100 Copenhagen Ø  
Denmark

Dr Mike Sedgley  
Technical Officer, Country Health Systems  
8, Scherfigsvej  
DK-2100 Copenhagen Ø  
Denmark

Dr Altin Malaj  
SEEHN Secretariat  
c/o WHO Country Office  
„Th. Gërmenji“ Pall 10  
Tirana, Albania

**Host Country organizers**

Mr Robert Velichkovski  
Ministry of Health  
Department for European Integration  
Str 50 Divizija, No.6  
1000 Skopje

Ms Slobodanka Temova  
Head of IPAUnit  
Department for European Integration  
Ministry of Health  
Str 50 Divizija, No.6  
1000 Skopje

Mr Senad Memedi  
Adviser  
Department for European Integration  
Ministry of Health  
Str 50 Divizija, No.6  
1000 Skopje

## *Annex 2*

### PROVISIONAL AGENDA, SCOPE AND PURPOSE

#### **Agenda**

1. Opening
2. Election of Executive Committee members
3. Establishment of the new South-Eastern Europe Health Network Secretariat in Skopje
  - a) Multi-country host agreement
  - b) Financial contributions
  - c) Logistic arrangements and staff recruitment
4. Third Health Ministers Forum, Sarajevo, Bosnia and Herzegovina, June 2011
  - a) Topic, concept and content
  - b) Dates and venue
  - c) Preparatory process and working groups
5. Regional health development centres in the south-east European countries
  - a) Proposals for new centres
  - b) Workplans of the designated centres
6. Workplan and calendar of activities for the second half of 2010
7. Current reforms of public health services in the nine south-east European countries and topics of mutual interest for the future regional activities
8. Closing

## **Scope and purpose**

The south-eastern European country members of the SEE Health Network (SEEHN) are taking forward regional cooperation in public health in full compliance with the provisions of their Memorandum of Understanding signed in 2009 on the future of the SEEHN, by establishing a new regional secretariat in Skopje and several regional health development centres in all countries on topics of regional importance. The SEEHN member countries are in the process of ratifying the host agreement for setting up the new secretariat and stepping up preparations for and activities of the centres.

The Presidency and the Executive Committee of the SEEHN are organizing the 23rd meeting of the network in Ohrid on 24–25 June 2010. This meeting will be attended by representatives of the SEEHN member and partner countries, as well as representatives of international organizations.

This meeting is the last one to be organized by an interim secretariat, served jointly by the WHO Regional Office for Europe and the Council of Europe, before the new secretariat in Skopje takes over in June 2010.

In the light of the above, the purpose of this Meeting will be to:

- carry out elections for the Executive Committee;
- review the status of preparations for the establishment of the new SEEHN secretariat in Skopje;
- discuss and agree on the concept, technical content and the preparatory process for the Third Ministers of Health Forum to be held in Sarajevo, Bosnia and Herzegovina in June 2011 under the Presidency of The former Yugoslav Republic of Macedonia;
- discuss and designate the new regional health development centres in the SEEHN countries;
- approve the workplans of the designated regional health development centres in Bosnia and Herzegovina (on mental health), Croatia (on organ transplantation), Romania (on blood products) and The former Yugoslav Republic of Macedonia (on public health services);
- conduct a technical workshop on the current reforms of public health services in the nine south-east European countries and define the possible challenges of mutual interest for regional activities.

### *Annex 3*

## PRESENTATION BY MS SAMUILOVA, INTERNATIONAL ORGANIZATION FOR MIGRATION

The International Organization for Migration (IOM) congratulates the SEEHN for the important achievements to date and for the establishment of the secretariat in Skopje with its own legal capacity. The IOM particularly welcomes the foundation of regional health development centres and looks forward to collaboration in their areas of expertise as well as expanding in others where the IOM is already active, such as:

- migrant and Roma/ethnic minorities' health: research, intervention and policy dialogue;
- public, occupational and migrant health in detention/reception centres and border management;
- support to trafficked people;
- population mobility, TB, HIV and AIDS;
- psychosocial assistance to migrants and communities;
- capacity-building for staff working with migrants and ethnic minorities;
- mobility of health professionals;
- migration health assessment and travel health assistance.

The IOM collaborates closely with EU member states and in particular has supported the health agenda of the Portuguese (2007) and Spanish (2010) EU presidencies in their priorities on migrant health and health inequalities, respectively. Worth noting, for example, is the contribution with the section on migrants and ethnic minorities to the Spanish Presidency Situation Analysis Report on Health Inequalities, reflected in the conclusions adopted at the Employment, Social Policy, Health and Consumer Affairs Council before the end of the Presidency. The IOM also was invited to participate in the Technical Expert Conference of the Presidency, presenting, in addition to its contributions to the above-mentioned Situational Analysis Report, the recommendations from the IOM-organized EU-Level Consultation on Migration Health (Lisbon, 24–25 September 2009), supported by the Portuguese government, and the conclusions from the WHO/IOM Global Consultation on Migrant Health (Madrid, 3–5 March 2010), supporting the monitoring process following the WHA Resolution on Migrant Health (2008).

At the moment, IOM advances in the negotiations with the Directorate-General for Health and Consumers for a direct agreement for joint action on establishing multigovernmental networking and exchange of good practice on health and health prevention and promotion interventions to address the particular needs of migrants, ethnic minorities, including Roma groups and vulnerable groups through facilitation of a consultative mechanism among EU/EU accession/EEA states on the topics of: (i) access to health care services for irregular migrants and ethnic minorities not covered by national health systems, with special focus on vulnerable groups such as mothers and children; and (ii) migrant (and ethnic minorities/Roma) sensitive health services and workforce in view of improving accessibility and quality of health care services.

In addition, I would mention some of our recent project developments and leave copies of the materials for the secretariat:

- ten background papers and policy briefs on key migrant health issues in Europe, developed within the Assisting Migrants and Communities project;
- training materials for border officials and for health professionals as well as guidelines on public health aspects of border management, developed in the framework of the Increasing Public Health Safety Alongside the New Eastern European Border Line project;
- and add to this the forthcoming dissemination of the report from the Roundtable Meeting of the “Mobility of health professionals to, from and within Europe”, organized within the Mobility of Health Professionals project (26–27 April, Brussels);
- and already provided copies of the Caring for Trafficked Persons books for health professionals as well as for training on pandemics (10–15 copies each); for the former we have a unit within the health professionals training of materials on the project for Increasing Public Health Safety Alongside the New Eastern European Border Lines; we are also developing with the London School for Economics a fully-fledged three- month course on the subject, which would be shared when ready.

Finally, I wish to take this opportunity to reiterate our interest and readiness to expand our work with the SEEHN in respect to the above-mentioned activities as, for example, piloting the recently developed training materials for health professionals or any other project of joint interest, potentially becoming a formal member/partner of the Network, and looking forward to the forthcoming 3rd Ministerial Forum of the SEE. Thank you.

### **Mobility of Health Professionals**

Project title	Mobility of Health Professionals
Donor	European Commission – Seventh Framework Programme (Directorate-General for Research)
Budget	€3 million (IOM share: €567 060)
Start date	1 November 2008
Duration	36 months
Project area	International (IOM – EU and Africa)
Managing mission	IOM Migration Health Brussels (project leader, Scientific Institute of the German Medical Association – WIAD)
Participating mission	IOM Pretoria (leaders for African research: Angola, Egypt, Ghana, Kenya, Morocco and South Africa)

The general objective of the project is to research current trends of mobility of health professionals to, from and within the EU. Research is being conducted in EU countries but also in non-European sending and receiving countries. The IOM is the largest partner in the WIAD-led consortium and is responsible for dissemination and liaison (IOM Migration Health Brussels) and research in African source countries (IOM Pretoria).

### **Public Health and Border Management**

Project title	Increasing Public Health Safety Alongside the New Eastern European Border Lines
Donor	European Commission, Public Health Programme 2006 (60%); Ministry of Health of Hungary (EUR €50 000)
Budget	€836 229
Start date	4 June 2007
Duration	30 months (extension requested to June 2010)
Project area	Hungary, Poland, Romania and Slovakia
Implementing mission	IOM Migration Health Brussels

This project aims to increase the public health safety of EU member states, build the capacity for border management and support appropriate health provision to border guards and migrants as a fundamental human right. The IOM cooperates closely through the project with the participating countries' governments and with the European Centre for Disease Prevention and Control (ECDC), Frontex and the WHO Regional Office for Europe.

### **Improving HIV Data Comparability in Migrant Populations in the EU**

Project title	Improving HIV Data Comparability in Migrant Populations in the EU
Donor	European Centre for Disease Prevention and Control (ECDC)
Budget	€70 000
Start date	22 September 2009
Duration	8 months (until 1 June 2010)
Project area	EU/EEA countries
Implementing mission	IOM Migration Health Brussels

This project responds to the aim of ECDC tender specifications to improve data comparability and to develop standardized ways of recording data with regard to HIV and migrant populations and ethnic minorities in the EU/EEA member states. It addresses the ways to gather HIV-related information by examining the relevant scientific literature and carrying out a consultation with experts and officials in the field.

## *Annex 4*

# CALL FOR PROPOSALS FOR ESTABLISHING THE REGIONAL HEALTH DEVELOPMENT CENTRES IN SOUTH-EASTERN EUROPE

## **1. Introduction**

This document is the call for proposals for the designation of the Regional Development Centres (RHDC). The SEE Health Network (SEEHN) members have agreed, by signing the Memorandum of Understanding (MoU) on the future of the SEE Health Network and of the cooperation in public health in the SEE, to establish the RHDC, outlining the principles, functions and criteria for designating the RHDCs.

As specified in the MoU, the RHDC will serve as the coordinators of the technical structures and networks of the specific technical areas, as approved by the Ministers of Health in the Dubrovnik and Skopje Pledges. The RHDCs will provide direct support to the regional cooperation programs for health development. Any existing or newly established institution, in any SEEHN member state, carrying out activities in support of the SEEHN program in the specific technical area can serve as a RHDC.

## **2. Functions of a RHDC**

2.1 Promotion of SEE Health Network policies and priorities in the different technical areas.

2.2 Collection, collation, and dissemination of information, including through the development of regional inventories and libraries.

2.3 Participation in collaborative research under the SEE Health Network's leadership, including the planning, conducting, monitoring and evaluation of research, as well as promotion of the application of the research results.

2.4 Training.

2.5 Harmonization of standards and guidelines in specific areas.

2.6 Development of regional policies and good practices.

2.7 Development and coordination of implementation of programmes and activities.

2.8 Monitoring and evaluation of existing practices, legislation, policies, strategies, etc.

2.9 Facilitation of networking among SEE members.

2.10 Cooperation with integrational organizations, as well as international and regional governmental and nongovernmental organizations in the area of technical work.

2.11 Fundraising.

2.12 Establishment and maintenance of a reporting system.

2.13 Administration of projects, programmes and activities.

In fulfilling the above functions, the regional health development centres will also promote human rights and interdisciplinary and intersectoral approaches.

## **3. Criteria for the designation (from MoU)**

3.1.1 Scientific, technical, administrative, financing and human resource capacities, with particular reference to the technical area of work.

3.1.2 Ability to contribute to the regional health development programmes.

3.1.3 Sustainability for long term duration.

3.1.4 Communication capacity.

3.1.5 Capacity to perform monitoring and evaluation of activities.

3.1.6 Capacity to carry out activities in support of the SEE Health Network programme.

3.1.7 Administrative and financial management capacity in multicountry settings.



#### **4. Activities of a RHDC**

4.1 A RHDC will carry out its activities according to its annual workplan, approved by the SEEHN, based on the SEEHN members needs and partners recommendations.

4.2 A RHDC has the responsibility to monitor and evaluate its own activity, based on the indicators proposed by the centre and approved by the SEEHN. Activities will be monitored throughout the implementation. Regular progress reports will be sent every 6 months to the SEEHN on program progress and financing.

4.3 The RHDC is responsible for designing reviews and evaluations on all its programs in order to collect information on progress and outcome of activities, so that suggestions for further development can be made. The RHDC is also responsible for the design of the internal evaluation tools and the actual evaluation process.

#### **5. Resources**

##### **5.1 Financial**

5.1.1 In line with the decisions made by the Ministers of Health of the SEE, as stipulated in the MoU, the RHDCs will be supported during the inception phase financially by the host country. The length of the inception phase will be determined by the SEEHN at one of its regular meetings.

5.1.2 During the operational phase, the RHDCs will be supported jointly by host country and partners.

##### **5.2 Human**

5.2.1 The host country should demonstrate that is willing and capable of providing staff to the RHDCs in support to implementation of the RHDC workplan.

5.2.2 This support should not be less that two full time employees or their equivalent in part-time.

5.2.3 The selection of all the employees of the RHDCs will be done based on the proposal of the host country and with decision of the SEEHN.

5.2.4 The RHDC may be staffed with seconded staff from all SEEHN members as approved by the SEEHN.

##### **5.3 Infrastructure**

###### **5.3.1 Office**

5.3.1.1 The host country shall provide all the necessary office space to the RHDC. This space should be sufficient in hosting all the employees of the RHDC.

5.3.1.2 The office space should be clearly identified, and be easily accessed; have its own sign and address, even if it is part of an existing institution.

###### **5.3.2 Communications**

5.3.2.1 The RHDC shall be provided by the host country with proper and direct lines of communication, including telephone, fax, E-mail and internet access.

5.3.2.2 The host country will provide resources for hosting and maintaining a website for the RHDC.

#### **6. Designation process**

6.1 The designation process is initiated by announcing this call for proposals.

6.2 The interested SEEHN members shall present to the nearest SEEHN regular meeting a written proposal stating the interest to host the RHDC and outlining the resources it commits to the centre.

6.3 The written proposal will be reviewed and approved by the SEEHN during its regular meetings.

6.4 Any requested improvements to the written proposal will be performed by the interested host country and proposed to the next regular meeting of the SEEHN.

6.5 If the proposal is approved by the SEEHN, the host country should establish the RHDC no later than 2 months from the date of the approval.

6.6 Once established and staffed, the RHDC has 3 months to propose to the SEEHN the annual work plan, including the list of activities, and a monitoring and evaluation plan.

6.7 The RHDC shall present the SEEHN with a regular progress report every 6 months, during the regular SEEHN meetings.

## **7. Application**

7.1 The written proposal will include the following sections:

a) Political support: the proposal must clearly indicate the commitment of the host country to host and support the RHDC.

b) Name, address and representative of the institution, existing or new, that is supporting the technical program of the SEEHN under the proposed technical area; describe the capacities of the institute (refer to criteria in item 3. above) to be designated as a RHDC.

c) Resources to be allocated to the RHDC: financial, human, infrastructure; clearly outlines as per this call for proposal, showing the commitment and the sustainability of the RHDC during the inception phase.

d) CVs of at least 3 candidates for each of the two full time positions for the RHDC staff or their part time equivalent.

e) The written proposal should be sent to the SEEHN in the address of the SEEHN Secretariat, no later than 1 month after this call for proposals is announced.