



**Second Health Ministers' Forum**  
With the special participation of ministers of finance

*Health and economic development in  
South-Eastern Europe in the twenty-first century*  
Skopje, The former Yugoslav Republic of Macedonia, 25–26 November 2005

# Forum report



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## Introduction

The Second Health Ministers' Forum on "Health and economic development in south-eastern Europe in the twenty-first century", held in Skopje on 25 and 26 November 2005, was attended by ministers of health and finance of the countries of south-eastern Europe (SEE), representatives of partner organizations and institutions, and partner states as well as over 100 other participants.

The Forum elected Professor Vladimir Dimov, Minister of Health of The former Yugoslav Republic of Macedonia, as Chairperson of the Forum, and Dr Maksim Cikuli, Minister of Health of Albania, Professor Neven Ljubicic, Minister of Health and Social Welfare of the Republic of Croatia and Mr Nikola Popovski, Minister of Finance of The former Yugoslav Republic of Macedonia as vice-chairpersons. Dr Goran Cerkez of Bosnia and Herzegovina and Dr Djordje Stojiljkovic of Serbia and Montenegro were elected as rapporteurs.

The Second Health Ministers' Forum had three objectives:

- to consolidate the SEE Health Network alliance at regional level by increasing cross-border opportunities for local partners to work together to improve health and strengthen neighbourly bonds;
- to support the ministries of health in assuming ownership of the regional health projects and to assist them in inspiring and empowering health professionals to ensure sustainable long-term improvements in public health;
- to demonstrate the economic potential of health as a way of increasing productivity and decreasing public expenditure on illness: a healthy population works better and produces more.

## Plenary session 1: Opening

The Forum was opened by Mr Mincho Jordanov, Deputy Prime Minister of The former Yugoslav Republic of Macedonia, the host country.

The first session was chaired by Professor Vladimir Dimov, Minister of Health of The former Yugoslav Republic of Macedonia.

Dr Marc Danzon, the WHO Regional Director for Europe said that, while the previous forum in Dubrovnik would be recalled as having formulated an idea, the Skopje Forum would be remembered for the action it produced. While health was a contributor to development, it should also benefit from development. It was essential to strengthen health systems as a key contribution to social cohesion. There was a clear need for good and improved management of resources in the health sector, and for greater involvement of civil society. The current projects under the SEE Health Network were excellent examples of partnership and ethical governance.

Through the SEE regional cooperation process, WHO, by giving the ownership of the work involved back to the countries, while providing unbiased expertise and motivation to build self-confidence, had reinforced its commitment to that approach as the key to successful implementation and delivery. The Regional Director reiterated the commitment of the WHO

Regional Office for Europe to continue, in particular, to provide the secretariat for the Health Network for the next two years to help with the transition to self-sustainability.

Mr Krzysztof Ners, Vice-Governor of the Council of Europe Development Bank (CEB), underlined the growing importance of the SEE region for the CEB; it had already approved loans worth more than 110 million euros for health projects in SEE. He said that the Health Network could be considered as an example of best practice and regional cooperation.

Mentioning the forthcoming report on “Health and economic development in SEE”, cosponsored by the CEB, he encouraged the SEE countries to continue their reform efforts in the area of health and invited the international community to continue its assistance to the region.

Mr Alexander Vladychenko, Director General of Social Cohesion of the Council of Europe, recalled the concluding sentence of his predecessor at the first SEE Ministerial Forum in Dubrovnik, who had seen the Forum as providing an opportunity for establishing a dialogue on the topic of health among the countries of the region and between SEE and the wider international community. The results achieved by the time of the Second Forum by the SEE countries, together with the three partner organizations, far exceeded those expectations. He said that the acronym SEE could also be viewed as standing for solidarity, equity and efficiency, the goals of the Council of Europe. The critical mass of local expertise developed through the Health Network projects and the continued political support for the Network were allowing it to achieve sustainability and self-governance, goals at the core of the Skopje Pledge. The health ministers of SEE had illustrated how health could be a bridge for peace and a vehicle for friendly cooperation; those lessons would remain as a remarkable achievement.

Mr Michael Mozur, Deputy Special Coordinator of the Stability Pact for SEE, recalled the history of the Pact’s Social Cohesion Initiative. He stressed that economic reforms required the support of social policy, including health policy, and emphasized the importance of the Health Network cooperating with the other initiatives in the social area. The SEE Health Network had been a motor for cooperation and was serving as a model for increased regional ownership.

Ms. Isabelle Bénoliel, representing the European Commission, stressed that her organization strongly supported the high political priority given in the SEE countries to the modernization of health policies; the reforms should be combined with policies enabling governments to continue to invest in public health and provide high quality health care. The cooperation which had been established through the Health Network was to be commended; it was particularly important in responding to the serious health problems in the region and triggering economic growth.

The European Commission welcomed the Skopje Pledge, as it underlined that health was essential to economic growth and was a vital part of the European integration process. Joining the European Union (EU) was not just about implementing a set of Community laws or developing economic reforms. Investing in human resources and, in particular, improving health, were key components of the European agenda. Health was indeed one of the criteria for assessing readiness for EU membership. The various Community programmes and the negotiated agreements between the European Commission and most countries of SEE provided an opportunity for extensive cooperation.

## **Plenary session 2: The Dubrovnik Pledge: from commitment through action towards sustainability in SEE**

The session was chaired by Dr Maksim Cikuli, Minister of Health of Albania.

### **Introduction**

In his introductory speech, Professor Dimov, chairperson of the Forum, recalled the “political” results achieved so far by the SEE Health Network and its six projects: openness, transparency, cooperation mechanisms, decentralization and growing ownership. They were key words which characterized the SEE Health Network. The Network had also created a critical mass of experts, a key to the promotion of reforms. He particularly mentioned the Mental Health Project and the desirability of transforming it into a permanent programme.

### **Review of process in thematic areas outlined in the Dubrovnik Pledge**

Dr Maksim Cikuli, Minister of Health of Albania, the lead country for the project related to communicable diseases, introduced “Strengthening the surveillance and control of communicable diseases”.

Communicable diseases were still a major health problem in the region (including the rise in HIV infections and tuberculosis), further fueled by the very significant increase in travel.

At the current stage of the project, national surveillance systems and staff qualifications had been evaluated and steps were being taken to develop legislation in line with the rules and experience of the European Communities.

The need for close coordination and strengthening of surveillance systems had been recognized, with new urgency added by avian influenza, including for reinforcement of laboratory capacity and the development of a rapid alert system.

Mr Zlatko Horvat, Secretary to the Minister of Civil Affairs of Bosnia and Herzegovina, the lead country for the project related to mental health, introduced “Intensifying social cohesion by strengthening community mental health services”.

The project was the first to be initiated three years previously, following the Dubrovnik Pledge, with substantial support from and involvement of Greece. The overall goal of the project was to place community-based mental health services at the centre of the mental health systems of the participating countries.

The project had achieved important results at regional level. They included the development of national mental health policies and legislative frameworks as a basis for the reform of the mental health systems towards community-based care. Ten community mental health centres had also been successfully established across the region.

Another very important achievement had been the initiation of constructive collaboration between the participating countries. That was undoubtedly the single greatest contributing factor to the successful implementation of the project’s objectives.

Although the project's initial objectives had been achieved, the reform of mental health systems in the countries was far from complete. The most difficult processes, such as the gradual reallocation of resources from hospital to community care and the development of quality assurance mechanisms, would depend entirely on the commitment of the governments to sustaining the reform and the capacity of the professional community to contribute to and implement it.

It was to be hoped that the Forum had provided the necessary impetus and support to transform the Project into a long-term regional programme for collaboration in the field of mental health.

Professor Radoslav Gaydarski, Minister of Health of Bulgaria, the lead country for the project related to social and health information systems, introduced "Establishing regional networks and systems for the collection and exchange of social and health information"

The project was separate and self-sustained, but complementary and linked to the Mental Health Project. Begun in November 2004, it aimed to develop and implement a computerized information protocol and system for the more effective clinical management of cases at the pilot community mental health centres established under the Mental Health Project. A comparative situation analysis had already been carried out and the local needs for information support had been identified. The development of the Information System Blueprint was underway.

Dr Neven Ljubicic, Minister of Health and Social Welfare of Croatia, the lead country for the project related to Tobacco control, introduced "Increasing citizens' access to appropriate, affordable and high quality health care services: public health capacity building for strengthening tobacco control in SEE."

The project tackled a major threat to health in SEE, where the overall mortality caused by tobacco and tobacco consumption were significantly higher than in the EU.

The project had already raised awareness in the region of the need for the rapid ratification of the Framework Convention on Tobacco Control and was helping to build capacity in the countries for its implementation.

Further components of the project would deal with:

- improving the knowledge and skills of policy-makers and public health leaders in the planning and management of comprehensive tobacco control;
- information campaigns aimed at increasing awareness and public support;
- increasing institutional and human capacity in the region for providing smoking cessation services.

Professor Ion Ababii, Minister of Health and Social Promotion of the Republic of Moldova, gave a presentation on the "Impact of the Stability Pact process on health developments in the Republic of Moldova".

He recalled that health was an on-going priority for Moldova. While Moldova participated in all six of the SEE Health Network projects, its main emphasis was on mental health, with the setting up of a model community mental health centre; Moldova intended to use the project to shift the emphasis from a hospital-based to a community-based approach to mental problems, to emphasize the protection of patients' rights and to promote employment. Consultations at



government level towards the ratification of the WHO Framework Convention on Tobacco Control were currently being finalized.

Mr Vlad Iliescu, Secretary of State, Ministry of Health of Romania, the lead country for the project related to blood safety and blood components, introduced “Increasing the quality and self-sufficiency in the provision of safe blood and blood products”.

The project, launched just a few months previously, had already produced tangible results: national reports had been prepared evaluating the status of national policies and blood services. A preliminary regional assessment had produced a number of conclusions:

- there was an urgent need to translate the expressed national political commitments into adequate financial allocations to blood services;
- external technical assistance and financial support should be considered to improve and upgrade facilities and equipment;
- continued support of the international community in elaborating national policies, strategies and training programmes was essential;
- specific and adequate budgets were necessary to encourage voluntary unpaid blood donations.

The short and medium term challenge was to increase the availability and safety of blood by convincing people to make voluntary unpaid blood donations.

Professor Miodrag Pavlicic, Minister of Health of Serbia and Montenegro, the lead country for the project related to food safety and nutrition, introduced “Strengthening institutional capacity and intersectoral collaboration for access to affordable and safe food products”.

The project was developing into an excellent instrument for exchanging experiences, strengthening regional cooperation and harmonizing national strategies and laws with EU standards and directives. The project was important in:

- facilitating access to safe and affordable food products for the whole population;
- reducing the burden of foodborne diseases;
- strengthening monitoring of contaminants;
- reducing the burden of diet-related diseases in the region;
- facilitating trade in food.

### **Plenary session 3: Health and economic development in south-eastern Europe in the twenty-first century**

The session was chaired by Mr Nikola Popovski, Minister of Finance of The former Yugoslav Republic of Macedonia.

The presentations by Mr Krzysztof Ners of the Council of Europe Development Bank and Dr Nata Menabde of the WHO Regional Office for Europe of the study they had commissioned on *The contribution of health to economic development in south-eastern Europe* were informative

and appreciated by the Forum participants.

In reviewing the study's findings, Mr Ners emphasized that the answer to the question of whether health mattered in economic development was a clear yes. However, there was no clear pattern or recipe for the amount of money that should be spent on health. The new EU member states were increasing their health spending, and the same was likely to happen in the SEE countries.

Dr Menabde considered the broader aspects of health and health systems in SEE, including the low rate of population growth, ageing, high poverty levels, low life expectancy and the still high levels of infant mortality. Noncommunicable diseases were the major causes of the high mortality in the region, and tobacco and alcohol consumption were the most prevalent health determinants contributing to the high death toll. Communicable diseases, particularly tuberculosis and HIV/AIDS, as well as the newly emerging threats, required the attention of the existing public health services and the strengthening of surveillance, early warning systems, preparedness and response.

While primary health care had been the focus of reform, with some privatization of providers, there was still a lack and very uneven geographic distribution of family doctors. The secondary and tertiary health care sectors in general still suffered from over-capacity, as well as growing obsolescence of premises and equipment. There was little protection of public health services. In the area of human resources, there was often a lack of nurses and a brain drain of physicians, but no plans to challenge the problem.

The affordability of health care was a major and growing problem. Attempts to improve revenue collection for the financing of the health care system had serious implications for equity.

Dr Menabde also said that the role of ministries of health was changing from one of health care provider to that of policy-maker. In conclusion, she stressed that there was an urgent need to take a broader approach to health and to increase investments.

A lengthy discussion followed the presentations, with interventions from Albania, Croatia, Serbia and Montenegro, The former Yugoslav Republic of Macedonia, the German Agency for Technical Cooperation (GTZ), and the World Bank. All contributions would be reflected in the forthcoming final version of the study. The Forum endorsed the five conclusions and recommendations of the executive summary of the study and agreed that they should be included as an integral part of the report of the Forum (see under Conclusions). Particular mention was made of the recommendations that “policy-makers should consider investing in health – through the health system and through non-health sectors – as an integral part of an overall strategy to achieve sustained economic growth and poverty reduction”.

## **Plenary session 4: The response of the international community to health development action in south-eastern Europe**

The session was chaired by Dr Neven Ljubicic, Minister of Health and Social Welfare of Croatia.

Dr François Decaillet, representing the World Bank reviewed his organization's impressions of the health situation in the region. Health outcomes needed to be improved and the health systems prepared for the challenges of the future. The productivity of the health sector seemed to be still too low and drug prices very high. There seemed to be little room for increasing revenue and spending in the health sector. The World Bank was ready to assist the countries in their efforts to reform the health sector, developing new modalities for the delivery of health care and investing in hospitals to change the way they operated and thus improve services.

Regarding revenues for the health sector, as there was little scope for increasing contributions, the number of exemptions needed to be reduced, the collection of dues improved, and, possibly, the informal co-payment sector formalized.

Regarding spending, the progressive introduction of diagnosis-related groups, the rationalization of health benefits packages, the control of expenditure on drugs (possibly through generic substitution), and investment in public health and health promotion were all areas to be explored with care.

Finally, there was an urgent need to deal with inequalities and to develop mechanisms to compare performance.

Mr Stephen Wright representing the European Investment Bank (EIB), said that the major theme of the Forum was the importance of health as an element of human capital contributing to economic growth and development. The Bank had been articulating the same concept almost since the start of its operations in health and education in the 1990s. It was clearly encapsulated in the idea that sick people were unproductive people.

The EIB was a European instrument for long-term finance mainly in the form of debt and, largely, but not exclusively, directed to infrastructure. It was a large institution by annual activity. The Bank was owned by the Member States of the European Union, which would soon include some of the countries represented at the Forum.

The Bank mainly financed buildings, but would clearly do more than that. It was not very prescriptive to its clients, but focused on helping them to maximize health gains. As a result of its limited experience in the region, the Bank was very keen to establish partnerships with other international organizations working in health. The EIB's focus was on the services delivered, concentrating on two domains:

- the health system, with a balance between the various levels of care (primary, secondary, tertiary, post-acute/chronic, social, etc.); and
- the hospital, based on the idea of the “model of care”; i.e. the pathways by which services are delivered to patients, and the organization of staff, equipment and processes to deliver those services.

The EIB was increasingly focusing on financing the health sector in the countries of south and eastern Europe and so suggested that the time had come for a more formal linkage between the EIB and the SEE Health Network.

Mr Wegard Harsvik, State Secretary of the Ministry of Health and Care Service of Norway, stated his country's continued support for the Tobacco Control Project and its willingness to share expertise in the field. He also presented an idea for a new project to reduce the still very significant levels of neonatal mortality in the region, indicating that Norway would be ready to collaborate actively with the experts in the region and to explore the possibility of contributing political, technical and financial support. A project group from SEE and partner countries could start by identifying the specific needs in each of the SEE countries to effectively reduce neonatal mortality.

The representatives of Belgium, Greece, Slovenia and Switzerland all expressed their satisfaction with the achievements of the SEE Health Network, as well as their readiness and willingness to continue working as active partners of the Network. The Belgian representative furthermore indicated that her country would promote closer collaboration between the Network and the European Commission and EU member states, while the Greek representative stressed the role played by the Network and health in general as a catalyst for cooperation in the region. The Swiss representative pointed to the key need to ensure sustainability and said that Switzerland would continue to support the Stability Pact to help the transfer of ownership. The Minister of Health of Slovenia stressed the interest of his country, a close neighbour of the Stability Pact member countries, in continuing to take part in the activities of the Health Network, and pledged its financial support.

Dr Assia Brandrup-Lukanow, Director of GTZ, mentioned the various health projects supported by GTZ in the region and the organization's willingness to work in close cooperation with the SEE Health Network.

## **Plenary session 5: Regional health development action beyond 2005**

The session was chaired by Professor Vladimir Dimov, Minister of Health of The former Yugoslav Republic of Macedonia.

The Chairperson recalled that cooperation was and would continue to be needed and effective in improving health, particularly at the beginning of a new phase of collaboration in the region with more self-reliance. He noted that the ministers present strongly and unanimously supported the Skopje Pledge.

The WHO Regional Director again stressed that health was part of economic development and that ministers of finance needed to invest in health; furthermore partnership was a commitment that required constant effort.

The Skopje Pledge was signed by all the representatives of all the SEE countries and witnessed by the partner organizations and partner states.

## Conclusions and recommendations

The Forum recognized that the process of reforming and strengthening the health systems in the countries of the region was essential in meeting the health challenges of their populations, achieving the objective of providing high quality, accessible and affordable health services, and bridging the current gap with the countries of the European Union.

The Forum particularly highlighted the fact that public health services in the region were still comparatively weak and underfunded. While important progress had been made in public health training and alignment with European Union legislation, public health services were one of the main areas that needed to be developed and properly resourced in the future reform processes.

Projects had been implemented through the SEE Health Network in the areas of: mental health; social and health information systems; communicable diseases; food control; blood safety; and tobacco control. Assessments of the situation in each of the countries and at regional level had led on to major reform processes in each of those important public health areas, with legislation in many fields updated to conform with the EU requirements and WHO and Council of Europe recommendations. Good cooperation and exchange of experiences had also been established between the countries and the professionals of the region.

The projects had been instrumental in the efforts towards reconciliation, peace and stability in the region as:

- a strong feeling of *ownership* had been attained by the countries through the application of the principles of delegation and empowerment, which had led to increased responsibility for and participation in various roles and structures in the projects;
- a spirit of *openness, transparency and accountability* had been developed and sustained in both dialogue and actions, increasing trust and confidence;
- *strong partnerships* had been established among the eight SEE countries, and between them and the donor and neighboring countries.

The Mental Health Project deserved special mention, since mental health had now become an undisputed priority on the agenda of the health ministries across the region. The Forum strongly endorsed the need to transform the Mental Health Project into a long-term regional programme of collaboration, and to continue implementation of the other projects.

The Forum welcomed the Norwegian proposal for a new project aimed at reducing the still high levels of neonatal mortality in the region; it was suggested that Moldova could lead the project.

The Forum welcomed the conclusions and recommendations of “*The contribution of health to economic development in south-eastern Europe*”, linking health and economic development in SEE, and called for their inclusion in the present report. They are accordingly set out in the five points below.

- In the light of the evidence produced and assembled for this report, policy-makers should consider investing in health – through the health system and non-health sectors – as an integral part of an overall strategy to achieve sustainable economic growth and poverty reduction.
- Overall, there is scope for developing a broader public health approach in countries and for tapping the underutilized potential to improve health from outside the health sector (e.g.

through housing policies, education, fiscal policy, environment). Some of the investments in health may occur by increasing the resources, some by more efficient use of existing resources. Specific health investment strategies have to be developed within the context of a given country, taking into account the existing national and international evidence base.

- Public health services remain comparatively weak and underfunded. While important progress has been made in public health training and alignment with European Union legislation, public health services are one of the main areas that will need to be developed in the future reform process. At the same time, public health services are an essential tool for fighting noncommunicable diseases, the main ingredient of the disease burden in the region. The level of resources allocated to public health services should be carefully assessed.
- Two of the main challenges for the future will be to improve technical capacities for management of the health sector and the reform process, and to strengthen patients' rights and their involvement in the reform process. The achievements in reforming the health systems should be consolidated and a critical analysis is needed to assess whether the current arrangement for revenue collection is optimal for securing sustainable funding of the health systems that are capable of responding appropriately to citizens' increasing health demands.
- In order to further develop the economic argument for health, greater efforts need to be made to assess the costs and benefits of broader public health interventions. Strengthening analytical capacity and information systems at country level could prove effective in informing policy choices, particularly when resources are limited.

Since the signing of the Dubrovnik Pledge five years previously, the SEE countries had lived up to their undertakings and had established a strong alliance and partnerships for regional health cooperation through the SEE Health Network, and concerted actions in public health areas of common concern and interest. The alliance and the partnerships needed to be maintained and further strengthened and sustained.

By signing the Skopje Pledge at the present Forum, the political authorities of the SEE countries had clearly shown their continued political commitment to the public health alliance and their willingness to progressively take over full ownership of the SEE Health Network.

## **Acknowledgments**

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### **United Nations Children's Fund**

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### **World Bank**

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Mr Laurent Guye  
Director Working Table II – Economy,

Mr Michael Mozur  
Deputy Special Coordinator

Dr Alexandre Berlin  
Honorary Director, European Commission

Professor Athanassios Constantopoulos  
Director, Mental Health Centre, Regional General Hospital of Athens

## **Secretariat of the Forum**

### **Council of Europe**

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Director, Council of Europe Information Office

Mr Piotr Mierzewski  
Administrator, Department of Health

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## **WHO Regional Office for Europe**

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Secretary, Strategic Country Support

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Director, Division of Country Support

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Assistant Regional Project Manager, SEE Health Network Project on Mental Health

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### **Croatia**

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### **Republic of Moldova**

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### **Romania**

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**The former Yugoslav Republic of Macedonia**

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**Ministry of Health of The former Yugoslav Republic of Macedonia**

Mr Aleksandar Arnikov  
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Ms Slobodanka Georgieva  
Ms Sandra Kuzmanovska  
Mr Nikola Todorov  
Ms Biljana Vrazalska

**Interpreters**

Ms Jean Cruickshank  
Ms Jennifer Fritz  
Mrs Mara Sfreddo  
Ms Lucie de Burlet

*Annex 2*

**THE SKOPJE PLEDGE**

Note: Any reference in this document to the terms “partner” and “partnership” does not constitute, and should not be considered as, any indication of a separate legal entity.



We, the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia, have gathered for the Second Health Ministers' Forum for health and economic development in south-eastern Europe in Skopje, The former Yugoslav Republic of Macedonia on 25 and 26 November 2005 with the purpose of discussing progress achieved towards the goals of the Dubrovnik Pledge.

### **Current situation**

We acknowledge the importance of the role of the South-Eastern Europe (SEE) Health Network - in partnership with the World Health Organization (WHO) Regional Office for Europe and the Council of Europe, supported by the Council of Europe Development Bank and in the framework of the Social Cohesion Initiative of the Stability Pact – in meeting the challenges related to the health needs of vulnerable populations in the SEE region.

We:

- recognize that health, as an integral determinant of social cohesion, and an investment and a major factor in development, is essential to lasting peace, stability and economic progress;
- recognize that regional cooperation in the field of health is a vital part of the European Union (EU) integration process;
- recognize that health and the health systems in the SEE region are facing important challenges;
- recognize that there is a need to continue to develop, strengthen and support work being carried out in this area in general and, in particular, to improve the access of vulnerable populations in society to the health services of the region;
- recognize that there is a need to promote the exchange of experiences within the area of health systems and health system reform, at international, regional and national levels;
- express our gratitude for the support received from international and bilateral institutions and governments, and particularly the important analytical and policy development work of the Council of Europe, the Council of Europe Development Bank and the WHO Regional Office for Europe.

### **Looking forward**

Having reviewed the concerted action taken over the last five years in health development as a bridge to reconciliation, peace and development, we accept the challenge of reforming the health systems in the region and thus contributing to its economic development in the twenty-first century.

WE UNANIMOUSLY AGREE:

- to continue to cooperate beyond 2005 on the initiative: “Health development action for south-eastern Europe: the South-Eastern Europe Health Network” (hereinafter referred to as the SEE Health Network);

- to further consolidate the SEE Health Network alliance at regional level, according to its agreed Statutes, which form an integral part of this Pledge (Appendix);
- to assume full responsibility for regional cooperation on health and health-related projects;
- to continue regional cooperation and concerted efforts to improve the health systems of the countries in the SEE region in order to secure universal access to high-quality public health services for the populations of the region, based on sustainable financing;
- to confirm our commitment to implement action in the thematic areas identified in the Dubrovnik Pledge and, in doing so, to develop and apply the common criteria and procedures outlined in the Statutes;
- to demonstrate the economic potential of health as a means to increase productivity and decrease public expenditure on illness: a healthy population works better and produces more;
- to strengthen regional collaboration and coordination on preparedness planning for emerging priorities and to put this forward as a priority for action within the SEE Health Network;
- to advocate that national governments should put health higher on the political agenda and ensure that health is reflected in the policies and strategies of other sectors;
- to empower health professionals to ensure a sustainable long-term improvement in public health.

WE COMMIT OURSELVES to transparency and dedication in the implementation and reporting of all project activities and their results.

### **Plea to international stakeholders**

The Second Health Ministers' Forum on health and economic development in south-eastern Europe recognizes the need for assistance from international stakeholders to achieve the goals of this Pledge.

WE LOOK TO the Council of Europe and the WHO Regional Office for Europe for strategic guidance in further consolidating regional cooperation through concerted action to improve the health systems in the region and provide its populations with universal access to high quality health services. We also request their support in the further implementation of action related to the thematic areas outlined in the Dubrovnik Pledge and in fulfilling the commitments of this Pledge.

WE ASK THAT the international community assist by providing resources to support the implementation of urgent action for health and economic development in the above-mentioned areas. In doing so, we commit ourselves to transparency and dedication in the implementation and reporting of all project activities and their results, in accordance with the Statutes of the SEE Health Network.

WE REQUEST THAT the WHO Regional Office for Europe and the Council of Europe report to their governing bodies on this Pledge and the progress achieved towards its goals.

## **SIGNATORIES**

### **Ministers of Health of the SEE Member States:**

#### **ALBANIA**

**Dr Maksim Cikuli**, Minister of Health

#### **BOSNIA AND HERZEGOVINA**

**Mr Zlatko Horvat**, Secretary, Ministry of Civil Affairs

#### **BULGARIA**

**Professor Radoslav Gaydarski**, Minister of Health

#### **CROATIA**

**Professor Neven Ljubicic**  
Minister of Health and Social Welfare

#### **REPUBLIC OF MOLDOVA**

**Professor Ion Ababii**, Minister of Health and Social  
Protection

#### **ROMANIA**

**Mr Vasile Leca**, Charge d'Affaires a.i., Embassy of  
Romania to The former Yugoslav Republic of Macedonia

#### **SERBIA and MONTENEGRO**

**Professor Miodrag Pavlicic**, Minister of Health of the  
Republic of Montenegro

#### **THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA**

**Professor Vladimir Dimov**, Minister of Health

### **Witnessed in the presence of: Partner States:**

#### **BELGIUM**

**Ms Leen Meulenbergs**, Advisor, Ministry of Health

#### **GREECE**

**Dr Pavlos Theodorakis**, SEE National Health  
Coordinator, Ministry of Health and Social Solidarity

#### **NORWAY**

**Mr Wegard Harsvik**, State Secretary, Ministry of Health  
and Care Services

#### **SLOVENIA**

**H.E. Mr Marjan Siftar**, Ambassador of Slovenia to The  
former Yugoslav Republic of Macedonia

#### **SWITZERLAND**

**Mr Romain Darbellay**, Deputy Chief of Mission,  
Embassy of Switzerland to The former Yugoslav Republic  
of Macedonia

### **Partner Organizations:**

#### **Council of Europe**

**Mr Alexander Vladychenko**, Director General,  
Directorate General III-Social Cohesion

#### **Council of Europe Development Bank**

**Mr Krzysztof Ners**, Vice-Governor

#### **Social Cohesion Initiative of the Stability Pact for South Eastern Europe**

**Mr Laurent Guye**, Director of Working Table II-Economy

#### **WHO Regional Office for Europe**

**Dr Marc Danzon**, Regional Director for Europe

**Skopje, The former Yugoslav Republic of Macedonia, 26 November 2005**



***Appendix 1***

**Statutes of the  
South-Eastern Europe  
Health Network**

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## **Title I – General provisions**

### **Article 1 – Composition**

1. The South-Eastern Europe (SEE) Health Network is a joint initiative, under the auspices of the Stability Pact Initiative for Social Cohesion (SP ISC), of the ministries of health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia (hereinafter referred to as the SEE member states).
2. The SEE Health Network works in collaboration with a number of European countries (Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden, and Switzerland – hereinafter referred to as the partner states), and the Council of Europe, the Council of Europe Development Bank and the World Health Organization Regional Office for Europe (hereinafter collectively referred to as the partner organizations).
3. Other countries or international governmental organizations wishing to join the SEE Health Network may become partners on accepting the relevant decisions and statutes of the SP ISC and signing this Pledge.

### **Article 2 – Mandate**

The SEE Health Network is a regional initiative providing and sustaining the ownership and leadership of the countries in the region in implementing concerted action in the health priority areas defined by the ministers of health of the SEE member states

### **Article 3 – Principles**

Collaboration within the SEE Health Network is guided by the following principles:

- regional ownership
- partnership
- transparency and accountability
- complementarity
- sustainability
- equal and active involvement of all SEE member states
- distribution of activities and resources based on a country needs assessment
- decentralization of activities and resources
- efficiency.

### **Article 4 – Objectives**

The objectives and tasks of the SEE Health Network are:

- (a) to provide a regional health policy forum, based on the common understanding that health development is an essential prerequisite to further socioeconomic progress in the region;

- (b) to provide a framework for exchange of information, knowledge and experience, as well as coordination, guidance and provision of technical assistance to health-related actions initiated by the ministers of health of the SEE member states at their regional meetings;
- (c) to steer, monitor and evaluate the implementation of health-related actions initiated by the ministers of health of the SEE member states at their regional meetings and all regional projects within their framework;
- (d) to stimulate and foster partnerships with other countries and international governmental organizations for regional health efforts in south-eastern Europe;
- (e) to promote cooperation with other national and international public, nongovernmental and private organizations, institutions and bodies which are active in the fields that are of interest to the SEE Health Network in order to fulfil its objectives, within the limits imposed by these Statutes.

## **Title II – Priorities for cooperation**

### **Article 5 – General provisions**

1. The ministers of health of the SEE member states agree to continue their regional collaboration and concerted efforts to improve the health systems in the region to ensure universal access to high quality health services for their populations (hereinafter referred to as the global area of action).
2. The ministers of health of the SEE member states reconfirm their commitment to the implementation of the actions in the priority public health areas identified in the Dubrovnik Pledge.
3. The ministers of health of the SEE member states agree to apply common criteria and procedures, as identified in articles 6 and 7 of these Statutes, needed for establishing new priorities and cancelling or terminating projects.

### **Article 6 – Priority setting**

New priorities for collaboration and regional projects within the global area of action referred to in paragraph 1 of Article 5, will be selected using the following criteria:

- (a) they must be national priorities of each SEE ministry of health according to their national health strategies
- (b) they must respond to regional needs and contribute to regional and trans-border development
- (c) they must contribute to the European Union integration process.

### **Article 7 – Cancellation**

The cancellation and termination of priorities for collaboration and regional projects within the global area of action referred to in paragraph 1 of Article 5 will be based on the following criteria:

- (a) failure to raise funds for implementation of the priority project within two years from the date on which the proposal was agreed to by the SEE Health Network;
- (b) any change in the overall circumstances that renders obsolete the need for implementation of the project activities within the countries of the SEE Health Network;



- (c) any change in the overall circumstances of the countries of the region that hinders the implementation of project activities.

## **Title III – Organizational structure**

### **Article 8 – General structure**

The organizational structure of the SEE Health Network shall be the following: (a) the Presidency and Regional Meeting of the SEE Health Network, (b) the SEE Health Network Executive Committee, (c) the SEE Health Network Secretariat, (d) regional project managers, and (e) country project managers.

### **Article 9 – Presidency and Regional Meeting of the SEE Health Network**

1. The Presidency will be held by a ministry of health of one of the SEE countries. It will rotate once every six months following the alphabetical order of the countries and the “troika” principle (past, current and future presidents forming a team). The SEE country that holds the Presidency of the SEE Health Network will host one meeting of the SEE Health Network and its Executive Committee and provide secretarial support during the six-month period of its Presidency.
2. The Regional Meeting of the SEE Health Network shall comprise one high-level representative hereafter referred to as “National Health Coordinator”, and an alternate nominated by the ministry of health of each country, whether an SEE member state or a partner country, as well as one representative from each partner organization. The national health coordinators and alternates will either be professionals from the international relations departments of the ministries of health, or will be supported by these departments in the respective countries.
3. The role and responsibilities of the SEE Health Network are contained in Appendix 1 of these Statutes.
4. The SEE Health Network shall operate on the basis of consensus and its decisions shall be taken in accordance with the relevant decisions and statutes of the SP ISC and with these Statutes.
5. The SEE Health Network shall meet twice a year. Additional meetings may be called by any member of the SEE Health Network and shall be held if a majority of the members agree.
6. The SEE Health Network shall receive technical and financial progress reports, prepared by the Secretariat, at least four weeks before its meetings. One of the meetings shall take place at least one month before the end of the operational year and shall be devoted to discussion of the proposed work plan and budget for the following operational year.

### **Article 10 – Executive Committee**

1. The Executive Committee shall be composed of five members, three of them representing the SEE member states, one representing the partner states and one member jointly nominated by the SP ISC, the Council of Europe, the Council of Europe Development Bank, and the WHO Regional Office for Europe. The members of the Executive Committee shall be elected by the SEE Health Network on their personal merit for a period of two years. Should a member withdraw or be withdrawn before completing the Committee’s term of office, the SEE Health Network shall be responsible for appointing a replacement following established procedures. Representatives of the Council of Europe,

the Council of Europe Development Bank, the SP ISC Secretariat, and the Regional Office for Europe shall participate in the meetings as observers with the right to contribute to the discussions.

2. The Executive Committee shall appoint a chairperson, an alternate and a rapporteur for its term of two years.
3. The roles and responsibilities of the Executive Committee are contained in Appendix 1 of these Statutes.

### **Article 11 – Secretariat**

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

## **Title IV – Regional projects: Organizational Structure**

### **Article 12 – Regional project managers**

1. The projects developed under the SEE Health Network shall be implemented according to the project documentation agreed by the Network.
2. Each regional health project developed by the SEE Health Network shall have a regional focal point, referred to as the “regional project manager”, responsible for the overall implementation and management of the project.
3. The regional project manager shall be recruited by the ministry of health of the country regionally responsible for the health project on the basis of a proposal by the Executive Committee, according to the specific procedures established by the SEE Health Network and respecting national regulations.
4. The roles and responsibilities of the regional project manager are contained in Appendix 1 of these Statutes.

### **Article 13 – Country project managers**

1. In order to sustain implementation of activities, the SEE Health Network shall be supported by national core teams comprising the national health coordinator and one expert within each project area, referred to as the “country project manager”.
2. The country project manager shall be recruited by the ministry of health of the country in which the project is to be implemented, according to specific procedures set by the SEE Health Network based on a proposal of the project executive committee and according to the respective national regulations.
3. The roles and responsibilities of the country project manager are contained in Appendix 1 of these Statutes.

## **Title V – Funding**

### **Article 14**

1. At the political level the SEE ministry of health of the member state that holds the presidency of the SEE Health Network shall during its presidency, provide funds for:
  - (a) secretarial support to the SEE Health Network and the Executive Committee;
  - (b) hosting, organizing and covering the local costs (local transportation, meeting facilities and equipment, interpretation if needed, and the travel and accommodation costs of its own representatives) of one meeting of the SEE Health Network and of the Executive Committee during its Presidency.
2. During the transitional period in 2006 and 2007, the WHO Regional Office for Europe and the Council of Europe will continue to support the participation of the SEE national health coordinators and, if appropriate, the regional project managers, except those from the host country, in the SEE Health Network meetings.
3. During the transitional period in 2006 and 2007, the WHO Regional Office for Europe and the Council of Europe will extend their support to the SEE Health Network Secretariat to strengthen the capacities of the ministries of health to allow them to operate independently and lead the regional health cooperation process beyond 2007.
4. During the transitional period in 2006 and 2007, the SP ISC will support the SEE Health Network by providing additional resources to strengthening regional capacities to assume full ownership of the Network.
5. After the two-year transitional period, all SEE member states will cover the participation costs of their representatives on the SEE Health Network and the Executive Committee.
6. At the technical level, each SEE ministry of health will delegate, authorize and provide funds for an existing or a newly established public health institution to serve as the thematic regional centre coordinating collaboration in a specific technical area. Technical cooperation within the SEE Health Network shall be based on projects developed in agreement with the SEE Health Network.
7. Partner states and partner organizations shall provide funds for the participation of their representatives in the meetings of the SEE Health Network and the Executive Committee, as well as for the development and implementation of projects, unless otherwise agreed.

## **Title VI – Use of Outputs**

### **Article 15**

1. After approval from the WHO Regional Office for Europe, the use of the name and the logo of the SEE Health Network shall be determined by the Executive Committee, having regard to general advice on the issue by the SEE Health Network. This requirement applies to all fields related to the mandate of the SEE Health Network, including meetings, initiatives and publications.
2. The outputs of the SEE Health Network shall be credited to the members. Any dissemination activities such as presentations in public fora and dissemination of products such as publications shall acknowledge all members.
3. Written outputs of the SEE Health Network shall be reviewed internally by the Secretariat, in

collaboration with the Executive Committee, for technical and scientific quality. All publications shall include the following disclaimer: “The views and opinions expressed in South-Eastern Europe Health Network publications do not necessarily reflect the official policy of the members”.

## **Title VII – Transitional provisions**

### **Article 16**

1. On the entry into force of these Statutes, the Statutes of the SEE Health Network from November 2004 will cease to be valid.

*25 November 2005*  
*Skopje*

## **Roles and responsibilities**

1. The roles and responsibilities of the SEE Health Network are:
  - (a) to promote international and national exchange of experiences in the areas of public health, health systems and their reform;
  - (b) to develop, strengthen and support work in the area of health in general and, in particular, to improve the access of vulnerable populations to health services;
  - (c) to promote and facilitate the strengthening of national coordination between government sectors, who are stakeholders in the health development process, including the exchange and dissemination of information;
  - (d) to provide a focal point for the national coordination of all regional health projects;
  - (e) to report to and share experiences within the SEE Health Network on the national implementation of the regional health projects;
  - (f) to assist in identifying emerging health issues and contribute to the technical development of existing and new regional health projects;
  - (g) to promote the values, principles, activities, achievements and experiences of and lessons learnt by the SEE Health Network and the implementation of the Dubrovnik Pledge and the Skopje Pledge at both international and national levels;
  - (h) to contribute to the development of partnerships with countries and other relevant organizations;
  - (i) to ensure the commitment of all present and potential partners to this initiative.
2. The roles and responsibilities of the Executive Committee of the SEE Health Network are:
  - (a) to work in coordination with the Secretariat of the SEE Health Network in securing the implementation of all follow-up actions to the decisions taken by the ministers of health of SEE member states at their regional meetings;
  - (b) to cooperate with the Secretariat of the SEE Health Network in preparing for successful outcomes of the SEE Health Network meetings and the regional meetings of the ministers of health of SEE Member States, including in the drafting of regional policy and strategy papers;
  - (c) to approve, after thorough consultation in the SEE Health Network, all reports of its meetings.
3. The roles and responsibilities of the SEE Health Network Secretariat are:
  - (a) to assist the Executive Committee to prepare a proposal for a two-year strategic plan;
  - (b) to assist the Executive Committee to prepare a proposal for the annual work plan and the budget;
  - (c) to support the implementation of the work plan and to manage the activities of the SEE Health Network;
  - (d) to support the fundraising efforts of the SEE Health Network;
  - (e) to assist the Executive Committee to prepare annual technical and financial progress reports for the regular meeting of the SEE Health Network;
  - (f) to assist the Executive Committee to prepare a short interim progress report half-way through each budget year;
  - (g) to assist the Executive Committee to ensure the appropriate utilization of resources.

**Appendix to the Statutes**

4. The roles and responsibilities of the SEE regional project managers are:
  - (a) to coordinate the work of the country project managers;
  - (b) to be in charge of the full-time and or part-time salaried staff of their regional office; to recruit and manage the staff according to national regulations;
  - (c) to be responsible for the day-to-day activities of their regional office;
  - (d) to be responsible for the organization and management of inter-country activities;
  - (e) to be responsible for the monitoring of progress of project implementation in all participating countries;
  - (f) to report every two months to the project's executive committee on the progress of project implementation, including problems faced and proposals for solutions, on the basis of country reports;
  - (g) to report and propose subjects for discussion and decision by the project's executive committee;
  - (h) to propose to the project's executive committee re-allocations and changes of outputs and activities, in consultation with the country project managers;
  - (i) to act as the Secretariat for the project's executive committee and steering committee.
5. The roles and responsibilities of the country project managers are:
  - (a) to launch the project in the recipient country;
  - (b) to prepare the specific sub-objectives, activities, tasks, work plan, timetable and budget (project logical framework) for the inception period of the project;
  - (c) to prepare the implementation framework for the recipient country;
  - (d) to coordinate the country activities for the project;
  - (e) to propose local experts for hiring under the project as appropriate;
  - (f) to liaise regularly with the regional project managers and the country project managers in each of the other recipient countries;
  - (g) to mobilize other relevant government institutions, sectors, local authorities and external partners;
  - (h) to monitor the implementation of the activities agreed;
  - (i) to report to the regional project manager and the project's executive committee in the format required;
  - (j) to build up an accounting and invoicing system according to agreed requirements;
  - (k) to prepare the financial statements and reports to the donors as agreed and submit them through the regional project manager;
  - (l) to keep records and files.
6. The roles and responsibilities of the partner states and organizations of the SEE Health Network are:
  - (a) to support the work of the SEE Health Network of the SP ISC promoting health as a bridge for peace, reconciliation, confidence building and development;
  - (b) to promote and facilitate the strengthening of health systems in SEE countries in accordance with the overall goal of the SP ISC;
  - (c) to assist in identifying emerging health issues and to contribute to the technical development of existing and new regional health projects;

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- (d) to promote national and international exchange of experiences in the areas of health systems and their reform;
- (e) to promote the values, principles, activities, achievements and experiences of and the lessons learnt by the SEE Health Network and the implementation of the Dubrovnik Pledge and the Skopje Pledge at both international and national levels;
- (f) to promote and facilitate the strengthening of multisectoral and multidisciplinary partnerships in the region.





*Annex 3*

**Presentation**

***Now is the time for investment in health***

***A healthy community is a wealthy community***