



MEMORANDUM OF UNDERSTANDING

ON THE FUTURE OF THE SOUTH-EASTERN EUROPE
HEALTH NETWORK IN THE FRAMEWORK OF THE
SOUTH EAST EUROPEAN CO-OPERATION PROCESS

2008 AND BEYOND

22 April 2009



South-eastern Europe Health Network
Health development action for South-eastern Europe

Memorandum of Understanding

on the

**Future of the South-eastern Europe Health
Network in the framework of the South East
European
Co-operation Process**

(2008 and beyond)

22 April 2009

Preamble

The ministries of health of the Republic of Albania, Bosnia and Herzegovina, the Republic of Bulgaria, the Republic of Croatia, the Republic of Moldova, the Republic of Montenegro, Romania, the Republic of Serbia, and The former Yugoslav Republic of Macedonia, hereinafter referred to as the members of the South-eastern Europe (SEE) Health Network,

Acknowledging that the positive developments in SEE in the past decade and the need to safeguard the significant achievements of the Stability Pact for South Eastern Europe necessitate the development of a more regionally owned and led framework for cooperation, with continued support from the international community,

Recognizing that regional cooperation remains of the highest priority in underpinning political stability and economic recovery in the region, facilitating confidence-building, and as a supporting instrument for European and Euro-Atlantic integration,

Agreeing that regional cooperation in health is important to the SEE members' aspirations for integration into and accession to the European Union, and is also an important contribution to their economic development,

Recalling that the SEE Health Network has been operational for the past six years, overseeing the implementation of regional technical projects in the field of public health, and that this regional cooperation in health was formalized with the agreement and the commitment of the ministers of health of the SEE member countries to the provisions of the Dubrovnik and Skopje pledges, endorsed at the First Health Ministers' Forum in 2001 and the Second Health Ministers' Forum in 2005, respectively,

Recalling that the Statutes of the SEE Health Network were adopted in Skopje during the Second Health Ministers' Forum in 2005,

Acknowledging the political, technical and financial support and substantial human resources provided to ensure the functioning of the SEE Health Network since its inception following the Dubrovnik Pledge by the World Health Organization Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank and the Stability Pact for South Eastern Europe,

Acknowledging the close collaboration and involvement in and contributions provided to the SEE Health Network and its projects by a number of European countries, namely Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden, Switzerland and the United Kingdom.

Acknowledging that regional cooperation in SEE in the field of public health is entering a very important phase, with changes in the political set-up and emerging new entities, in particular the newly established Regional Co-operation Council, and with two of the SEE Health Network members (Bulgaria and Romania) having become members of the European Union, requiring the SEE Health Network to adapt to the new realities,

Have agreed as follows:

Title I – Vision, goal and principles of the SEE Health Network

Article I – Vision

1. The SEE Health Network shall continue to coordinate and maintain regional cooperation in public health in order to further the reforms of the health systems in the SEE member countries, and thus contribute to economic and social development in the twenty-first century.
2. The future institutional and organizational capacities shall be built on the existing institutional, human and knowledge resources in the SEE region, gradually transforming the SEE Health Network into a viable, self-reliant mechanism, capable of serving the goal endorsed by the SEE ministers of health in the Dubrovnik Pledge of 2001 and the Skopje Pledge of 2005.

Article II – Goal

1. The goal of the SEE Health Network is to improve the health of the people in the SEE region, providing and sustaining the ownership and leadership of the countries in the region in implementing concerted action in the priority areas for health defined by the ministers of health of the SEE member countries.

Article III – Principles

1. Collaboration within the SEE Health Network shall continue to be guided by the following principles:
 - 1.1 regional ownership
 - 1.2 partnership
 - 1.3 transparency and accountability
 - 1.4 complementarity
 - 1.5 sustainability
 - 1.6 equal and active involvement of all SEE member states
 - 1.7 distribution of activities and resources based on a country needs assessment
 - 1.8 decentralization of activities and resources
 - 1.9 efficiency.

Title II – Members and partners

Article IV – Members and partners

1. The SEE Health Network is a joint initiative of the ministries of health of the Republic of Albania, Bosnia and Herzegovina, the Republic of Bulgaria, the Republic of Croatia, the Republic of Moldova, the Republic of Montenegro, Romania, the Republic of Serbia, and The former Yugoslav Republic of Macedonia (hereinafter referred to as the SEE member states).
2. The SEE Health Network will seek collaboration with other countries and integrational organizations, as well as with international and regional governmental and nongovernmental organizations, hereinafter collectively referred to as the partners. They may become partner states or organizations upon accepting the relevant decisions and Statutes of the SEE Health Network, and after approval by the SEE Health Network.
3. The SEE Health Network shall seek expert advice and support from a multiplicity of institutions such as the World Health Organization, the Council of Europe, the Council of Europe Development Bank, the Regional Co-operation Council, the European Commission, the European Investment Bank and the International Organization for Migration, with which it has a history of successful collaboration and a real prospect of joint activities.
4. The SEE member countries agree to commit themselves politically and financially for a minimum period of 5 years at a time.

Title III – Organizational structure

Article V – General provisions

1. The organizational structure of the SEE Health Network, as stipulated in its Statutes, consists of the governance and leadership (Presidency, Executive Committee, regional meetings), the administration (Secretariat) and the technical structures (steering committees of the regional projects in areas of public health, regional management offices and managers, country project offices and managers).
2. The roles and responsibilities of the Presidency, the Executive Committee, the regional meetings, the Secretariat, the regional project offices and the country project offices are based on the Skopje Pledge 2005 and the SEE Health Network Statutes.
3. The working language of the SEE Health Network, Secretariat and other bodies is English.

Article VI – Governance and leadership: Presidency, Executive Committee and regional meetings

1. The Presidency shall be held by the ministry of health of one of the SEE members. It shall rotate once every six months following the alphabetical order of the countries and operate on the “troika” principle (past, current and future presidents forming a team). The SEE member country that holds the Presidency of the SEE Health Network shall host one regional meeting of the Network, together with one meeting of its Executive Committee.
2. The regional meetings of the SEE Health Network shall comprise one high-level representative, hereinafter referred to as the National Health Coordinator, and one alternate nominated by the ministry of health of each country, whether an SEE member state or a partner country, and shall be open to one representative from each partner organization. The national health coordinators and alternates shall be decision-making and/or decision-influencing professionals at the level of deputy minister and/or as designated by the respective minister of health.
3. The Executive Committee shall be composed of five members: three representing the SEE member states, one representing the partner states and one member jointly nominated by interested integrational organizations and international and regional governmental and nongovernmental organizations. The members of the Executive Committee shall be elected by the SEE Health Network from among its members on 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 at its following regional meeting. Representatives of integrational organizations and of international and regional governmental and nongovernmental organizations are entitled to participate in the meetings as observers with the right to contribute to the discussions.
4. The SEE Health Network may elect advisers to the Executive Committee on their personal merit with a mandate to strengthen and enhance the work of the Executive Committee and the SEE Health Network.
5. The Executive Committee shall appoint a chairperson, an alternate and a rapporteur for its term of two years. The rapporteur shall also act as rapporteur of the semi-annual regional meetings of the SEE Health Network.
6. The roles and responsibilities of the Presidency and the Executive Committee are contained in the Statutes of SEE Health Network.

Article VII – Administration: Secretariat

1. The Secretariat shall provide administrative support to the SEE Health Network, its Presidency and the Executive Committee.
2. The roles and responsibilities of the Secretariat are reflected in Annex 1 of this document in accordance with the current Statutes of the SEE Health Network. It should be noted that one additional item (Point 8) has been added.
3. The permanent seat of the Secretariat shall be in one of the SEE Health Network member states.

4. The location of the permanent seat of the Secretariat shall be established through an open selection process based on proposals submitted by interested SEE member states, considering all the necessary arrangements, including logistics, human resources and other technical and leadership aspects. The SEE Health Network shall adopt selection procedures, indicators and criteria on the basis of proposals submitted by the Executive Committee. The proposals shall be assessed by a committee elected by the SEE Health Network, comprising three representatives of SEE member countries and two independent evaluators (from outside the SEE region), using the above-mentioned procedures, indicators and criteria, in an open and transparent way.
5. Any proposal by a prospective host country for the SEE Health Network Secretariat must fulfil the following basic requirements:
 - a) legal status for the Secretariat, so that it may exercise its functions and operate without hindrance;
 - b) exemption of the Secretariat from local taxes and duties for purchases and services;
 - c) exemptions for officials of the Secretariat who are not citizens of the host country (or permanent residents in the host country immediately prior to their employment by the Secretariat) from immigration restrictions and from income tax and general social security contributions on salaries;
 - d) provision of suitable office premises free of charge, including necessary up-to-date infrastructure and communications, as well as administrative and logistical support and maintenance.
6. The Secretariat shall be staffed by four personnel from the SEE region selected by the Executive Committee on the basis of their professional merit. The staff shall be recruited by the SEE Health Network according to the competences required, without any discrimination, and taking into account gender and geographical balance as appropriate, through an open selection process, with applications invited from all member countries in the SEE region. In addition, the SEE Health Network may accept staff secondments to the Secretariat for specific assignments.

Article VIII – Technical structures and networks: regional health development centres

1. The implementation of programmes, projects and activities in the technical areas agreed by the ministers of health shall be organized and performed through the appropriate technical structures and networks, including the regional health development centres, national institutions, national project offices, and regional and national counterparts. The regional health development centres shall act as coordinators of the respective networks.
2. The SEE Health Network may designate as a regional health development centre either an existing institution or one especially established in a member state that is carrying out activities in support of the SEE Health Network programme in a specific technical area designated by the ministers of health.
3. Regional health development centres shall seek expert advice for their overall scientific and technical guidance, as well as to provide direct support for the regional cooperation programmes for health development.

4. The functions of the regional health development centres are specified in Annex 2 of this document.
5. A regional health development centre shall carry out activities according to its annual plan of work, prepared by the regional health development centre and approved by the SEE Health Network in line with SEE Health Network procedures, taking into consideration the needs of the SEE members and the recommendations of the international partners, as well as the activities taking place at country and regional levels.
6. The criteria to be applied in the establishment/designation of regional health development centres are detailed in Annex 3 of this document.
7. The SEE Health Network is responsible for establishing/designating regional health development centres in the SEE region. The initiative for proposals may come only from the SEE member states. Proposals for establishment/designation are reviewed by the SEE Health Network according to the criteria laid out in Annex 3 of this document. As a first step in the designation process, the member states of the SEE Health Network shall, in consultation with the SEE Health Network, draft a plan of work identifying products and activities in one of the SEE Health Network-approved technical areas of work in which the regional health development centre would be able and willing to collaborate. The SEE Health Network shall approve the establishment/designation of a regional health development centre at its regional meeting, provided that the criteria laid out in this document are met, and shall inform the member state submitting the proposal of the outcome.
8. A regional health development centre has the responsibility to monitor and evaluate its work, according to the developed indicators. Activities shall be monitored throughout the whole process of their implementation. The regional health development centre shall provide regular six-monthly reports to the SEE Health Network on programme progress and financing.
9. Reviews and evaluations shall be designed for each programme in order to collect information on the process and outcome of the activities/programmes, i.e. to assess to what extent the programme objectives have been achieved, and to make suggestions for further development of the programme in its subsequent stages. The regional health development centre shall be responsible for programme reviews and internal evaluations, including designing the internal evaluation tools, and scheduling and carrying out the evaluation process.

Title IV – Financial provisions

Article IX – Secretariat

1. The annual budget of the SEE Health Network Secretariat shall cover the costs of its activities (including the meetings of the Executive Committee but not the regional meetings) and its staff of four (two technical public health professionals, one financial officer and one administrative assistant). The size of the SEE Health Network Secretariat might increase, depending on the workload and future developments.
2. The SEE Health Network Secretariat shall receive contributions from the member countries in the SEE region.
3. The minimum annual estimated amount for the operation of the SEE Health Network Secretariat and the Executive Committee meetings is euros 202, 000. This amount shall be covered by annual contributions from all SEE members.
4. The amount to be contributed by each SEE member country shall be calculated on the basis of the methodology developed for contributions to the Regional Co-operation Council, whereby SEE members are categorized in four groups according to their level of gross domestic product. The contributions to be made by each country are specified in Annex 4 of this Memorandum of Understanding.
5. Financial contributions to the SEE Health Network Secretariat shall be made by all the SEE member countries at the beginning of each year, and no later than 1 April.
6. The local costs for organizing and holding the regional meetings shall be borne by the country holding the Presidency during which the meeting takes place. The local costs shall include: logistics of the meeting (transportation to and from airports, local transportation, provision of meeting venue and necessary equipment), and reproduction of meeting materials, including the meeting report.
7. All costs related to participation in the regional meetings, including airfare, accommodation and per diems, shall be borne by the participant's Ministry of Health.

Article X – Regional health development centres

1. During the inception phase, the regional health development centres shall be funded by host country resources. The term of the inception phase will be decided by the SEE Health Network at one of its regular meetings.
2. During the operational phase, the regional health development centres shall be funded jointly by the host country and other SEE members, through financial contributions and contributions in kind, as appropriate.
3. Donors, including integrational organizations, international and regional governmental and nongovernmental organizations, and partner countries, may make financial contributions and contributions in kind to the regional health development centres.

Article XI – Contributions

1. In addition to annual contributions by the Member States, as set out in Annex 4, additional contributions by members or partners may take the form of in kind and/or direct financial contributions to the SEE Health Network through the Secretariat and/or the regional health development centres.
2. The contributions shall be used exclusively for carrying out the activities of the SEE Health Network, as established by the annual work plan.

Title V – Final provisions

Article XII – Amendments

1. Amendments to this Memorandum of Understanding shall be effected only in writing, by mutual agreement between the signatories.

Article XIII - Disputes

1. Any dispute arising between the signatories concerning the interpretation and implementation of the Memorandum of Understanding shall be settled amicably either by negotiation or by other judicial means as agreed by the signatories.

Article XIV – Annexes

1. All four annexes attached are integral parts of this Memorandum of Understanding.

Article XV – Entry into Force and Duration of this Memorandum of Understanding

1. This Memorandum of Understanding shall enter into force upon signature of all signatories.
2. Without prejudice to any right of withdrawal, the SEE Health Network and its structures shall have an unlimited duration.
3. In the absence of a decision to terminate contributions to them by the members, the SEE Health Network and its structures shall be renewed for subsequent periods of five years.
4. This Memorandum of Understanding may be terminated by agreement of all signatories.

IN WITNESS WHEREOF, the undersigned, being duly authorized by their respective Governments, have signed this Memorandum of Understanding:

Finalized on 22 April 2009 in a single copy, in the English language.

Nard Ndoka
uuu

For the Republic of Albania

A. Căstina

For the Republic of Moldova

Uroš

For Bosnia and Herzegovina

Forne

For the Republic of Montenegro

Forne

For the Republic of Bulgaria

Forne

For Romania

Vita

For the Republic of Croatia

Vita

For the Republic of Serbia

*For The former Yugoslav
Republic of Macedonia*



REPUBLIC OF MACEDONIA
MINISTRY OF HEALTH

Ref No 12-15089/1
Date 13-10-2008

TO:

Ministry of Health, Labour and Social Welfare of Montenegro
- **Doc. dr Miodrag Radunović – Minister**
Montenegro - (Country at presidency with SEE Health Network)

Mr. Marc Danzon, M.D
Regional Director of WHO Europe

Mr. Alexandre Vladichenko, Director General a.i. of the Social Cohesion,
Council of Europe

I inform that the Memorandum of Understanding on the future of the South Eastern Europe Health Network in the framework of the South East European Co-operation Process (2008 and beyond) has been approved by the Government of Republic of Macedonia.

Please consider this letter as equivalent of the signature of the Memorandum of Understanding on the part of Republic of Macedonia.

With regard to the provisional reference to my country as used in the Memorandum of Understanding I hereby reiterate that its constitutional name is Republic of Macedonia.


MINISTER OF HEALTH
D-r. Bujar OSMANI


Copy to:

- Ministry of Foreign Affairs, Cabinet of the Minister, Skopje, Republic of Macedonia
- Dr.Maria Haralanova, Regional Adviser, SEE Health Network Secretariat
Division of Country Health Systems, Public Health Services, WHO Europe
- Dr Piotr Mierzewski, Head of the Health Division, Department of Health and Bioethics
Directorate General III - SOCIAL COHESION, Council of Europe
- Ms Snezana Cicevalieva, Chair, SEE Health Network Executive Committee, Ministry of Health, Republic of Macedonia

Annex 1

Roles and responsibilities of the SEE Health Network Secretariat

1. To assist the Executive Committee to prepare a proposal for a two-year strategic plan.
2. To assist the Executive Committee to prepare a proposal for the annual work plan and the budget.
3. To support the implementation of the work plan and to manage the activities of the SEE Health Network.
4. To support the fundraising efforts of the SEE Health Network.
5. To assist the Executive Committee to prepare annual technical and financial progress reports for the regular meeting of the SEE Health Network.
6. To assist the Executive Committee to prepare a short interim progress report half-way through each budget year.
7. To assist the Executive Committee to ensure the appropriate utilization of resources.
8. To assist the Executive Committee and the Presidency of the SEE Health Network to prepare the semi-annual regional meetings of the SEE Health Network.

Annex 2

Functions of the regional health development centres

1. Promotion of SEE Health Network policies and priorities in the different technical areas.
2. Collection, collation, and dissemination of information, including through the development of regional inventories and libraries.
3. Participation in collaborative research under the SEE Health Network's leadership, including the planning, conducting, monitoring and evaluation of research, as well as promotion of the application of the research results.
4. Training.
5. Harmonization of standards and guidelines in specific areas.
6. Development of regional policies and good practices.
7. Development and coordination of implementation of programmes and activities.
8. Monitoring and evaluation of existing practices, legislation, policies, strategies, etc.
9. Facilitation of networking among SEE members.
10. Cooperation with integrational organizations, as well as international and regional governmental and nongovernmental organizations in the area of technical work.
11. Fundraising.
12. Establishment and maintenance of a reporting system.
13. Administration of projects, programmes and activities.

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

Annex 3

Criteria for the designation of regional health development centres

1. Scientific, technical, administrative, financing and human resource capacities, with particular reference to the technical area of work.
2. Ability to contribute to the regional health development programmes.
3. Sustainability for long term duration.
4. Communication capacity.
5. Capacity to perform monitoring and evaluation of activities.
6. Capacity to carry out activities in support of the SEE Health Network programme.
7. Administrative and financial management capacity in multicountry settings.

Annex 4

Contributions to SEE Health Network Secretariat by SEE members

Group	GDP at PPP, * Billion \$	Countries	Country % (Group %) of costs	Share € per country	Share € per group
I	<10.0	Moldova Montenegro	5% (10%)	10 000	20 000
II	<50.0	Albania Bosnia and Herzegovina The former Yugoslav Republic of Macedonia Serbia	10% (40%)	20 000	80 000
III	>50.0	Croatia	15% (15%)	30 000	30 000
IV	>70.0	Bulgaria Romania	18% (36%)	36 000	72 000

*Gross domestic product at purchasing power parity

Total (in €): 202,000

SEE Health Network Secretariat annual budget

Annual Budget -- SEE Health Network Secretariat

	Unit	Number	Cost/unit (€)	Amount (€)	Total
Personnel					108 000
Technical officer	person	2	36 000	72 000	
Financial officer	person	1	24 000	24 000	
Admin assistant	person	1	12 000	12 000	
Office					
Office rent	space	1	in kind from local ministry of health		
Office equipment	equipment	1	in kind from local ministry of health		
Running costs					25 000
Telephone	cost	5	4 000	20 000	
Stationery	cost	1	5 000	5 000	
Website					9 600
Setting up	cost	1	4 800	4 800	
Maintenance	cost	1	4 800	4 800	
Travel					40 000
Technical officer	cost	2	20 000	40 000	
Executive Committee meetings					19 440
Air travel	cost	16	1 000	16 000	
Hotel	cost	16	80	1 280	
Local travel	cost	16	65	1 040	
Per diems	cost	16	70	1 120	

Total (in €) 202 040

Note: Net salaries of national and international staff will be adjusted accordingly, taking into account the tax status of the individual.

SOUTH EASTERN EUROPE HEALTH NETWORK

“Health Development Action for
south eastern Europe”

Members:

Albania
Bosnia and Herzegovina
Bulgaria
Croatia
Montenegro
Republic of Moldova
Romania
Serbia
The former Yugoslav
Republic of Macedonia

Donors and Neighbours:

Belgium
France
Greece
Hungary
Italy
Norway
Slovenia
Switzerland
Sweden
United Kingdom

Organizations:

Council of Europe
Council of Europe
Development Bank
WHO Regional Office
for Europe

SEE Health Network Secretariat:

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