



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

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

Report on a Joint Council of Europe/WHO meeting

Belgrade, Serbia, 19-20 November 2009



## Summary

This report summarizes the proceedings and the decisions of the 22nd meeting of the SEE Health Network that took place in Belgrade, Serbia. The report was prepared by the SEEHN Secretariat based on the preliminary report prepared by Dr Alex Berlin of the SEEHN Executive Committee. The SEEHN Secretariat would like to thank all the representatives of the SEE countries for their contribution during the meeting and for their presentations that were used for this report.

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## **Abbreviations**

<b>ALB</b>	Albania
<b>BIH</b>	Bosnia and Herzegovina
<b>BUL</b>	Bulgaria
<b>CoE</b>	Council of Europe
<b>CRO</b>	Croatia
<b>EU</b>	European Union
<b>HiT</b>	Health in Transition
<b>MDA</b>	Republic of Moldova
<b>MKD</b>	The former Yugoslav Republic of Macedonia
<b>MNE</b>	Montenegro
<b>MoH</b>	Ministry of Health
<b>MoU</b>	Memorandum of Understanding
<b>NDPHS</b>	Northern Dimension Partnership for Public Health and Social Well-being
<b>RCC</b>	Regional Cooperation Council
<b>ROM</b>	Romania
<b>SEE</b>	South-eastern Europe
<b>SEEHN</b>	SEE Health Network
<b>SRB</b>	Serbia
<b>UNDP</b>	United Nations Development Program
<b>WB</b>	World Bank
<b>WHO</b>	World Health Organization

## 1. Introduction

This 22nd Meeting of the South-eastern Europe Health Network (SEEHN) under the Presidency of the Republic of Serbia, is its regular sixth monthly meeting as stipulated in the Skopje Pledge (2005) and the Memorandum of Understanding (MoU) (2009).

The Network meeting was attended by over 30 participants from all the SEE countries (with the exception of the Republic of Moldova), the Minister of Health and the Assistant Minister of Foreign Affairs for EU (Ministry of Health) and the National Coordinator for the Regional Cooperation Council (RCC) (Ministry of Foreign Affairs) in the Republic of Serbia, as well as a representative of Belgium as a donor country and observers from the International Organization for Migration. Excuses were received from the representatives of Republic of Moldova, as well as from the representatives European Commission (EC), the European Investment Bank (EIB) and the Council of Europe Development Bank (CEB). The absence for health reasons of the Executive Committee member, Prof A. Constantopoulos, was sincerely regretted, and wishes for a speedy recovery were transmitted. The full list of participants is attached in Annex 1.

The main purposes of the meeting were to complete the process of handing over to the SEE countries the ownership of the regional cooperation in public health and in particular the establishment of SEEHN Secretariat in Skopje, to start preparations for the Third Ministers of Health Forum in Sarajevo in 2010, and to continue the establishment of Regional Health Development Centres. In addition, a special seminar on “Good governance in health systems” was organized by the Council of Europe within the framework of this meeting.

## 2. Opening session

The opening session of the meeting was chaired by Prof Tomica Milosavljevic, Minister of Health of Serbia and Ms Snezana Cicevalieva, Chairperson of the Executive Committee. Dr Alexandre Berlin, member of the Executive Committee, acted as rapporteur for the meeting.

Prof Milosavljevic stressed the ever expanding cooperation between the countries of the Region in the health field and the increased visibility of the SEEHN in Europe. He congratulated the SEEHN for the very important step now being taken, that of the transfer of ownership of the SEEHN to the Region.

Mrs Marina Jovičević, Assistant Minister of Foreign Affairs for the European Union (EU), Republic of Serbia, stressed the importance of regional cooperation and harmonization with the EU, both going hand in hand and being top priorities for Serbia. The SEEHN and the Region should avail themselves of the growing experience of Bulgaria and Romania, as European Union Member States.

Mr Constantin Yerocostopoulos, Special Representative of the Secretary General of the Council of Europe in Serbia, stressed the Council of Europe overarching priorities – protecting people and basic human rights – essential priorities in relation to health protection. He also mentioned the real practical involvement of the Council of Health in the health area, and in particular the 8 ministerial meetings of the Ministers of Health, organized by the Council of Europe over the years. He assured the SEEHN of the continued support of the Council of Europe.

Mr Pierre Dybman, representing the European Commission Delegation in Serbia, also indicated the growing importance of health, as an EU policy, and the need for reforms of the health systems, which face furthermore, the loss of highly qualified health professionals due to very low financial compensations.

Dr Dorit Nitzan Kaluski, Head of the WHO Country Office in Serbia, brought the special greetings of Dr Marc Danzon, Regional Director, WHO Regional Office for Europe, who is now very comfortable that the SEEHN, which the Regional Office strongly supported, has come of age. She also conveyed the assurance that the newly elected Regional Director, Dr Zsuzsanna Jakab, is willing to continue cooperating and supporting the SEEHN.

Ms Roumyana Petrova-Benedict, conveyed on behalf of the International Organization for Migration (IOM), congratulations to the SEEHN for the important achievements to date and furthermore for the crucial step in establishing the new SEE Network Secretariat. She recalled that IOM is an intergovernmental body with 125 Member States committed to the principle that well-managed migration benefits migrants and societies. There is an increasing international recognition of the health related dimension of migration, and a consensus on the need of Regional and Global health management strategies. IOM has a long standing experience working in the SEE in areas such as health assessments and travel health assistance, health promotion and direct assistance for migrants, Roma, as well as for victims of trafficking, human resources for health and mobility of health professionals.

IOM looks forward to continued collaboration in these areas as well as expanding to other areas of interest to the SEEHN where IOM is already active such as public health and border management, emergency and inclusive pandemic preparedness and training.

Providing for the physical, mental and social well-being of migrants, regardless of their individual migration status, finds its justification on basic and shared societal values - such as equity, solidarity and participation - and is also necessary for the protection and promotion of the health of all. Although the Migrant Health agenda has gained significant momentum in Europe over the past years, with the Portuguese 2007 Presidency, the Council of Europe Bratislava Declaration on migrants' right to health, the Lisbon 2009 Migration Health EU Consultation, difficulties remain in translating the vision into coherent policies and programmes. In May 2010, all countries are to report to the WHO World Health Assembly on their 2008 resolution on Health of Migrants and IOM is currently working with WHO on a Global Consultation on the subject (tentative date March 2010).

IOM reiterates its interest in working with the SEEHN and potentially becoming a full member/partner of the network. Collaboration for the upcoming Ministerial Forum could be a start, where population mobility, migrant and Roma health provide concrete examples of the need of health in all policies. The full presentation of Ms Petrova-Benedict is attached in Annex 2 and copies of the publications related to these areas would be sent to all the participants directly from IOM.

Dr Haralanova and Dr Mierzewski, co-secretaries of the SEEHN, made an outstanding presentation of the achievements of the SEEHN since its inception in 2001, reviewing the Ministerial Fora and their corresponding pledges, the implementation of all the agreed health projects in the Region and their already significant impact, as well as the development of a close collaboration between the health authorities and experts in the Region. The effectiveness of this collaboration was tested on several occasions, helping resolve emergency health situations. Both felt that the SEEHN is now ready to take its fate in its own hands, and they both stressed also the benefits brought by the SEEHN to the WHO Regional Office for Europe and the Council of Europe. The presentation of the history and achievements of the SEEHN is attached in Annex 3.

The SEEHN presented Dr Haralanova and Dr Mierzewski with "Certificates of Recognition" for their outstanding dedication and contribution to the SEEHN.

Ms Snezana Cicevalieva, Chairperson of the Executive Committee, on behalf of The former Yugoslav Republic of Macedonia made a very much appreciated presentation of the steps already taken nationally for the establishment of the SEEHN Secretariat in Skopje (Annex 4).

### **3. Progress towards full ownership of the SEE Health Network by the countries of south-eastern Europe, and development of further activities of the SEEHN**

#### **3.1 Seat of the SEEHN**

The chair of the Executive Committee reported on the meeting in Skopje in November with representatives from the countries (including Ministries of Foreign Affairs) and with the legal adviser of the Regional Cooperation Council to finalize the details of the Multicountry Host Agreement for the Secretariat, indicating that all the suggestions received were included. She also indicated that the secondment of two Macedonian experts for the Secretariat was in process, and she showed in detail the physical arrangements which have already been made; this was very much appreciated.

The proposed Multicountry Host Agreement will be sent shortly to all the governments from the Region with a letter signed by the Network President and the Chair of the Executive Committee together with an explanatory note which will present the benefit for the rapid entry into function of the Secretariat, of the provision that the agreement enters into force after five signatures. Other issues, such as the establishment of bank accounts for the Network, and the recruitment of international staff will be dealt with later.

Dr Haralanova indicated that the WHO Regional Office for Europe will consider signing a MoU with the Network for continued close cooperation.

#### **3.2 Regional Health Development Centres**

At the 21<sup>st</sup> SEEHN meeting in Bucharest, three Regional Health Development Centres (RHDC) were designated:

- Croatia: a RHDC for Organ and Tissue Donation and Transplantation programme (at the Ministry of Health of Croatia);
- Romania: a RHDC for Blood Transfusion (a the Regional Blood Transfusion Centre in Constanta);
- The former Yugoslav Republic of Macedonia: a RHDC for Public Health Services (at the Institute for Public Health of the Republic of Macedonia).

The SEEHN by agreeing unanimously with these three proposals achieved another important milestone, as these centres will serve to enhance furthermore the cohesion of the SEEHN and its technical capacity to serve the Region.

At this present meeting the work programme from the Centre in Croatia was received as well as a detailed application from Bosnia and Herzegovina for a RHDC on mental health. Regarding the Centre in Croatia, the work programme was fully supported by all the countries from the Region. The SEEHN requested that nominations of national contact persons or points be sent urgently to the Centre.

Romania and The former Yugoslav Republic of Macedonia were requested to prepare work programmes for their respective Centres and send them as soon as possible to the SEEHN.

Bosnia and Herzegovina was requested to have the designated Centre submit as soon as possible a draft work programme too.

It was stressed that cooperation with the Council of Europe and the WHO Regional Office for Europe should be enhanced. Possible cooperation with the European Commission, which is very actively working

in the field, should be explored. The initial symposium planned for early 2010 in Zagreb, for the implementation of the work programme should be organized jointly with the Council of Europe and the Regional Office, and an invitation extended to the European Commission.

Following a discussion by the SEEHN of the need to have a clear methodology on how and where such Regional Health Development Centres are to be established, it was agreed that the Executive Committee draft a proposal document to that effect. Regarding the recruitment of staff for these Centres, national approaches are to be used, with the SEEHN only to be informed.

### **3.3 Blood Safety Project– “Increasing regional self-sufficiency in relation to safer blood and blood components”**

Following its adoption in principle, the Addendum to Component Two of the project on Blood Safety – “Increasing transnational availability of safe blood and blood components for medical emergencies and special circumstances”, was submitted for the signature of all member countries; this will allow this important project to continue its activities in particular in the areas of donor promotion and haemovigilance as well as to link with the EU activities and projects in this area.

Following the signature by BIH of the addendum, the other remaining countries were urged to sign rapidly so that the implementation of this component can proceed as soon as possible. The meeting urged the Regional Coordinator, Dr Alina Dobrota, to prepare the necessary steps for its implementation.

Dr Mierzewski reiterated the work and interest of the Council of Europe in this area and its willingness to play an active role in this project.

### **3.4 “Achieving social cohesion by shifting the care for children with disabilities from institutions to community care” project**

The project was agreed at the 19<sup>th</sup> meeting of the SEEHN in Chisinau in May 2008, with Serbia as the lead country (Ministry of Health – executing agency) and funding from Belgium (100,000 Euros).

This newest and difficult multisectoral project, following a slow start, just held its first implementation meeting, the report of which was very well received by the SEEHN meeting.

In June 2010, the WHO Regional Office for Europe is organizing a high level European conference on this topic in Bucharest. It will provide an opportunity for the SEEHN to present an initial regional report by the project. To achieve the preparation of this report there is the need for a very strong intersectoral support from the network members and for working closely with all other relevant government sectors, such as labour and social protection, education, justice, etc and with the civil society. The support and involvement of the RHDC on Mental Health from Sarajevo would be appreciated and welcomed.

The Council of Europe also indicated its very strong support for this project and its wish to be closely involved, as this topic is in a priority area of the Council of Europe, and in which they have been involved for a long time, including with the adoption of Recommendations.



#### **4. Preparation of the 3rd Ministerial Forum of Ministers of Health of the SEE in 2010 in Sarajevo**

At the 20<sup>th</sup> SEEHN meeting in Montenegro (November 2008), it was agreed in principle that Bosnia and Herzegovina will host this Forum and that it will submit proposals for the topic.

At the present meeting, the timing and topic of the Forum were discussed at length with a large number of interventions.

Regarding the timing, account has to be taken of the September 2010 elections in Bosnia and Herzegovina. The most appropriate time seems to be late October or early November 2010, however it is very important that a first announcement of this Forum be made by the SEEHN Presidency, Executive Committee and Bosnia and Herzegovina in January 2010.

There was a general agreement on the overall topic proposed by Dr Goran Cerkez, "Health in all policies". This general topic should be of interest to many partners, and it should not be equated with "health impact assessment". Furthermore, the outcome of this Forum should be connected with the future and common activities of the Network.

During the discussions further ideas were introduced related to the topic:

- health systems and health reforms;
- social and economic determinants of health;
- importance of regional cooperation;
- impact and importance of the local level;
- migration;
- the involvement of WHO Healthy Cities and Health Regions Networks would be desirable;
- non-communicable diseases, accidents and injuries should be included;
- networking, an important added value;
- social exclusion and health (including the Roma issue).

On the basis of the above, it was agreed that Dr Cerkez will prepare a short conception paper with Dr Kimmo Leppo and Dr Peter Makara, to be further elaborated by a small group of experts and country representatives at a meeting in January 2010. This meeting should also propose the documentation to be elaborated for the Ministerial Forum, as well as the practical arrangements.

It was also considered appropriate that a comprehensive progress report of the achievements of the SEEHN since the Skopje Ministerial be prepared for presentation at the Forum. Dr Haralanova proposed that Dr Malaj be asked to start work on this document.

## **5. European Policy Summit – “A new era in the Balkans” – Brussels, 8 December 2009**

Based on a proposal from Dr Alexandre Berlin, an Executive Committee member, the SEEHN agreed on a short document to be tabled at the above summit by Dr Berlin who will be attending, to increase the visibility of the SEEHN in particular in view of the session devoted to “Strengthening ownership: promoting regional cooperation and enhancing local capacities”. This visibility of the SEEHN is particularly desirable taking into account the participation of the Secretary General of the RCC, the European Commissioner responsible for enlargement, as well as a number of Prime Ministers and Ministers from the Region. The agreed text of the SEEHN letter is enclosed in Annex 5.

## **6. European Commission’s issues paper on Global Health**

Based on a draft note prepared by Dr Alexandre Berlin, an Executive Committee member, the SEEHN agreed on the value to make the position of the SEEHN vis a vis this document clearly known to the European Commission.

Ms Meulenbergs from Belgium indicated that at a very recent Consultation meeting called by the European Commission (DG Development, and also attended by DG Research) the health representatives from the EU Member States expressed their concern with the lack of global vision of the document, which is essentially focused on the developing countries. This meeting thus agreed on the need to draw the attention of the European Commission for a better balance in the document and on the need to include the European neighbors of the EU specifically in the final European Commission document.

The contribution note, once finally approved on Wednesday 25 November, will be sent to the European Commission with a cover note from the current President of the Network, stressing in particular the need to ensure transparency of all the contributions. The agreed text of the SEEHN statement is enclosed in Annex 6.

## **7. Environment and Health**

In view of the forthcoming 5<sup>th</sup> Ministerial Conference on Environment and Health, Parma, Italy, March 2010, organized by the WHO Regional Office for Europe, the countries were invited to send additional contributions to Montenegro for the preparation of an intervention by the Montenegro Minister attending the Conference, on behalf of the SEEHN. The meeting acknowledged the Joint SEE Statement, which is a positive outcome of the recent SEE Meeting of the health and environmental focal points for the Parma Conference preparation. The full text of the Joint SEE Statement is enclosed in Annex 7.

## **8. Council of Europe seminar on Good Governance in Health Systems**

Within the framework of the 22<sup>nd</sup> meeting of the South-eastern Europe Health Network a special seminar was organized by the Council of Europe on “Good Health Governance in Health Systems” for which two speakers were invited by the Council of Europe, Dr Kimmo Leppo from Helsinki, Finland and Dr Peter Makara, Deputy General-Director, National Institute for Health Development, Budapest, Hungary.

Dr Piotr Mierzewski, Council of Europe, presented the background to the work that has been on-going at the Council of Europe, within the general framework of the fight against corruption, by an expert group of the Council of Europe for the past two years and which is now being finalized. He stressed the relevance of the different aspects of this work, ranging from values and principles underlying the European health systems to the issues of fraud and corruption in these systems.

Dr Kimmo Leppo introduced the framework of values, principles and practices, starting with the fundamental values of the Council of Europe (human rights, democracy and the rule of law), and proceeding through the European health systems values and principles (universality, equity and solidarity) according to the Council of Ministers of Health of the European Union. The aim is to achieve development of instruments and tools bridging from theory to practice.

Dr Peter Makara covered the current practices in many Eastern European countries, in particular the extent of the impact of corruption, and the particular relevance of the work undertaken by the various former Soviet bloc countries. He detailed the various practical tools which are being developed, such as codes of conduct, monitoring, and so on, which are being developed, emphasizing the systemic nature of the problems and challenges, and the need to encourage public and open debate of the issues. A Council of Europe Recommendation is currently being finalized.

Following the presentations, a lively discussion took place, in light of the experience in the countries of the region and practical examples from the real lives of participants.

The Network concluded with a strong support for this work and its readiness to nominate a member to participate actively in this work at the Council of Europe.

## **9. Summary, conclusions and decisions**

1. The SEEHN thanked the Serbian authorities for the excellent organization of the meeting.
2. The next meeting of the SEEHN will take place in Ohrid on 24-25 June 2010 under the Presidency of the Minister of Health of The former Yugoslav Republic of Macedonia.
3. The draft Multicountry Host Agreement for the Seat of the SEEHN Secretariat is being sent immediately to the countries for signature with the request for a very rapid approval, for the Secretariat to become operational as soon as possible.
4. The decision to hold the 3<sup>rd</sup> Forum of Ministers of Health was confirmed. It will take place in Sarajevo, in the middle of October 2010 (at the latest by early November) with the overarching topic "Health in All Policies". A small planning meeting will be organized by Dr Cerkez in January 2010 in Sarajevo.
5. The progress with the designation of the RHDC was welcomed as was the presentation of the work programme for the Centre in Croatia. The other Centres already agreed have been urged to send to the SEEHN Secretariat their draft work programmes.
6. Following the approval of the application of the Minister of Civil Affairs of Bosnia and Herzegovina, a Regional Health Development Centre on Mental Health was designated in Sarajevo.
7. The Executive Committee, at the request of the SEEHN, will produce draft "ideas" in relation to the procedures to be used for proposing RHDC and topics by the countries.
8. The countries that have not yet signed the Addendum to Component Two of the Blood Safety Project are urged to do so very rapidly so that the Regional Coordinator in Romania who has been requested to prepare its implementation can initiate planning.

9. The SEEHN noted with satisfaction the very successful meeting which just took place in Belgrade for the implementation of the project “Achieving social cohesion by shifting the care for children with disabilities from institutions to community care”. As the completion of a regional report is targeted for spring 2010, the Network members are requested to provide very strong support for this activity.
10. The response of the SEEHN to the European Commission’s Issues Paper on Global Health has been agreed, pending confirmation by return of e-mail from Croatia, it will be sent by the SEEHN Presidency to the European Commission.
11. A contribution paper from the SEEHN to the European Policy Summit on “A New Era for the Balkans” has been agreed and will be tabled on the Summit on 8 December 2009.
12. The SEEHN has appreciated very much the organization by the Council of Europe, within the framework of its 22<sup>nd</sup> meeting of a “Special Seminar on Good Governance in Health Systems” and has considered that it was in the interest of the SEEHN to be more fully involved in this Council of Europe project by nominating a representative to the project.
13. The SEEHN expressed its acknowledgement to the Council of Europe and the WHO Regional Office for Europe for their continuous leadership and political, technical and financial support since 2001 when the network was established. The National Health Coordinators requested that the two organizations extend their partnership and cooperation with the SEEHN in the future, and particularly in 2010, the actual transition period when the SEEHN Secretariat will have to master its performance as an independent legal entity.
14. The SEEHN expressed its recognition to Dr Haralanova and to Dr Mierzewski for their continued and enthusiastic support and involvement in the SEEHN and presented them with Certificates of Recognition.

## Annex 1 List of Participants for 22nd Meeting



### Twenty-second Meeting of the South-eastern Europe Health Network

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## **Annex 2: IOM activities in SEE**



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IOM International Organization for Migration  
OIM Organisation Internationale pour les Migrations  
IOM Internationale Organisatie voor Migratie

### **Migration Health Projects and Activities of the International Organization for Migration (IOM) in the South-Eastern European Region**

#### **Twenty Second Meeting of the South East European Health Network (SEEHN)**

Belgrade, 18-19 November 2009

#### **INTRODUCTION<sup>1</sup>**

The international Organization for Migration (IOM), established in 1951, is promoting orderly migration for the benefit of individual migrants, their communities, governments, and the international society. The Migration Health Department (MHD) in particular addresses the needs of individual migrants as well as the public health needs, throughout all phases of the migration process, through policies and practices corresponding to the emerging challenges facing mobile populations today. Consequently, the activities of the Department benefit a wide range of migrant populations, hosting communities as well as states and partner agencies.

IOM pursues migration health activities in over 50 countries worldwide, carried out in partnership with national ministries, international agencies, universities, governments and main partners. The main IOM activities in Europe address various migrant health issues, including 1) Migration health assessment and travel health assistance, 2) Irregular migration and health (including health and border management, support to victims of trafficking, mental health, Roma health), 3) Population mobility, TB, HIV and AIDS, 4) Mobility of health professionals, 5) Health promotion and awareness on migrant health issues, and 6) Psychosocial assistance to migrants and communities.

Key IOM partners for the migration health projects in Europe are DG SANCO, DG Research, the European Centre for Disease Prevention and Control (ECDC), WHO Headquarters (Geneva) and European Office for Investment for Health and Development (Venice) and the Council of Europe.

IOM is also advising on and contributing to policy guiding documents at European level. For example, IOM provided inputs during preparation of the recently adopted Second EU Strategy for HIV/AIDS in the EU and Neighbouring Countries and the Communication on

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<sup>1</sup> For more information, please consult [www.iom.int](http://www.iom.int)

reduction of health inequalities in the EU. In both initiatives migrants have been identified as particularly vulnerable groups.

Moreover, IOM MH Brussels has recently supported the European Centre for Disease Prevention and Control (ECDC) in its first initiative of report series on infectious diseases and migration, focusing on HIV and AIDS; and participated on the technical review panels in 2008. As a follow-up to these technical reports, IOM has won a contract with ECDC on “Improving HIV Data Comparability in Migrant Populations in the EU”, which is currently under implementation until June 2010.

In the South-Eastern European Region<sup>2</sup>, IOM addresses particularly migrants’ health, Roma and minority health issues as well as mobility of health professionals.

Roma inclusion remains high on the European agenda, with the EU institutional role increasingly defined as one of coordination and support to Member States. On 8 June 2009, the Council of the EU for Employment, Social Policy, Health and Consumer Affairs adopted Conclusions on the inclusion of Roma as firm political support for EC actions on Roma issues. The Conclusions requested the EC and Member States to continue supporting the EU Platform on Roma Inclusion, agreed on 10 Common Basic Principles for Roma Inclusion, and identified 8 April 2010 for the second European Roma Summit in Spain. IOM has long experience and expertise supporting governments with priorities and programmes on inclusion and health of Roma and other minorities.

In emergency preparedness, IOM works in collaboration with its Member States, the UN system and other partners to ensure that migrant needs are included in national pandemic contingency plans – be it currently for H1N1 or other threats. Migrants need to have access to health and social services including pandemic preparedness and response strategies. To strengthen migrant and host communities' pandemic preparedness, mitigation and response capacity, IOM is conducting social mobilization and training activities in countries all over the world including in Europe.



*IOM training on how to respond to the influenza A(H1N1) pandemic*

In addition to the selection of projects<sup>3</sup> in the South-Eastern European Region, presented below, IOM also carries out important activities on pre-/post migration Health Assessment (i.a. ‘Migration Health Assessment in Bosnia and Herzegovina’ and ‘Post-Arrival Health Assessment of Eritrean Refugees on the Territory of Romania’) and on Protection and Assistance of Victims of Trafficking (i.a. ‘Protection and Empowerment of Victims of Human Trafficking and Domestic Violence in Moldova’ and ‘Combating Trafficking in Human Beings in Ukraine and Moldova’).

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<sup>2</sup> With IOM national offices in Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and the Former Yugoslav Republic of Macedonia; and related IOM regional offices in Budapest, Rome and Helsinki.

<sup>3</sup> Please note that this document is not exhaustive neither final, but presents a selection of IOM projects in the South-Eastern European Region. As it needs to be updated constantly, the document is not to be spread officially.



Poster from Counter Trafficking Campaign in Bulgaria

## **1. HIV AND MIGRATION**

### **Research and Capacity Building on HIV/AIDS and Croatian Migrant Workers**

Project title	Research and Capacity Building on HIV/AIDS and Croatian Migrant Workers
Donor	First Phase: Global Fund to fight AIDS, Tuberculosis and Malaria Second Phase: Ministry of Health and Social Welfare, Croatian government Third Phase: Ministry of Health and Social Welfare, Croatian government
Budget	First Phase: USD 30,971.00 Second Phase: USD 31.489,76 Third Phase: USD 36.875,00
Start Date	First Phase: 1st August 2003 – 1st August 2006 Second Phase: 1st December 2006 - 30. April 2008 Third Phase: May 2008 – April 2009
Project area	Croatia
Managing Partner	IOM, Office in Croatia School for Public Health Andrija Stampar
Implementing Mission	IOM Zagreb (Croatia)

In close cooperation with the School for Public Health Andrija Stampar and other selected program partners, IOM will through training, research and awareness raising seek to increase the capacity of Croatian institutions to prevent the spread of HIV/AIDS and other Sexually Transmitted Infections (STIs) amongst Croatian migrant workers. Specific target groups that directly benefit from the program and which represent economic sectors with the greatest number of professionals working abroad include international freight forwarding companies (i.e. truck drivers), the merchant marine (i.e. commercial seafarers), and construction companies (i.e. construction workers).

The program will be comprised of four core components: 1) research through baseline assessments to determine migrant worker dynamics, attitudes and behaviours vis a vis HIV/AIDS and possible risk situations which they may face. 2) training of HIV/AIDS counsellors in order to establish a core group of experts who can transfer counselling knowledge and advocate for prevention amongst occupational health professionals and other

health workers; 3) awareness raising which through the design and distribution of health materials, including condoms, serves to reduce the spread of HIV/AIDS and STIs amongst the target population and by extension to their host and home communities; and 4) the development of an HIV/AIDS prevention and counselling manual adapted for migrant workers in Croatia. The publication and dissemination of such a manual ensures that program knowledge, findings and skills are transmitted to other health professionals in a sustained manner as well as being adjusted to the evolution of HIV/AIDS in Croatia. Furthermore, the active involvement of the School for Public Health ensures that HIV/AIDS counselling is transmitted through their educational programs to other generations of health professionals to come.



Art competition 'Art against AIDS in Bosnia and Herzegovina

**Reduce HIV transmission and improve HIV treatment, care and support in Bosnia and Herzegovina (submitted)**

Project title	Reduce HIV transmission and improve HIV treatment, care and support in Bosnia and Herzegovina
Donor	Global Fund for HIV/AIDS Round 9 2010-2015
Budget	IOM's part: USD 1.251.672
Date of submission	April 2009
Duration	3 years
Project area	Bosnia and Herzegovina (BiH)
Proposing mission	UNCT in BiH

IOM will implement activities aimed at decreasing the vulnerability of mobile populations in BiH to HIV/AIDS. The project will involve the active participation of local and international actors in the field of HIV/AIDS assessment, prevention and response. These include *institutions*, which are essential to developing policy, *civil society*, which reaches out to the general public and assists people living with HIV/AIDS, and *mass media*, which communicate information on HIV/AIDS to the general public. This project will conduct *research* to assess the needs and perceptions of migrant groups and to assess the best

approaches to reach them with HIV/AIDS prevention activities. Based on the results of this research, IOM will *build the capacity* of local actors including NGOs and the media to address HIV/AIDS among mobile populations. A *Voluntary Confidential Counselling and Testing (VCCT) campaign* will be implemented in border crossing areas for mobile populations. The project will also support developing *networks* between BiH institutions at State and Entity levels and NGOs in the Entities and Brcko district, and between institutions and NGOs in BiH and other countries in Southeast Europe.

## **2. HEALTH AND ROMA / MINORITY COMMUNITIES**

### **Humanitarian and Social Programmes (HSP)**

Project title	Humanitarian and Social Programmes (HSP)
Donor	GERMAN FOUNDATION "Remembrance, Responsibility and Future" and U.S. District Court for the Eastern District of N.Y. (Swiss Banks settlement)
Start Date	1 <sup>st</sup> February 2002 – 1 <sup>st</sup> March 2006
Duration	4 years
Project area	Belarus, the Czech Republic, Hungary, Poland, Romania, the Russian Federation, Moldova, Croatia, Serbia and Montenegro, and Ukraine.
Managing Partner	IOM Headquarters Geneva
Implementing Mission	IOM Missions in 12 Central and Eastern European countries

IOM was designated under the German Foundation Act to administer EUR 12.27 million (DEM 24 million) for social programmes for Sinti and Roma survivors of Nazi persecution. On behalf of the Looted Assets Class of the Swiss Banks Settlement, IOM was initially mandated to distribute USD 10 million, subsequently increased to USD 20.5 million, to needy elderly Roma, Jehovah's Witness, disabled and homosexual survivors of Nazi persecution via humanitarian programmes (material and non-material assistance).

As part of this project, a training model (Training of Trainers programme) has been developed, easily adaptable in any country of Central, Eastern and South Eastern Europe, for increasing the capacities of NGOs and health authorities to respond to the specific health needs of Sinti & Roma population, as well as addressing the factors which hinder access to health care. The project aims also at assisting elderly Roma people to satisfy their basic medical needs in terms of medicaments and medical advices.

The overall objective of this part is to improve the health status of Sinti/Roma minorities, influence beneficially their health related knowledge and attitude and decrease the inequality in access to the health care services. Furthermore prevent sharpening of the ethnic tension (and as a possible consequence: intention for emigration) and facilitate the implementation of human rights' standards on the health related fields in the region.



*RHAP Project in Macedonia*

### **Roma Humanitarian Assistance Programme (RHAP)**

Humanitarian Assistance to needy, elderly Roma survivors of Nazi Persecution

Project title	Roma Humanitarian Assistance Programme (RHAP)
Donor	German Foundation “Remembrance, Responsibility and Future”
Budget	EUR 11.3 million
Start Date	July 2007
Duration	18 months (July 2007 to December 2008)
Project area	The Former Yugoslav Republic of Macedonia, Montenegro, Romania, Serbia, Slovakia
Managing Partner	IOM Headquarters Geneva
Implementing Mission	IOM field offices and service providers (NGOs)

As part of a complex reparation effort for former slave and forced labourers of the Nazi regime, RHAP aims to improve the living conditions of approximately 14,000 needy, elderly Roma in five countries in Eastern and South-Eastern Europe. Under the coordination of a Project Manager in Geneva, IOM field offices and NGO partners are implementing a comprehensive range of individual and collective measures designed to address the most pressing needs of Roma beneficiaries. Next to the material, legal and social services, the project provided medical assistance including physician prescribed medication and healthcare equipment (e.g. wheelchairs), treatment in healthcare institutions and facilitation of access to public healthcare schemes (medical insurance). Particular efforts have been made to actively involve Roma NGOs and local communities in the Project’s different initiatives, and to make a sustainable impact that will last beyond RHAP’s limited duration.



*RHAP Project in Macedonia*



*RHAP Project in Macedonia*

### **Sustainable Waste Management Initiative For a Healthier Tomorrow - SWIFT**

A Comprehensive, Sustainable Approach Focused on the Determinants of Social Exclusion, Poverty and Health in the Roma, Ashkali and Egyptians in Belgrade, Serbia

Project title	SWIFT – Sustainable Waste Management Initiative for a Healthier Tomorrow
Donor	Norwegian Ministry of Foreign Affairs
Budget	2,451,647 USD (IOM component 341,880 USD)
Start Date	November 2008
Duration	November 2008 – October 2011
Project area	Serbia
Managing Partner	World Health Organization
Implementing Mission	IOM Belgrade

The aim of the SWIFT project is for the formalisation of current income generation activities in the informal waste recycling sector in Belgrade, Serbia. The project consequently builds on the current and predominantly Roma employment in the field of informal waste recycling; developing this work into an effective, established and credible means of income whilst tackling the associated and general health and social issues. Three organizations are the main partners in this project, IOM, UNOPS and WHO with the latter taking the overall coordination and stewardship role. The project is being implemented over two and a half years and has three interrelated components that are working in harmony with each other: Health (WHO), Income Generation (UNOPS) and Social Mobilization (IOM). All these components are performed with the local structures and governance to ensure sustainability. WHO will implement the health pillar and also provide a stewardship and advisory role for the whole project. With the already evident support of the Ministry of Health, WHO together with Institute of Occupational Health and ULLA will promote the collectors and their



families' health, increase Roma's accessibility to primary health, support a healthy work environment for all collectors and provide the city with a cleaner environment.

UNOPS will implement the income generation pillar and also act as Administrative Agent as per the UN joint programming budgeting mechanisms using the pass through fund management option. UNOPS together with IFC will provide their expertise in the area of small businesses and together with WHO, City of Belgrade and local municipalities establish a location for a plant for waste collection and management. Annex A1 provides a full breakdown of activities and financial allocation per organisation.

IOM will implement the Social mobilisation pillar. Within the overall framework of the SWIFT Project, IOM together with local Roma partners facilitate a dialogue mobilizing and including the Roma in the waste management initiative and empowering both the Roma's and the local community's capacity and readiness to work together.

### **Social and Economic Empowerment of Roma Women – SEERW (*submitted*)**

Project title	Social and Economic Empowerment of Roma Women (SEERW)
Donor	Submitted to the Norwegian Government
Budget	EUR 240.377,00
Duration	18 months
Project area	Macedonia
Proposing Mission	IOM Skopje

The Social and Economic Empowerment of Roma Women (SEERW) project will support the socio-economic inclusion of Roma women in the society by upgrading their work qualifications and subsequent enhancement of their employability. The action, in turn, will help support the beneficiaries by making them more employable, independent and self sufficient. Their children's formal and informal education will also be enhanced by having mothers who better understand the learning process and nurture education in the home environment and thus contribute to their advancement at school. The action, developed within IOM framework to prevent irregular migration and forms of labour exploitation, supports the country's efforts to ensure a sustainable change and reduce the socio-economic gap between Roma and non-Roma. The project will also promote the development and enhancement of the Roma civil society sector in areas such as education, employment, equal opportunities for men and women, human trafficking, irregular migration and other key areas highlighted for remedial action under the "2008-2010 National Action Plan for improvement of the status of Roma women in the country" endorsed by the Government in 2008.

The project will start with a preparatory phase dedicated to the selection of local Roma NGOs followed with the careful mapping of beneficiaries and assistance profiling - needs and gaps - exercises. The next phase is devoted to building confidence between the project beneficiaries and the implementing partners – including local authorities, NGOs and IOM staff – through the design and provision of a variety of support services such as Medical Advices and Counseling (including reproductive health, child's health, personal hygiene, improvement of nutrition habits...), Social Assistance, Legal Assistance, Professional Skills and Knowledge Building and Employment Facilitation.

### **Transnational Measures for Ensuring Inclusion and Equal Rights for Minority European Union Citizens to Social and Health Care Benefits in their Home Countries**

Project title	Transnational Measures for Ensuring Inclusion and Equal Rights for Minority European Union Citizens to Social and Health Care Benefits in their Home Countries
Donor	Government of Belgium
Budget	Phase 1: EUR 72.050 Phase 2: EUR 79.398
Start Date	Phase 1: 1 December 2005 to 30 November 2006 Phase 2: 15 December 2006 to 28 February 2008/ 31 August 2009 (extended)
Project area	Hungary, Poland, Romania and Slovakia
Managing Partner	IOM Brussels
Implementing Mission	IOM Brussels, IOM Warsaw and IOM Kosice

The project aims to improve the living conditions of Roma and Sinti minorities in their home lands and guarantee their rights as European citizens, specifically in areas of health and social affairs. It seeks to redress the imbalance in social and health care provision by building the capacity of local social and health service providers to deal effectively with minority group needs, reduce discrimination and increase minority access to social services, particularly in the field of health. The first phase of this project has been successfully completed. A team of international experts has compiled a training manual entitled: Building Healthy Roma Communities and designed a ten-day intensive 'Training of Trainers' curriculum. Fifteen trainees out of the target countries successfully completed the program in September 2006. The second phase of the project aimed for the best possible utilisation of research and training from Phase one.

The overall structure of the project contributed to promoting and supporting transnational exchange and mutual learning between selected European Union Member States and Accession countries on social inclusion policy regarding the Roma/Sinti minority. In particular, the project focused on (i) human resource capacity building to strengthen relevant policy instruments in public administration, social services and health care (ii) building community assistance models; providing opportunities for exchange and learning (iii) providing assistance for the Roma community while also encouraging self help, health promotion and awareness and (iv) ensuring dissemination of information.



*Transnational Measures for Ensuring Inclusion and Equal Rights*

### **3. MIGRATION, MOBILITY AND THE HEALTHCARE SYSTEM**

#### **Managing the impact of migration on the Healthcare System of Moldova**

Project title	Managing the impact of migration on the Healthcare System of Moldova
Donor	IOM
Budget	200.000 US \$
Duration	1 May 2009 - 30 April 2010
Project area	Republic of Moldova
Proposing Mission	IOM Chisinau

The overall objective of the project is to contribute to the improvement of the healthcare system in the Republic of Moldova and Moldovan migrants health through providing a reliable data management tool on health workers of the country along with data and information on the health implications of the socio-economic welfare of migrants for developing sound public health and migration policies as well as through conducting a comprehensive awareness raising campaign on main health risks of irregular migration.

The project will provide capacity building and technical support to the Ministry of Health (MoH) regarding its data management and information and utilisation of this information. In addition to the development of a database of health workers and the students of medical/pharmaceutical or other relevant institutions, the project proposes a survey into the health implications of the socio-economic welfare of migrants leaving and returning to the country, as well as into the financial (medical insurance) aspect of migrants accessing health services.

In addition to the capacity building component and the survey, the project envisages launching a campaign highlighting the health risks of migration in order to prevent risks related to illegal migration of vulnerable groups and to improve the health profile of migrants in general. These activities will reinforce the MoH 2009-2011 Institutional development plan and the Healthcare System Development Strategy for the period 2008-2017 by improving the public healthcare services, as well as by reducing the negative impact large-scale migration is having on the health of Moldovans.

Therefore, the program is divided in four activities along two main axes. On one hand the project will strengthen the information capacity of the MoH thus catering for the implementation of policies improving the healthcare services and for the management of the outflow of health workers. On the other hand, the project will diminish the health risks involved in migration, especially in the migration of most vulnerable groups.

#### **Moldova Mobility Partnership (*in development*)**

Project title	Moldova Mobility Partnership – Health Professionals
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Duration	36 months
Project area	Moldova
Managing Partner	WHO
Partners	Ministry of Health, IOM Chisinau and national and EU partners

The project is prepared and will be implemented within the framework of the EU/Moldova mobility partnership signed in June 2008 by the Government of Moldova and 15 EU member states, who committed themselves to take concrete actions in order to strengthening Moldova capacity and/or ease circular migration, facilitate remittances and curb brain drain.

The overall objective of the project is to strengthen the Moldova capacity to a) monitor and regulate the migration/mobility of health professionals (physicians, nurses and other categories of health workers) and, b) reduce/mitigate the negative impacts of migrations on the Moldovan health system.

With a view to build up a better framework for the legal migration/mobility of health professionals between Moldova and the EU, the projects aims to: 1) Expand the information and knowledge base on health professional migrations (in coordination/cooperation with relevant stakeholders), 2) Better inform and assist potential migrants and returnees, 3) Develop bilateral mobility agreements/partnerships between Moldova and EU institutions and 4) Prevent, reduce and/or mitigate the negative impact of the brain drain on the Moldovan health system.



*Health professional in Bosnia and Herzegovina, in the framework of the Return of Qualified Nationals Programme.*

### **Mobility of Health Professionals - MoHProf**

Project title	Mobility of Health Professionals - MoHProf
Donor	EC, DG Research
Budget	EURO 522.160
Duration	1/11/2008 - 31/10/2011

Project area	Worldwide, with focus on Europe (including Bulgaria and Romania as sending countries) and Africa
Managing Partner	Scientific Institute of the German Medical Association (WIAD)
Implementing Mission	WIAD, IOM, International Organizations and Research and Public Health Institutes

The general objective of the project is to investigate and analyse current trends of the mobility of health professionals, i.e. first of all nurses and doctors, to, from and within the European Union, including return and circular migration. Studies in a selected range of representative Member States are planned in order to determine the impact of different types of migration on national health systems in a comparative perspective. Its policy dimension comprises the development of recommendations on human resource policies in European and third countries. In terms of methodology, the study will mainly use in-depth interviews on the base of thematic guidelines with representatives of key stakeholders in the health system – organisations and units – which know from where their employees and members come and where they go to. In such a way it is aiming for the quantities of migration flows as well as their details and qualities like professions, motives, circumstances and the social context, i.e. push and pull factors. Larger streams of migration concerning the EU will be at focus.

The focus of the project is on empirical research to provide sound data as a base for well-informed recommendations. Therefore, it comprises the analysis of migration flows, the evaluation of policies addressing migration and the development of recommendations concerning these policies. In order to analyse and determine the extent and relevance of migration flows, the development of workforce in the health system of a country in general has to be taken into consideration not only for a point in time but for a period of time. In this sense, the project will have a historic perspective and use data on time series, including the international mobility of foreign and the respective “native” health professionals, always specified according to different professions, sectors and departments. Data on general migration processes can help to identify the particularities in the health system while demographical and epidemiological data – concerning needs and planning of provision – together with additional information that indicate structures and processes in the health system contribute to the evaluation of migration flows.

IOM is participating as a partner in the consortium and will also coordinate research focusing on African source countries. IOM Brussels will be engaged extensively in the dissemination activities, including organizing internal meetings, roundtables and the final conference.

### **Annex 3:** Presentation on SEEHN history and achievements

Please refer to the link: <http://www.euro.who.int/en/what-we-do/health-topics/Health-systems/public-health-services/activities/south-eastern-europe-health-network-seehn/history-and-achievements-of-the-seehn>

**Annex 4:** Presentation of the Head of the SEEHN Executive Committee on preparations for the new Secretariat in Skopje



**Regional Cooperation in SEE**  
**SEE Health Network**  
Belgrade, November 2008  
***“The road to success is always under construction”***  
Snežana Čičevalieva  
Head of the Executive Committee of the SEE  
HN



**South-East Europe Health Network**  
**New vision working**

- ✓ **Memorandum of Understanding signed**
- ✓ **Host Agreement drafted**
- ✓ **Seat of the Secretariat decided**

## Host country intermediary arrangements



**TO RESPOND TO THE NEEDS OF THE PROCES .  
WITHOUT GAPS**

**The Seat will be fully operational before signing the Host Agreement:**

- Office facilities determined
- Refurbishment and equipping under way
- Procedure of seconding the nationals from MoH started
- Other host arrangements according to the Host Agreement under way as well



## The new Seat of the Secretariat








## REMINDER

- Host Agreement to be put into national procedure of enactment ASAP
- Timely planning/allocating of countries annual budgetary contributions for 2010, according the MoU (to be transferred duly)
- Partners to plan and contribute for 2010 for the :
  - Operating of the Secretariat
  - Implementation of the projects
- Ministerial Conference in Sarajevo, 2010



**REMINDER: THE ONGOING PROJECTS**



Leading Country	Project / Activity Area	Partners / Collaborators
Albania	Surveillance and Control of Communicable Diseases	France, Greece, WHO
Bosnia and Herzegovina	Enhancing Social Cohesion by Strengthening Community Mental Health Services	Belgium, Greece, Hungary, Italy, Slovenia, WHO
Bulgaria	Information for Community Mental Health Services	Greece, OSI, GI, WHO
Croatia	Institutional Capacities of Public Health systems for Strengthened Tobacco Control	Norway, WHO
Romania	Blood and Blood products	Switzerland, Slovenia, CoE, WHO
Serbia	Institutional Capacity and Intersectorial Collaboration for Access to Safe Food Products	Belgium, Greece, Italy, Switzerland, WHO
Moldova	Improving Maternal and Neonatal Health in SEE	Norway, WHO
Macedonia	Strengthening Public Health Services in SEE	WHO



## **Annex 5: SEEHN Contribution to European Policy Summit**



[WWW.EURO.WHO.INT/STABILITYPACT](http://WWW.EURO.WHO.INT/STABILITYPACT)

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### **22ND MEETING OF THE SEE HEALTH NETWORK, BELGRADE, REPUBLIC OF SERBIA, 19-20 NOVEMBER 2009**

### **SEE HEALTH NETWORK CONTRIBUTION TO THE EUROPEAN POLICY SUMMIT ON “A NEW ERA IN THE BALKANS”**

**Tuesday 8 December 2009**

In the Region there is a very lively Regional Health Organization since 2001 whose vision is that “health is an investment for development – healthy communities being wealthy communities.

The South-Eastern European Health Network (thereafter called SEEHN), operating in the framework of the Regional Cooperation Council, at its 22<sup>nd</sup> meeting in Belgrade on 19-20 November 2009 expressed its strong support for the European Policy Summit and its focus on strengthening regional ownership and promoting regional cooperation.

This aim has been also that of the SEEHN since its inception in Dubrovnik in 2001. The SEEHN has held already two ministerial meetings of ministers of health, the second one in Skopje in 2005 with the participation of ministers of finance. The third meeting is planned for 2010 again in Sarajevo.

In January 2010 the ownership of the Network is to be turned over to the Region and the Secretariat established in Skopje.

## **Annex 6:** SEEHN contribution to EC paper on Global Health



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### **22ND MEETING OF THE SEE HEALTH NETWORK, BELGRADE, REPUBLIC OF SERBIA, 19-20 NOVEMBER 2009**

## **SEE HEALTH NETWORK RESPONSE TO THE EUROPEAN COMMISSION'S ISSUE PAPER ON THE EU ROLE IN GLOBAL HEALTH**

The South-Eastern European Health Network (thereafter called SEEHN):

- welcomes the European Commission's Issues Paper on "The EU Role in Global Health" of 14 October 2009, and the opportunity to submit responses to the issues raised in the Issues Paper;
- agrees with the importance of the issues raised;
- considers the timing of this Issues Paper particularly relevant in the light of the continued economic and social crisis which affects overall not only the European Union and the developing countries but also the EU neighbouring countries, including the SEE Region (thereafter called the Region), and the effects of which start impacting also on the health systems, with an increasing financial burden of health care left to individuals' expenditure out of their own pockets.

In the light of the above considerations the SEEHN is submitting below a number of comments and proposals for possible action:

1. The Region, composed of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Macedonia, Moldova, Montenegro, Romania and Serbia, has the particularity of including European Union Member States, Accession and Candidate countries as well as a country part of the ENP area. This special situation is taken into account in the present document.

The population of the Region is estimated at 57 million inhabitants. The population projections over the next 40 years for the SEE countries show a small but significant expected decline, similar to the situation in most of the new EU Member States from Central and Eastern Europe, whereas for the EU-27, as a whole, population projections of the same period show stability.

Life expectancy for most of the countries of the Region is lower by several years with respect to the EU-27 average life expectancy, the percentage of the older population is rather similar, as a consequence of which the health services of the Region will face the same challenges with the elders as the health services in the EU; there is also a similar expected change in the family structure which will lead to an increase in formal care needs for the elderly.

2. The present Issues Paper, rather comprehensive in addressing the EU role in global health in relation to developing countries, would gain in universality by focusing also on health issues of growing concern in the countries surrounding the EU: Accession and Candidate countries, ENP countries, Russia and the non-EU countries from the Euro-Mediterranean area. Their proximity to the EU creates specific health issues that deserve to be addressed in this document; enhanced cooperation in the health field with these countries and more specifically with the active health networks would be mutually valuable. The EU role in global health would be significantly enhanced from such a close collaboration with and involvement in Regional Networks, such as the SEEHN, and which already deal with a number of topics covered by this Issues Paper.
3. The SEEHN through its political cooperation and its various technical projects promotes also the full implementation in the Region of the International Health Regulations, and the WHO Framework Convention on Tobacco Control, as well as improvement in maternal, neonatal and child care, and would welcome enhanced cooperation and support from the European Commission.
4. The SEEHN wishes to draw the attention to the issue of mental health which is of growing concern in this period of economic and social crisis, and to its very successful project, now transformed into a programme on Community Mental Health.
5. The SEEHN has already expressed its views on the very serious topic of health workers' migration and brain drain in response to the 2009 European Commission's Green Paper on "European Workforce for Health". In its response (full text available at [http://ec.europa.eu/health/ph\\_systems/results\\_oc\\_workforce\\_en/htm#16](http://ec.europa.eu/health/ph_systems/results_oc_workforce_en/htm#16)) the SEEHN:
  - agreed with the analysis regarding the health workforce in the EU made by the European Commission, and considered it broadly appropriate to the Region;
  - considered however that the health workforce situation in the Region requires urgent attention;
  - recognized that some of the issues raised in the European Commission's Green Paper are even more acute in the Region; they point out clearly to the need for concerted action in this field by the SEE countries and the Region as a whole, in close cooperation with the European Commission and the Member States of the European Union.
6. The SEEHN furthermore pointed out that while in the EU there are currently between 3 and 4 MDs per 1000 population, in the Region, as a whole the number is significantly lower (2.2 per 1000). Any emigration of MDs from the Region to the EU and other parts of the world will both accentuate the already chronic lack of MDs and also impact negatively on health care. The SEEHN estimated that already the number of MDs and Nurses from the Region working in the old 15 EU Member States are respectively between 5-10% for MDs and between 12-25 % for Nurses; however the lack of data should be emphasized.

7. The SEEHN considers that the issue of *managed migration* should be emphasized. The study undertaken by the European Migration Network found considerable lack of data in particular regarding third country health nationals in the EU. The actions proposed by the Commission's "Green Paper", setting up of systems to monitor flows of health workers in the EU, ensuring the availability and comparability of data on health workers are also essential for the Region, and a close cooperation with the European Commission would be welcomed. The Commitment of the European Commission, stressed both in the "Green Paper" and in the present Issues Paper, to develop a Code of Conduct for the ethical recruitment of health workers is strongly welcomed.

Finally while the role of pre-accession financial instruments is mentioned in the Issues Paper, there is the need for health to be explicitly mentioned in these instruments.

In summary, the document would benefit from a more global vision as well as from an explicit mention of the EU neighbours and the EU global health policy would be further enhanced by the support and involvement of the EU and the European Commission in the activities of Regional Health Networks.

The SEEHN wishes to thank the European Commission for the opportunity which it was given to comment on the Issues Paper "The EU role in global health" and expresses the hope that the above comments and suggested proposals will lead to a more comprehensive document and to an enhanced cooperation between the European Commission and the SEEHN.

## **Annex 7: SEEHN draft statement to Parma Conference on Environment and Health**

### **Draft Statement**

Since the Budapest conference, significant progress was achieved in the nine south eastern European (SEE) countries<sup>4</sup> in developing legislation, related strategies and showing political commitment to address environmental health challenges. We recognize that more challenges are still ahead.

SEE countries recognize that chemicals and heavy metals, water and sanitation, food safety and waste management are ongoing serious threats for health which are aggravated by social, economic and environmental inequalities. The environment and health sectors are calling upon other sectors and stakeholders, in particular youth and civil society, to join forces in taking action. A variety of policy tools focused on health need to be strengthened, implemented and enforced – particularly regulatory measures, data, information and intelligence, and adequate recognition and financing of eh activities.

We recognize that climate change is a serious threat, not only for today's generation but increasingly for future generations. Therefore supportive actions should be taken to anticipate threats and protect health in particular through strengthening early warning systems, greening health services, developing adaptation plans, promotion of healthy and energy efficient settings and behaviours, and also raising awareness on protective measures.

We reconfirm our commitment and invite other countries to strengthen actions on environmental health in south-eastern Europe and particularly looking forward to stronger collaboration and transfer of experience with other countries in Europe.

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<sup>4</sup> SEE countries

Albania,

Bosnia and Herzegovina

Bulgaria

Croatia

Montenegro

Republic of Moldova

Romania

Serbia

The Former Yugoslav Republic of Macedonia