

THE SOUTH EASTERN EUROPE HEALTH NETWORK (SEEHN) AND THE WORK OF THE REGIONAL HEALTH DEVELOPMENT CENTER (RHDC) CROATIA ON ORGAN DONATION AND TRANSPLANT MEDICINE – NETWORKING REGIONAL PROFESSIONALS TO INCREASE DONATION AND TRANSPLANTATION EFFORTS

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Summary - The Regional Health Development Center on Organ Donation and Transplant Medicine (RHDC) Croatia aims to coordinate and support long-term cooperation within the South Eastern European countries of Albania, Bosnia and Herzegovina (BiH Federation and Republic of Srpska), Bulgaria, Croatia, Montenegro, Moldova, Romania, Serbia, Macedonia, and the partner country Slovenia, through close collaboration with national health authorities in implementing successful organ donation and transplantation systems within the South Eastern Europe Health Network (SEEHN). RHDC Croatia serves as a center for facilitating the dissemination and exchange of good practices, expertise and experience to support Ministries of Health in creating, defining and implementing country-specific Action Plans to increase living and deceased donation, and transplantation activities through self-sufficiency and sustainable long-term models. Networking regional professionals through a comprehensive, transparent communication platform for intracountry data/exchange and reporting among health authorities (e.g. MoHs), medical experts, and healthcare professionals has proven effective in advancing efforts to further develop national programs. The methodology comprises multi-country meetings, educational workshops and ongoing communication with Ministries of Health, their nominated National Focal Points (serving as liaisons), and selected country delegates. These events have been critical in establishing trust, personal relationships, and ongoing communication to overcome negative preconceptions caused by past cultural conflicts. SEEHN networking and cooperation has resulted in the creation of individual country Action Plans, training of more than 264 regional professionals, bilateral agreements, and increased regional donation and transplantation activity over a short period of two years from February 2011 to date.

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Introduction

The South Eastern Europe Health Network (SEEHN) is an institutional and political forum originally created in 1999 under the Stability Pact by the governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Mon-

tenegro, Moldova, Romania, Serbia and Macedonia to promote peace, reconciliation and health in the region. In cooperation with the World Health Organization Regional Office Europe, the SEEHN has successfully evolved over the last decade, particularly in the field of public health (1). SEEHN's Memorandum of Understanding (2) introduced the concept of Regional Health Development Centers (RHDCs) to improve areas of public health services requiring immediate attention by country. RHDCs are established in SEEHN member countries which are leaders in subspecialties of public health, to complete the transformation of technical projects into long-term programs of regional cooperation in health care.

As of June 2011, eight SEEHN RHDCs had been designated: for Communicable Diseases in Tirana, Albania, for Antibiotic Resistance in Sofia, Bulgaria, for Mental Health in Sarajevo, Bosnia and Herzegovina, for Organ Donation and Transplant Medicine in Zagreb, Croatia, for Human Resources Development in the Health Sector in Chisinau, Republic of Moldova, for Public Health Services in Skopje, Macedonia, for Blood Safety in Oradea, Romania, and for Accreditation and Continuous Quality Improvement in Health Care in Belgrade, Serbia.

Due to Croatia's exceptional success and world-leading status in donation and transplantation, its application to become the Regional Health Development Center (RHDC) for Organ Donation and Transplant Medicine was officially accepted in July 2009 and formally recognized at the 25th SEE Health Network Meeting in Sofia, Bulgaria in June 2011. The RHDC Croatia operates within the Republic of Croatia's Ministry of Health, Institute for Transplantation and Biomedicine with administrative and operational expenses funded by the Croatian Ministry of Health. RHDCs are not officially funded by any government or international agencies. Partner countries and col-

laborating institutions actively engaged and affiliated with individual RHDCs have generously donated funds, with some additional financial support from SEEHN Ministries of Health. The RHDC Croatia's Inaugural Meeting in February 2011 was the opening event to bring together regional professionals from the field of organ donation and transplantation for the first time (Figure 1).

Insights into the history and geographical boundaries of the Balkan area are key to understanding the complexities of the region, and an important background component to RHDC Croatia's efforts to create an established and identifiable network of regional professionals. Although historical details are lengthy, recognizing current regional diversity should not be overlooked when examining attempts to interconnect the region. Ethnic tensions and cultural conflicts have been historically present with recurrent changes in governments, political boundaries, and movement of ethnic groups throughout the Balkan peninsula. Until 1991, The Socialist Federal Republic of Yugoslavia consisted of six republics combined into one federation: Bosnia and Herzegovina, Croatia, Macedonia, Montenegro, Serbia (including the regions of Kosovo and Vojvodina) and Slovenia (Figure 2) (3). These events have resulted in major demographic shifts in religious and ethnic population clusters (Figures 3) (4). The break-up of the former Yugoslavia starting in 1991 and Croatia's Homeland War from 1991-1995 exacerbated the division of culturally diverse ethnic and religious groups causing demographic movement necessitated by the war.

In 1991 the region was politically connected with clear borders. Four years later, a massive disconnection and movement of inhabitants changed the entire landscape, with some geographic borders still in question today pending international review and recognition. For many, deep-rooted cultural preconceptions from the past began to

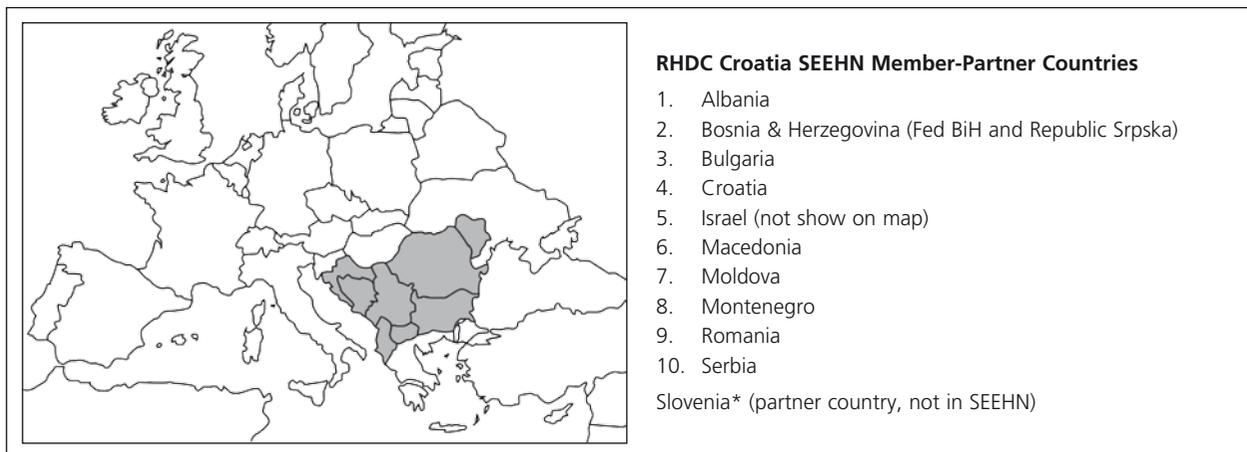


FIGURE 1 - Geographic Region of SEEHN and RHDC Croatia partner country. The South East European Health Network includes Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Moldova, Romania, Serbia and Macedonia and partner country Slovenia, collaborating on RHDC Croatia on Organ Donation and Transplantation project.

SOCIALIST FEDERAL REPUBLIC OF YUGOSLAVIA
AS OF JANUARI 1991



FIGURE 2 - Republic of Yugoslavia before break-up, up to year 1991. This figure depicts the majority of the region unified under the Former Socialist Republic of Yugoslavia up to year 1991, which was completely disbanded after 1995 at the end of the Homeland War in Croatia and neighboring entities.

resurface, creating a rift among the diverse groups.

The consequences of war and depressed economies within the region severely affected internal infrastructures and the present day operational effectiveness of intercountry public health systems in several SEEHN countries. Most notably, organ donation and transplantation programs, even those which had existed before disintegration and war, have unfortunately been neglected or were entirely non-existent in some SEEHN countries. Primary underlying causes are due to the sophisticated processes necessary to implement and maintain such high level transplant programs, the economic downturn, and lack of resources available from SEEHN member country governments. Underdeveloped country infrastructures coupled with significant demographic shifts had presented obstacles for the region in advancing donation and transplantation activity to prevent organ trafficking and transplant tourism.

More recently, with the inception of the SEEHN RHDC Croatia, the commitment of political and technical support received under the framework of the SEEHN has in great part enabled collaborating SEEHN countries to successfully overcome these past challenges by building a cohesive network of key professionals within the region, largely through the use of multi-country meetings. Face to face events have enabled the creation of personal and trusting relationships amongst culturally diverse individuals working in the field. Individual socio-cultural perspectives have been set aside, focusing on the objectives of the project to increase donation and transplantation activity in the region together (5,6). Regular communication with National Focal Points (NFPs) and delegates allows for pertinent knowledge updates helping to ensure forward moving mo-

POPULATION DISPLACEMENT 1991 TO 2001



➔ Croats ➔ Serbs
➔ Muslims ➔ Others (Albanians, Hungarians)

FIGURE 3 – Former Republic of Yugoslavia during and after break-up to present. Demographic shifts with in/out migration of ethnic and religious groups show movement reflecting the current socio-cultural settlement and landscape.

mentum. Cultivating and fostering these personal relationships (including direct contact with NFPs from international expert collaborating partners) has been a crucial step in facilitating rapid change and effective communication exchange for professionals engaged in the RHDC Croatia project, and the officials from their Ministries of Health. Today, the RHDC Croatia has a solid database of organ donation and transplantation specialists from each SEEHN member country, totalling 111 individuals.

Nowadays, the network of country professionals, professional societies, and SEEHN partner organizations, e.g. the World Health Organization, the Council of Europe, and the European Commission continues to grow and strengthen. As each country reaches a milestone in this collaborative undertaking, individual and collective enthusiasm is further reinforced.

Objectives

Primary objective: RHDC Croatia Support to SEEHN countries in creating, defining and implementing country-specific Action Plans aiming to increase living (LD) and deceased donation (DD) and transplantation activities through self-sufficiency and sustainable long-term models. Secondary objective: Interministerial cooperation to assist with and ensure sustainable and continuing commitment

to the country NFPs. These official representatives nominated by each SEEHN Ministry of Health serve as liaisons between the RHDC Croatia and their respective Ministry of Health, in support of country Action Plan implementation (7).

Third objective: Strengthen partnerships to achieve country-specific goals by providing guidance from the WHO, collaborating partners, and leading institutional and professional organizations through close cooperation, exchange of knowledge, good practices and relationship building (8). Continue to develop the comprehensive and transparent communication platform for global consultation, improving data exchange and reporting between all stakeholders at the international and regional level (Figure 4).

Methods

From the outset, it became clear that an interdisciplinary approach would be necessary to address current transplant and donation program requirements by individual country. Legislation, logistics, proficient medical teams, media, and internal administrators would need to work harmoniously through a common mindset and communication network/protocol (9). The expertise and assistance of leading professional societies was sought and enlisted: The Transplanta-

tion Society, The European Society for Organ Transplantation, The European Transplant Coordinators Organization, and the International Society for Organ Donation and Procurement, resulting in conceptualizing the work of the RHDC Croatia and its collaborators under the title: “The SEEHN Initiative on Deceased Donation.” The European Commission, World Health Organization Office Europe, and Council of Europe also support the project as collaborating partner agencies. The methodology involves multi-country meetings, on-site expert visits, educational workshops and ongoing communication with Ministries of Health, their appointed NFPs, and selected country delegates. The methodology has been designed and adapted to address individual country needs as stated in each country’s unique Action Plan level of functionality (10).

Results

Since the RHDC Croatia’s inception in February 2011, a number of noteworthy achievements have been made in only two short years. Chronologically, significant accomplishments were attained through careful planning and identification of priorities to be carried out in steps, each new action building on the previous one.

The first step required an in-depth analysis of current status by country, and country-specific needs. To enable this process, identification and official appointment of the country NFP as key professional and liaison person for coordination of intra and intercountry activities was completed. Formation of strong partnerships with collaborating professional societies: TTS, ESOT, ETCO, ISODP and SEEHN partner agencies: the WHO Office Europe, the European Commission, the Council of Europe followed using video teleconferencing and frequent email correspondence.

Individual Country Action Plans focusing on specific priorities needed in the short term to further development of country transplantation and donation activities were created to serve as roadmaps. A regional database management of contacts, relative legislative and benchmarking guidelines, presentations from meetings/workshops and official regional data was created for reference and reporting. In Macedonia, after only six months of cooperation, the first living related pediatric liver transplantation (mother to son) was conducted with the assistance of a multidisciplinary team of Croatian experts in September 2011.

The authoring of the SEEHN Brief “Current status of transplantation and organ donation in the Balkans – could it be improved through the South-Eastern European Health Network (SEEHN) initiative?” (11) was the first official document reporting transplant and donation activity throughout the Balkan region as of 2010. Improvements in

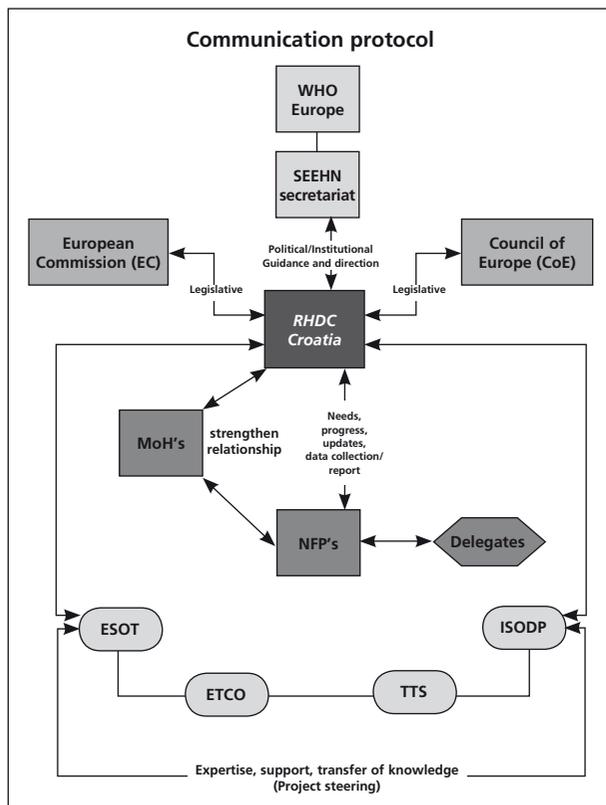


FIGURE 4 - RHDC Croatia Communication Protocol.

the transparency and visibility of regional practices within the field ensued through data collection and reporting.

Educational workshops benefited 264 regional professionals trained during events coordinated by the RHDC Croatia held in Ljubljana - March 2012, Ohrid - June 2012, Ljubljana - August 2012, and Dubrovnik - October 2012. These meetings were supported by financial contributions and expert guidance given by the collaborating professional societies, and the European Commission TAIEX (Transfer and Information Exchange) program for educational training. Educational seminars were also conducted at hospitals throughout Zagreb, supported by the Croatian Ministry of Health, to give on-site instruction and real life experience to regional professionals.

The First Ministerial Conference on Organ Donation and Transplantation "Heart to the Region, Beating towards Self-Sufficiency", held in Zagreb, Croatia in June 2012, was a landmark event which brought together professional societies and partner organizations, Ministers of Health, NFPs, and country delegates from each SEEHN member country for the first time, focusing on regional needs and emphasizing joint cooperation.

It was agreed that meetings and networking events would be held three times yearly for NFPs to submit updates on Action Plan status and country data on donation and transplantation activity. The six meetings to date were held in Zagreb in February 2011, Skopje in May 2011, Ljubljana in March 2012, Ohrid in June 2012, Ljubljana in August 2012, and Dubrovnik in October 2012.

Bilateral agreements formed between Macedonia and Croatia, and Montenegro and Croatia serve to reinforce the resolve of those Ministries of Health to improve in-country living and deceased donation, and further development of transplantation programs.

On-site expert follow-up visits in cooperation with Prof. Francis Delmonico of The Transplantation Society and expert missions to Romania in June 2012, Montenegro in May 2012, and Albania and Serbia in March 2013 were successfully carried out. A meeting with Romania's Minister of Health and NFP focused on reaffirming cooperation, while for Montenegro the visit was the impetus for setting down the country's national transplant program.

Shortly thereafter, Montenegro began its National Program as a multidisciplinary team of Croatian experts assisted Montenegrin doctors in conducting the first ever organ transplantation in the country in September 2012. Two living related kidney transplantations (both mother to daughter) were performed under the leadership and supervision of Montenegrin NFP and expert Professor Marina Ratkovic, a nephrologist, who has been spearheading transplantation efforts in the country and leading the newly established Montenegrin kidney transplant team (12). Another two were performed in March 2013.

Conclusion

The SEEHN framework has provided an internationally recognized institutional forum setting the foundation for cooperation and encouraging member state experts to work together for their own individual improvement and knowledge implementation. Influential factors for success can be attributed to the willingness of individual professionals to actively participate in this newly established regional network, simultaneously with the dedicated involvement of the previously named professional societies, and the SEEHN Ministries of Health with a willingness to proactively participate in the project. Country professionals contributed substantially by supplying vast amounts of current, country-specific data on donation and transplantation activity. NFPs have played a key role in facilitating communication and the preparation of intercountry protocols for implementing objectives stated in their individual country Action Plans. Education conducted so far has been crucial to address the current lack of knowledge and organizational infrastructures facing regional professionals.

The future success of the project will require a strong commitment by Ministries of Health to be fully engaged in supporting the NFPs and implementation of the country Action Plans (13). Due to the current economic downturn in Europe, many public health care expenditures have been reduced. Organ donation and transplantation funds have often been cut even though these programs have been shown to considerably decrease long-term health care costs (14). The dedication and enthusiasm of participants at every level has been instrumental in overcoming current budgetary limitations. Networking regional professionals to increase donation and transplantation efforts has proven to yield significant results in each country, guided by the SEEHN philosophy of transparency, goodwill, joint effort, constructive approaches, and working together in the spirit of professionalism and friendship.

The authors declare that they have no conflict of interest.

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