

BOOSTING THE IMPLEMENTATION OF HEALTH 2020 AND THE SUSTAINABLE DEVELOPMENT GOALS IN SOUTH-EASTERN EUROPE



**16 years of regional cooperation
to strengthen health and stability
in south-eastern Europe**



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Abstract

The South-eastern Europe Health Network (SEEHN) was established in 2001 to promote peace, reconciliation and health in south-eastern Europe and contribute to preparing the countries in the region for European Union integration. Its vision remains to achieve better health and well-being in south-eastern Europe through the collaborative efforts of SEEHN member states and partners.

Since its inception, SEEHN has developed into a broad partnership for health that brings together south-eastern European countries and organizations focused on improving health and well-being. The World Health Organization (WHO), SEEHN's founding organization, has remained its most important partner, providing guidance and support to its policy and technical endeavours from 2001 until today.

The most recent South-eastern European Health Ministers' Forum, held in 2017 in Chisinau, Republic of Moldova, reflected on 15 years of regional collaboration in public health and endorsed the Chisinau Pledge, which presents the SEEHN framework for action until 2020. The Forum emphasized the complex and significant contribution of SEEHN to health and well-being, which in turn has had a positive impact on peace, stability and economic development in south-eastern Europe. The Forum highlighted the active role of SEEHN in influencing public health developments in both south-eastern Europe and in Europe as a whole, and in supporting its members in their response to international commitments.

SEEHN ministers and partners agreed on the vast potential of SEEHN to deliver on the contemporary policy agenda, primarily related to the WHO European policy for health and well-being Health 2020 and the United Nations 2030 Agenda for Sustainable Development.

This document has multiple goals: to reflect on SEEHN's developments as a source of experience and knowledge, and on their potential to meet the demands of the contemporary context of health and well-being; to inform on SEEHN governance structures that are able to support future collaborative efforts for health and well-being in south-eastern Europe; to share examples of SEEHN's success in leading and influencing positive health developments in south-eastern Europe; to set out a clear model for future collaboration with WHO and other partners; and to emphasize the exemplary role of the WHO Regional Office for Europe as an enabler and supporter of influential alliances for better health and well-being in the European Region.

CONTENTS

ABSTRACT..... 4

CONTENT 5

FOREWORD BY THE *PRESIDENCY OF SEEHN*..... 6

FOREWORD BY *REGIONAL DIRECTOR, WHO EUROPE* 8

ABBREVIATIONS 10

SEEHN 11

THE ESTABLISHMENT OF SEEHN 13

SEEHN MEMBERS AND PARTNERS 15

SEEHN INSTITUTIONAL FRAMEWORK 16

SEEHN POLITICAL COMMITMENTS 19

SEEHN ACTIVITIES - KEY REGIONAL PROJECTS..... 23

REGIONAL HEALTH DEVELOPMENT CENTRES (RHDCs) 26

ACTIVITIES WITH OTHER INTERNATIONAL BODIES 37

ACTIVITIES WITH COUNTRY PARTNERS 39

ACTIVITIES WITH OTHER PARTNERS 41

SEEHN PERSPECTIVES: THE CHISINAU PLEDGE 45

SEEHN ACTIVITIES WITH PARTNERS 49

ACTIVITIES WITH THE REGIONAL OFFICE 51

COUNTRY-SPECIFIC ACTIVITIES WITH THE REGIONAL OFFICE 61

WHO PUBLICATIONS AND REPORTS ON SEEHN 67

BIBLIOGRAPHY 71

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We, the member states and partners of the South-eastern Europe Health Network (SEEHN), have just celebrated 16 years of collaborative efforts to enhance health and well-being in south-eastern Europe. Our partnership has come a long way, from focusing efforts on peace and stability through health to making actual improvements in well-being, prosperity and economic growth in south-eastern Europe. What has remained unchanged throughout 16 years of constant changes in the political, economic and health context is our commitment to continue to improve the health and well-being of the people of south-eastern Europe through our joint efforts and partnerships.

SEEHN countries work hard to implement the World Health Organization (WHO) European policy for health and well-being Health 2020. Our countries have achieved significant developments in reducing premature mortality, mortality from external causes, infant mortality and unemployment. Our efforts have proven successful in improving life expectancy and sanitation and reducing out-of-pocket expenditures for health. This success motivates us to continue forward and commit to delivering on the United Nations 2030 Agenda for Sustainable Development. Further investments are needed to maintain and build upon our achievements, to continue to reverse negative trends, and to address new health issues such as alcohol abuse, obesity, measles and poliomyelitis vaccination, and rising inequality.

SEEHN has shown itself to be a useful platform for its member states and partners to agree on developments for health and well-being that address the national needs of the countries as well as their international commitments.

The Fourth South-eastern European Health Ministers' Forum took place in Chisinau, Republic of Moldova, in April 2017. Its theme was "Health, well-being and prosperity in south-eastern Europe by 2030 in the context of the Sustainable Development Goals of the United Nations". It provided a clear strategic direction for the future work of SEEHN and its collaboration with WHO Regional Office for Europe and other partners.

Through the Chisinau Pledge, signed at the Forum, we committed to moving forward through six mutually reinforcing actions: (1) further sustaining and strengthening our collaborative efforts; (2) achieving the Sustainable Development Goals (SDGs); (3) striving towards universal health coverage; (4) strengthening public health; (5) ensuring emergency preparedness and response; and (6) promoting partnerships for health and well-being.

Under the current Presidency of SEEHN, held by Bulgaria, we aim to set the scene for implementing the Chisinau Pledge. We firmly believe that delivering on our

commitments and agreed policy directions will further contribute to improving the health and well-being of our populations. In addition, our actions will contribute to our members' efforts to deliver on the 2030 Agenda, the SDGs and Health 2020. Follow our progress at www.seehn.org.

This publication is an initiative of the Regional Office as a follow up to the Fourth Health Ministers' Forum. It illustrates the regional collaboration on public health between SEEHN's nine members (Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia) and aims to document the past 16 years of collaboration between the Regional Office and SEEHN.

SEEHN continues to promote common values and to encourage mutual efforts towards peace, health and wealth in the south-eastern European region. Its great value to public health and health system development is acknowledged throughout the Network, as it clearly contributes to improving the health systems of its members. Complex issues such as public health require concerted and coordinated efforts, which SEEHN has provided to these nine members.

Through its regional cooperation mechanisms, SEEHN has improved public health by providing a platform for discussion and the exchange of best practices (where partners provide requested guidance), and for member states to take leadership in areas of main concern to their countries. It has also matured and evolved over the years, and recently underwent a review and reform of its governance structure and areas of policy-making. We are ready to share our experiences and lessons learned with other regions, groups of countries or individual states, if required.

As global and regional influences on health rapidly evolve and the need for new skills of leadership and coherent governance increases, it is vital that regional cooperation in public health remain one of the highest priorities, supporting political cooperation and economic development in the south-eastern European region and beyond. We strongly believe that through our commitment and the policy directions we have agreed to, SEEHN will contribute to implementing the 2030 Agenda and the SDGs while continuing to use the tools and guidance provided by Health 2020.

H.E. Nikolay Kirilov Petrov
President of SEEHN
Minister of Health of Bulgaria

Dr Nicolae Jelamschi
Chair, Executive
Committee of SEEHN

Dr Mira Jovanovski Dasic
Head of the SEEHN Secretariat

I am happy to see the publishing of this report, which documents the achievements of SEEHN and its collaboration with WHO over the past 16 years.

We at WHO appreciate the strong and long-standing partnership we have with SEEHN, and I very much look forward to continuing this collaboration as we deal with the challenges for health and well-being of populations in the days, months and years ahead.

WHO acknowledges SEEHN for its achievements in the last 16 years. SEEHN comprises nine of the 53 Member States in the WHO European Region. With the ongoing support of the Regional Office, SEEHN member states have strengthened their health systems, resulting in the achievements in health and well-being that we have today. The diversity of SEEHN member states (in geography, population, economic growth and membership in the international economic and security organizations) is an opportunity for these countries to learn from one another. Sharing knowledge and experience and regularly collaborating enables faster uptake of these good practices in health and well-being.

SEEHN has, in turn, contributed to the implementation of WHO policies for health by sharing its political commitments and pledges with other Member States in the WHO European Region, especially at governing body meetings. The most recently adopted declaration – the Chisinau Pledge – marks yet another milestone in SEEHN history. It acknowledges the European policy for health and well-being Health 2020 as an important driver for policy change and a navigation and implementation tool for outcome-oriented health developments in south-eastern Europe. The Chisinau Pledge has already contributed to placing SEEHN member states well on their way to achieving the SDGs.

WHO has invested steadily in its partnership with SEEHN from its foundation in 2001 to today. It has supported the Network by providing technical assistance and strategic advice and by strengthening national capacities. We have also been there in times of environmental health challenges and through the impacts of climate change, and we have assisted with the procurement of vaccines and drugs to ensure the adequate combat and treatment of communicable diseases.

Our intention is to keep it that way.

Today, we observe with satisfaction improvements in health in south-eastern Europe, especially in reducing premature mortality and unemployment and increasing life expectancy. We congratulate SEEHN member states on their achievements.

However, we are aware of the need to remain vigilant in the face of current challenges in the south-eastern European countries. Especially urgent is the need to invest in maintaining good results and steadily improving in areas of progress while at the same time decisively addressing noncommunicable diseases, improving the focus on equity and securing health and development linkages to implement the 2030 Agenda for Sustainable Development.

This publication is a reminder of all the work that has gone into SEEHN by ministers of health, technical experts, partners and the SEEHN Presidency and Secretariat. I look forward to jointly continuing to ensure better health in south-eastern Europe in the coming years.

Dr Zsuzsanna Jakab
Regional Director, WHO Regional Office for Europe

ABBREVIATIONS

AMR	Antimicrobial resistance
BCA	Biennial collaborative agreement
CDC	Centers for Disease Control and Prevention of the United States of America
EC	European Commission
ECEH	WHO European Centre for Environment and Health
EDQM	European Directorate for the Quality of Medicines and HealthCare
EPHOs	Essential public health operations
EU	European Union
HIA	Health impact assessment
HPH	NetworkInternational Network of Health Promoting Hospitals & Health Services
HRH	Human resources for health
ICD-10	International Classification of Diseases, 10th revision
IOM	International Organization for Migration
IHR	International Health Regulations
NCD	Noncommunicable disease
RCC	Regional Cooperation Council
RHDC	Regional Health Development Centre
SCHIN	Small Countries Health Information Network
SDC	Swiss Agency for Development and Cooperation
SDGs	Sustainable Development Goals
SECID	Southeast European Centre for Surveillance and Control of Infectious Diseases
SEE 2020	South East Europe 2020 Strategy
SEEHN	South-eastern Europe Health Network
TAIEX	Technical Assistance and Information Exchange
TEACH-VIP	Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention
WHO	World Health Organization
WHO FCTC	WHO Framework Convention on Tobacco Control

SEEHN

The South-eastern Europe Health Network (SEEHN) is a multigovernmental political and institutional forum for regional collaboration on the health and well-being of Albania, Bosnia and Herzegovina, Bulgaria, Israel, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia.



Cooperation at political and technical levels has resulted in long-term partnerships between SEEHN member states and the numerous partner countries, international organizations and nongovernmental organizations that have supported the network technically and financially since its foundation in 2001.

Through more than 15 years of regional cooperation, SEEHN's mission has gradually evolved from one aiming to ensure peace and economic cooperation to one focusing more on the reduction of disparities and inequalities in health in south-eastern Europe (Box 1). As a network, SEEHN member states combine and thus enhance their efforts to implement outcome-oriented health policies that focus on reducing health inequities addressing the social determinants of health, improving governance for health, strengthening public health and health systems, reducing the burden of noncommunicable diseases (NCDs), and strengthening health security.

In the process, SEEHN member states benefit from the knock-on effects of such improvements: improved social well-being, economic development and overall quality of life. The mission and the goals endorsed by SEEHN ministers of health are pursued by building on the institutional and organizational capacities of existing institutional, human and knowledge resources in the region.

Box 1: SEEHN's mission

To promote the sustainable development of SEEHN member states by improving the health of their populations through better and more intense cooperation, collaboration, integration, capacity-building and coordination in public health at the regional level. This includes supporting reform of their national health systems and contributing to economic and social development.

SEEHN believes the best way to achieve these goals is by following a two-pronged approach: (1) a comprehensive governmental approach that integrates health into all policies on the basis of maximum intersectoral cooperation in each country; and (2) a process of close regional cooperation, coordination, integration and harmonization in policy for health and well-being.

The establishment of SEEHN

The breakup of the Socialist Federal Republic of Yugoslavia resulted in the establishment of newly independent countries: Bosnia and Herzegovina, Croatia, Slovenia, the former Yugoslav Republic of Macedonia and the Republic of Yugoslavia (since 2006, Montenegro and Serbia). During the first decade of the post-conflict era, south-eastern Europe was subject to rapid political, social and economic transition that weakened countries' ability to respond to the severe health issues among their populations, particularly across the newly independent countries. Economic hardship in the region contributed to limited government spending on health systems, which resulted in increased health inequity among the population.

In 1999, the Stability Pact for South East Europe was created under a European Union (EU) initiative to re-establish peace and security in the region and to support European and Euro-Atlantic integration. It aimed to bring international organizations and partners together with south-eastern European countries to collaborate, "in efforts and reforms aimed at sustainable peace, democratic development and economic well-being, ensuring long-lasting stability to the region"¹.

Initially, the Stability Pact had three areas of particular interest: (1) democratization and human rights; (2) economic reconstruction, cooperation and development; and (3) security. However, a wide range of international organizations and regional partners and countries agreed to include social development in a holistic approach to fostering stability and economic development. The Stability Pact asked the Regional Office and the Council of Europe to lead and facilitate a new forum that would approach public health from a regional perspective (Box 2).

In cooperation with the Stability Pact, the Regional Office and the Council of Europe organized the First South-eastern European Health Ministers' Forum in September 2001 in Dubrovnik, Croatia, with the main purpose of addressing the pressing health needs of vulnerable populations throughout the region. The meeting culminated in the signing of the Dubrovnik Pledge² by the health ministers present. The Dubrovnik Pledge focused on ensuring access to appropriate, affordable, high-quality health-

¹ Regional Cooperation Council (former Stability Pact for South East Europe) [website]. Rome: Ministry of Foreign Affairs and International Cooperation: 2015 (http://www.esteri.it/mae/en/politica_estera/aree_geografiche/europa/ooii/patto_di_stabilita_dei_balcani.html, accessed 26 August 2017).

² The Dubrovnik Pledge. Meeting the health needs of vulnerable populations in south-east Europe. Copenhagen: WHO Regional Office for Europe; 2001 (http://www.euro.who.int/__data/assets/pdf_file/0009/99738/e94525.pdf?ua=1, accessed 28 August 2017).

care services; strengthening community mental health services; and establishing regional networks and systems for gathering and exchanging social and health information. This final commitment led to the creation of SEEHN, a new mechanism to ensure implementation of the Pledge and of regional projects.

The Dubrovnik Pledge and the creation of SEEHN constituted the region's first cross-border multilateral political alliance in health. This was acknowledged as a major political victory for peace and cooperation. The Regional Office and the Council of Europe, with the support of the Ministry of Health of Bulgaria, organized the founding meeting of SEEHN in April 2001 in Sofia, where the participants focused on improving dialogue among representatives of south-eastern European countries.

At the second SEEHN meeting in Bucharest, Romania, in June 2001, the member states committed to develop projects to address public health challenges of regional concern, with each country leading on one. This created the opportunity for each country to demonstrate leadership, and served to cultivate a greater spirit of cooperation among them.

The process of establishing regional ownership was reconfirmed in 2008 with the signing of the Memorandum of Understanding on the Future of SEEHN in the Framework of the South East European Co-operation Process³, which set out new terms of operation for SEEHN, establishing its structure, responsibilities and funding mechanisms. The Memorandum of Understanding (MoU) also stipulated the establishment of a regional secretariat and outlined the steps for establishing Regional Health Development Centres (RHDCs) as centres of excellence in specific areas, with the aim of strengthening technical collaboration among the member states.



³ SEEHN. Memorandum of Understanding on the Future of SEEHN in the Framework of the South East European Co-operation Process. Copenhagen: WHO Regional Office for Europe; 2008 (http://www.euro.who.int/__data/assets/pdf_file/0006/108663/SEE_MoU.pdf?ua=1, accessed 28 August 2017).

Box 2: Country cooperation

*WHO recognizes that "cooperation among countries can be an effective tool to strengthen, share and accelerate health development within countries and across regions. It involves creating, adapting, transferring and sharing knowledge and experiences to improve health – while also making the most of existing resources and capacities".**

**<http://www.who.int/country-cooperation/what-who-does/inter-country/en>*

SEEHN members and partners

The founding document of SEEHN, the Dubrovnik Pledge, was signed in 2001 by Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, the former Yugoslav Republic of Macedonia and the Federal Republic of Yugoslavia. The Republic of Moldova joined SEEHN in 2002.

In 2006, the Federal Republic of Yugoslavia split into two separate countries: Montenegro and Serbia. In 2011, SEEHN approved the membership of Israel, which increased its membership to 10 countries. However, in 2013, Croatia entered the EU and withdrew its membership in SEEHN; it remains involved as a partner country. SEEHN now has 9 members (Table 1).

**TABLE 1:
SEEHN member States**

Member country	Year of entry
Albania	2001
Bosnia and Herzegovina	2001
Bulgaria	2001
Israel	2011
Montenegro	2006*
Republic of Moldova	2002
Romania	2001
Serbia	2006*
The former Yugoslav Republic of Macedonia	2001

**from 2001 under the Federal Republic of Yugoslavia*

Additionally, between 2002 and 2011, SEEHN established partnerships with Belgium, France, Greece, Hungary, Ireland, Italy, the Netherlands, Norway, Sweden, Switzerland and the United Kingdom. These partner countries have supported the implementation of various regional initiatives. Since the establishment of SEEHN, its partners (international organizations, European countries, nongovernmental organizations and other institutions) have provided strong political, technical and financial support and cooperation. They have helped to strengthen regional health policies, implement health projects in key public health areas of regional concern and establish RHDCs (Table 2).

**TABLE 2:
SEEHN founding and current partners**

SEEHN Founding partners
WHO Regional Office for Europe
Council of Europe
Council of Europe Development Bank
SEEHN current partners
Croatia
EuroHealthNet
European Health Forum Gastein
European Centre for Peace and Development
Health Promoting Hospitals
International Organization for Migration
Istituto Superiore di Sanita, Roma
Northern Dimension Partnership in Public Health and Social Well-being
Project Hope
Regional Cooperation Council
South East European Network on Workers' Health
Slovenia
Studiorum
Swiss Agency for Development and Cooperation
United Nations Population Fund

The Regional Office continues to be one of the most important partners of SEEHN, and to invest broadly in both the political and technical levels of SEEHN's work (see also the section on SEEHN activities with partners).

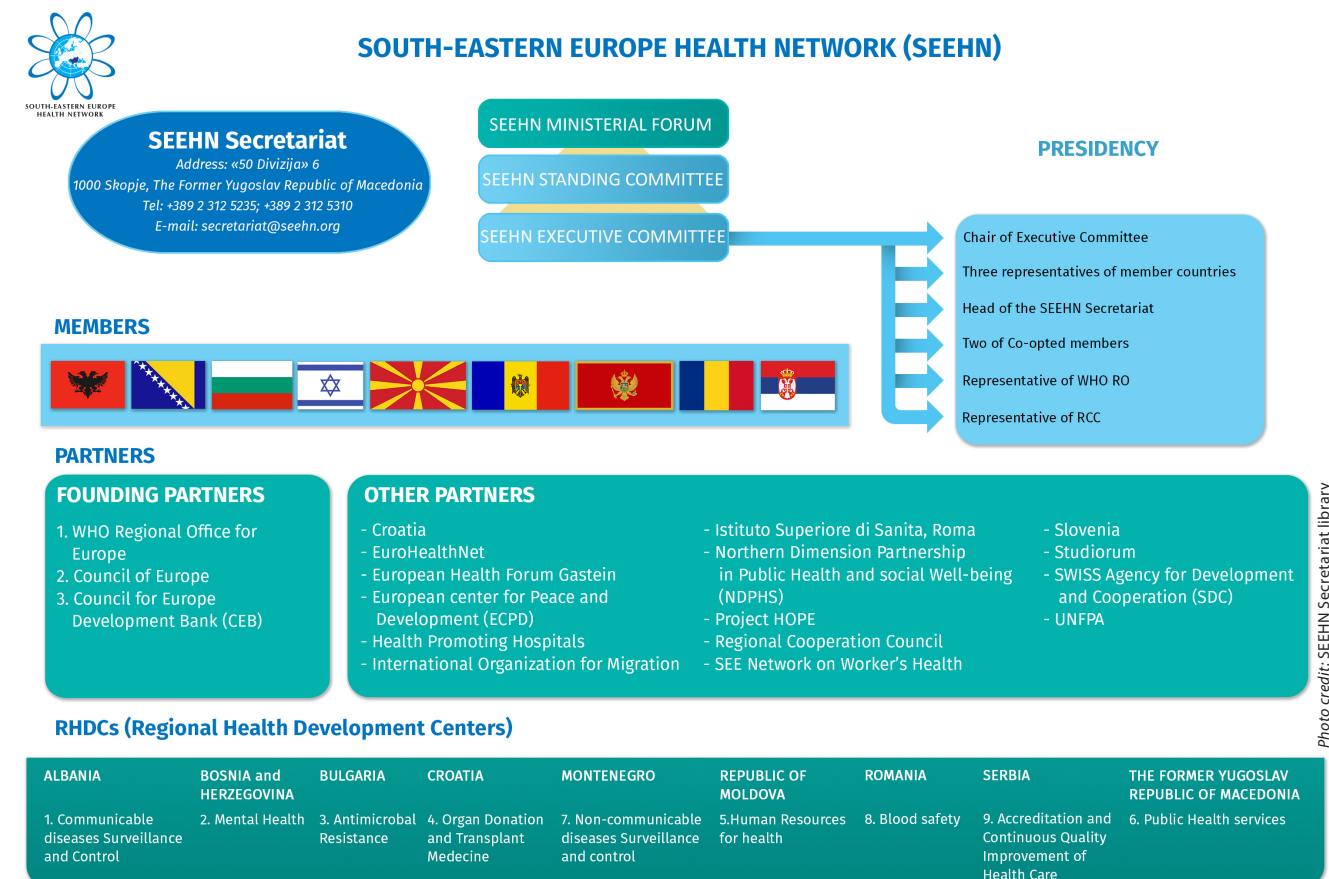
SEEHN's main principles of cooperation are:

- regional ownership;
- partnership;
- transparency and accountability;
- complementarity, continuity and sustainability;
- equal and active involvement of all member states;
- equal distribution and decentralization of activities and resources; and
- efficiency.

SEEHN Institutional Framework

The institutional framework of SEEHN has evolved over time, reaching its present form in 2008 following the signing of the MoU by its member states. The governance

structure of SEEHN was designed as follows: (1) the Health Ministers' Forum; (2) the Presidency; (3) the plenary meetings; (4) the Executive Committee; and (5) the Secretariat. This ensures two levels within SEEHN: the political level, which provides leadership, vision and general policy direction, and the technical level, which plans and implements the policies in detail, developing regional and national projects and programmes as required.



The central, political institution of SEEHN is the Health Ministers' Forum, held every four years. It gathers health ministers, representatives of the ministries within SEEHN and partners to discuss and take decisions on the Network's policies. Between forums, SEEHN is governed by the Presidency, the Executive Committee and the regular plenary meetings with the support of the Secretariat.

The Presidency of SEEHN rotates among the health ministers of member states in alphabetical order by country name. Each health minister holds the presidency for six months. The Presidency operates on the "troika/triple" principle, with past, current and future presidents forming a team. The current president of SEEHN is the Minister of Health of Bulgaria (July–December 2017).

The Executive Committee is one of the main governing SEEHN structures. Its members are elected by the SEEHN representatives of each member state, on personal merit for a period of two years. The Executive Committee works in coordination with the SEEHN Secretariat to secure the implementation of decisions taken by the ministers of health of SEEHN member states, to draft regional policy and strategy papers, and to monitor their implementation.

The plenary meetings are held twice yearly and operate on the basis of consensus. Decisions are taken in accordance with the relevant decisions and statutes of SEEHN structures. The meetings are devoted to discussions of technical and financial progress reports (prepared by the Secretariat), the implementation of action plans, progress achieved, and strategic plans for the short and medium term.



SEEHN also operates at a technical level through its RHDCs, which are institutions that were already established or were specially set up in SEEHN member states to carry out activities in a specific technical area. The RHDCs are overseen by the SEEHN Executive Committee and managed by the SEEHN Secretariat.

The SEEHN Secretariat, established in March 2013 in Skopje, the former Yugoslav Republic of Macedonia, provides technical, managerial and administrative support to SEEHN activities. Before the creation of the Secretariat, this role was filled by the Regional Office in cooperation with the Council of Europe, as founders of the Network under the Stability Pact.



SEEHN political commitments

The Health Ministers' Forum is the highest political governance structure of SEEHN, where the SEEHN mandate of regional cooperation on health is reviewed, updated and ratified by its member states. Through its key policy documents, SEEHN initially promoted reconciliation, stability and peace in south-eastern Europe; it subsequently became an innovative forum that fostered collaborative efforts to put health on the agenda of economic development. Over the years, SEEHN has shifted its vision towards promoting health as an integral part of economic development through a whole-of-government and whole-of-society approach.

The **Dubrovnik Pledge** was the first political document on cross-border health development in south-eastern Europe. Signed in September 2001 in Dubrovnik, Croatia, at the First Health Ministers' Forum, it focused on modernizing seven areas of public health that were of common interest:

- better access to appropriate, affordable, high-quality health-care services;
- greater social cohesion through the strengthening of community mental health services;
- regional self-sufficiency in the provision of safe blood and blood products;
- free integrated health-care services;
- improved surveillance and control of communicable diseases;
- greater access to safe, affordable food; and
- regional collection and exchange of social and health information.



The **Skopje Pledge**⁴, signed in November 2005 in Skopje, the former Yugoslav Republic of Macedonia, was a new cornerstone agreement for cooperation and action on health, signed by nine ministers of health at the Second Health Ministers' Forum, with special participation of ministers of finance.

With the aim of moving towards self-ownership and positive health system developments with the newly created Regional Cooperation Council, the Skopje Pledge expanded on the priorities of the Dubrovnik Pledge with new elements of sustainability and local ownership. It set out to:

- improve public health services;
- increase preparedness and response to epidemics;
- implement the International Health Regulations (IHR) (2005)⁵;
- tackle mental health issues; and
- govern the economic potential of investing in health.

⁴ The Skopje Pledge. Copenhagen: WHO Regional Office for Europe; 2005 (http://www.euro.who.int/__data/assets/pdf_file/0005/99743/E88513.pdf, accessed 28 August 2017).

⁵ International Health Regulations. Second edition. Geneva: World Health Organization; 2005 (http://apps.who.int/iris/bitstream/10665/43883/1/9789241580410_eng.pdf, accessed 28 August 2017).



The **Banja Luka Pledge**⁶, signed at the Third Health Ministers' Forum in October 2011 in Banja Luka, Bosnia and Herzegovina, extended subregional cooperation and enhanced partnerships towards achieving equity and accountability in health through the implementation of a whole-of-government approach and a focus on NCDs. The Banja Luka Pledge brought south-eastern European public health policy in line with all major European legislation. It focused on:

- strengthening regional cooperation in public health;
- furthering health system reform;
- contributing to economic and social development through better health;
- advancing the goal of establishing health in all policies in SEEHN member states;
- ensuring that health and health equity are considered in all policy and investment decisions, along with the capacity-building and technical cooperation that such consideration entails;
- strengthening health systems and human resources for health in the countries of the region; and
- addressing the social determinants of health by implementing the health-in-all-policies approach.



Photo credit: SEEHN Secretariat Library



⁶ The Banja Luka Pledge. Copenhagen: WHO Regional Office for Europe; 2011 (http://www.euro.who.int/__data/assets/pdf_file/0020/152471/e95832.pdf, accessed 28 August 2017).

The **Chisinau Pledge**, signed in April 2017 in Chisinau, Republic of Moldova, at the Fourth Health Ministers' Forum, commits SEEHN member states to:

- facilitate stronger regional collaboration in public health in south-eastern Europe, building on the achievements of 15 years of cooperation (2001–2016);
- acknowledge and further support the economic and societal returns on investments in and for health through intersectoral collaboration, and whole-of-government and whole-of-society approaches;
- create new opportunities for achieving better health, well-being, prosperity, equity and accountability in health, thus building on major global and European resolutions, charters, treaties, frameworks and action plans, and the European health policy Health 2020⁷;
- implement global and European policies and action plans for strengthening public health and health systems' capacities and services for the control and prevention of communicable diseases and NCDs; and
- implement the United Nations 2030 Agenda for Sustainable Development and its Sustainable Development Goals (SDGs)⁸.

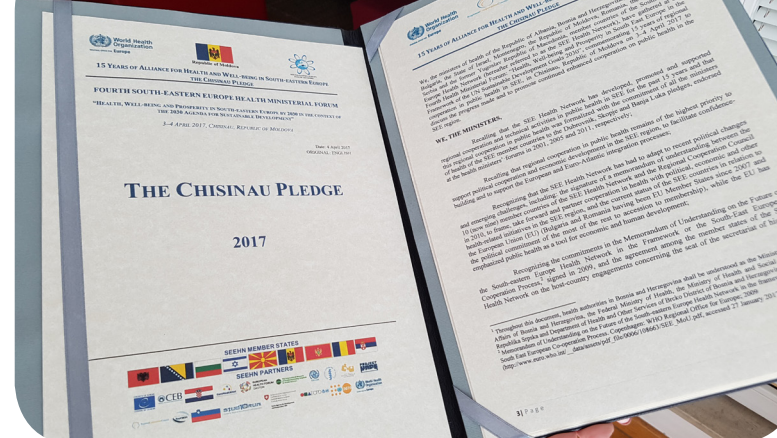


Photo credit: SEEHN Secretariat library

The Fourth Health Ministers' Forum also reviewed the performance of SEEHN over the past 16 years and identified opportunities for future cooperation through mapping the status, national capacities and future opportunities related to the achievement of the SDGs in south-eastern Europe. Importantly, the Forum endorsed the changes in governance and standard operating procedures that were required by SEEHN in order to move forward and deliver on the 2030 Agenda. Finally, the Forum acknowledged the contributions of SEEHN's partners over the years, and especially of the Regional Office. In the words of Dr Mira Jovanovski Dasic, Director of the SEEHN Secretariat, "SEEHN builds a strong coalition for health with its partners: WHO is an exemplary partner."



Photo credit: SEEHN Secretariat library

SEEHN activities:
key regional projects

⁷ Health 2020. A European policy framework and strategy for the 21st century. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/_data/assets/pdf_file/0011/199532/Health2020-Long.pdf, accessed 29 August 2017).

⁸ Sustainable Development Knowledge Platform [website]. New York: United Nations; 2017 (<https://sustainabledevelopment.un.org/sdgs>, accessed 26 August 2017).

Between the First Health Ministers’ Forum in Dubrovnik in 2001, when the key public health areas of common concern were identified, and the Fourth Health Ministers’ Forum in Chisinau in 2017, many public health projects were implemented. These projects aimed to facilitate efforts to strengthen national health through regional cooperation.

A regional project office was established in each country to lead respective technical projects. The project offices facilitated and coordinated regional cooperation by bringing together the professional community/experts from all SEEHN member states along with external partners to share knowledge, assess national health systems and help health ministries with policy-making and reform (Table 3).

Cooperation between the regional professional community and external partners, particularly across the first generation of regional projects (2002–2005), helped to integrate health aspects into peace-building in a conflict or post-conflict context.

TABLE 3:
Regional project offices

Lead country	Project focus	Partners/donors
Albania	Communicable diseases surveillance and control	Belgium, France, Greece, the Netherlands, WHO Regional Office for Europe
Bosnia and Herzegovina	Mental health	Belgium, Greece, Hungary, Italy, Slovenia, Sweden, Switzerland, WHO Regional Office for Europe
Bulgaria	Information systems for community health services	Geneva Initiative, Greece, Open Society Institute, Switzerland, WHO Regional Office for Europe
Croatia	Tobacco control	Norway, Slovenia, WHO Regional Office for Europe
Republic of Moldova	Maternal and neonatal health	Norway, WHO Regional Office for Europe
Romania	Blood safety	Council of Europe, Ireland, Slovenia, Switzerland, WHO Regional Office for Europe
Serbia	Community-based care for children with disabilities	Belgium, WHO Regional Office for Europe
Serbia	Food safety and nutrition	Belgium, Greece, Italy, Slovenia, Switzerland, WHO Regional Office for Europe
The former Yugoslav Republic of Macedonia	Public health services	Council of Europe Development Bank, Israel, Slovenia, United Kingdom, WHO Regional Office for Europe

The establishment of SEEHN provided its member states and partners with a platform for collaboration, and facilitated numerous multicountry and subregional events to ensure effective and evidence-based policy-making and to strengthen public health. SEEHN continues to provide opportunities for member states to share experiences in transposing the obligations of membership (“acquis communautaire”) as they aim to accede to the EU. It also provides opportunities for multicountry trainings and capacity-building activities for policy-makers and

professionals in health diplomacy and other areas relevant to south-eastern Europe (Box 3).

In the Skopje and Banja Luka pledges, health ministers committed to address public health concerns through an intersectoral and multilevel health-in-all-policies approach. This moved health higher up on the political agenda of non-health sectors both nationally and regionally, and acknowledged that the complexity of the determinants of health cannot be addressed by the health sector alone.

SEEHN’s success in putting health on the economic agenda of the region is also demonstrated by the inclusion of a health pillar in the new South East Europe 2020 Strategy (SEE 2020)⁹.

The Chisinau Pledge decisively orients SEEHN towards delivering on international commitments and common challenges in south-eastern Europe related to public health, health systems, health security and migration. It establishes six areas for collaboration:

- sustaining and strengthening regional cooperation in public health;
- achieving the SDGs;
- achieving universal health coverage;
- further upgrading public health services and capacities;
- further strengthening regional and national action to address regional emergencies and widespread migration processes; and
- working more closely and efficiently with partners.

Box 3: SEEHN activities in technical areas

- exchange of experience and training of experts
- international, regional and national meetings in public health areas
- regional and national assessments and policy reviews
- regional case studies
- expert publications



⁹ South East Europe 2020. Jobs and prosperity in a European perspective. Sarajevo: Regional Cooperation Council; 2013 (<http://www.rcc.int/files/user/docs/reports/SEE2020-Strategy.pdf>, accessed 28 August 2017).

Regional Health Development Centres (RHDCs)

Establishing a framework for regional cooperation for health was a major achievement, but making such cooperation a reality required the practical implementation of specific projects. Thus, each SEEHN member country took the lead on a project in one priority health area that it had technical expertise to support.

The first regional project developed under the Stability Pact's Initiative for Social Cohesion concerned mental health. It established a new paradigm for effectively accomplishing regional reform. Guided by this experience, SEEHN soon developed other projects addressing public health needs identified by south-eastern European health ministries and health professionals in line with the priorities set out in the Dubrovnik Pledge. These projects were in the following areas:

- food safety and nutrition;
- blood safety;
- tobacco control;
- social and health information systems;
- evaluation of public health services;

Box 4. SEEHN's RHDCs*

- **Albania:** RHDC on Communicable Disease Control and Surveillance in South-eastern Europe, hosted by the Institute of Public Health in Tirana
- **Bosnia and Herzegovina:** RHDC on Mental Health in South-eastern Europe, hosted by the Ministry of Civil Affairs in Sarajevo
- **Bulgaria:** RHDC on Antibiotic Resistance in South-eastern Europe, hosted by the National Centre of Infectious and Parasitic Diseases in Sofia
- **Montenegro:** RHDC on NCDs in South-eastern Europe, hosted by the Centre for Disease Control and Prevention at the Institute of Public Health in Podgorica
- **Republic of Moldova:** RHDC on Human Resources for Health in South-eastern Europe, hosted by the National Centre for Health Management in Chisinau
- **Romania:** RHDC on Blood Safety in South-eastern Europe, hosted by the Regional Blood Transfusion Centre in Oradea
- **Serbia:** RHDC on Accreditation and Continuous Quality Improvement of Health Care in South-eastern Europe, hosted by the Agency for Accreditation of Health Care Institutions of Serbia in Belgrade
- **The former Yugoslav Republic of Macedonia:** RHDC on Strengthening Public Health Services in South-eastern Europe, hosted by the National Institute of Public Health in Skopje

*The RHDC on Organ Donation and Transplant Medicine in Croatia was established under SEEHN's work. It is now successfully operating under the jurisdiction of Croatia, a partner country of SEEHN.

- maternal and neonatal health; and
- community-based care for children with disabilities.

The regional projects represented the most efficient use of scarce resources by pooling capacities and expertise at the south-eastern European level. They also ensured harmonization and standardization on the basis of best practice and continual exchange of knowledge and experience, both within the region and beyond.

As many individual projects successfully achieved their aims, SEEHN health ministers, the SEEHN Executive Committee, external partners and individual experts involved in the projects recognized that technical cooperation should proceed through institutions entrusted to provide, coordinate and facilitate specific technical expertise. Accordingly, the south-eastern European health ministers took a decision to establish RHDCs in areas of interest for collaboration (Box 4).

As a result, most regional project offices and their experts were transformed into RHDCs. Others were integrated into existing national institutions in relevant technical fields. The establishment of the RHDCs was arguably crucial for SEEHN to meet its mandate as a sustainable regional initiative for health.

During 2010 and the first half of 2011, SEEHN established eight RHDCs. Most were the result of ongoing regional projects, and hence have retained the same country leadership. Together, these eight RHDCs represent a coherent, integrated, increasingly comprehensive institutional framework for the technical work of SEEHN. In addition, SEEHN has established 13 technical networks, many of which are directly tied to RHDCs.

Given the role and function of RHDCs, each could be viewed as a subnetwork within SEEHN, building strong relationships and fostering technical cooperation among SEEHN member states, partners and specific technical partners for each individual health area.

Regional collaboration through the RHDCs benefits countries by sharing specific scientific expertise from other SEEHN member states and partners. The Regional Office has been a key partner in supporting the work of RHDCs, providing technical expertise and capacity-building opportunities.

Albania: RHDC on Communicable Disease Control and Surveillance in South-eastern Europe

Launched in Albania in November 2010, the RHDC on Communicable Disease Control and Surveillance is based at the Institute of Public Health in Tirana. To improve the RHDC's performance and role in the region, in 2013 it was registered as a legal entity, a separate unit and an administrative partner of the Institute of Public Health. The RHDC took on the new name of the Southeast European Centre for Surveillance and Control of Infectious Diseases (SECID).



SECID's mission is to develop and support actions in the public interest, undertake health system development initiatives, improve the surveillance and control of infectious diseases and work with interested countries or networks to strengthen security in the region and beyond. Since its establishment, SECID has coordinated regional activities in the field of communicable-disease surveillance and control, influenza surveillance, pandemic preparedness and others.

SECID's main functions are to:

- improve and establish regional and cross-border capacities to detect early and respond to communicable diseases and health threats;
- establish and promote a regional, cross-border One Health initiative and intersectoral collaboration;
- promote and apply new technologies and innovations to strengthen surveillance, early detection and response to health threats and communicable diseases; and
- promote national initiatives and establish a sustainable, collaborative regional initiative to address country and regional health threats and strengthen capacity to detect and respond promptly to outbreaks.

SECID's main activities and achievements include:

- improving human and avian influenza surveillance, as well as laboratory and response capacities in the region;
- establishing national influenza centres in Bosnia and Herzegovina, Kosovo (in accordance with Security Council resolution 1244 (1999)), Montenegro and the former Yugoslav Republic of Macedonia, and strengthening capacities in Albania, Bulgaria, Croatia, Romania and Serbia;
- improving laboratory quality assurance for influenza and other viruses in south-eastern European countries;
- promoting the One Health initiative in south-eastern European countries and establishing One Health gap-analysis methodology for priority zoonotic diseases and surveillance;
- introducing new methodologies and systems to evaluate and improve timeliness to detect and respond to outbreaks;
- improving collaboration and sharing best practice and knowledge with other networks and institutions on surveillance and control of communicable diseases;
- improving influenza surveillance and response in collaboration with the Centers for Disease Control and Prevention (CDC) of the United States of America and the Regional Office;

- collaborating with the European Centre for Disease Prevention and Control to improve The European Surveillance System and identify preparedness gaps;
- collaborating with the Regional Office and the Robert Koch Institute of Germany to strengthen outbreak preparedness and response to respiratory viruses;
- collaborating with the CDC and the American Association of Public Health Laboratories to improve laboratory quality assurance; and
- establishing research initiatives related to influenza, arboviruses and operational research on zoonotic diseases with the support of Abt Associates, the Bill & Melinda Gates Foundation, the CDC, Connecting Organizations for Regional Disease Surveillance, Oxford University, the Regional Office and the Rockefeller Foundation.

Bosnia and Herzegovina: RHDC on Mental Health in South-eastern Europe

The RHDC on Mental Health was established in Sarajevo, Bosnia and Herzegovina, in 2010 at the Ministry of Civil Affairs. The mission of the RHDC is to support cooperation among south-eastern European countries in order to improve mental health policy and practice under the slogan, "Without mental health the potential for economic growth is limited".

The main goal of the RHDC is to strengthen the regional and national commitments and actions for achieving and securing:

- the highest level of mental health and well-being for all citizens;
- universal coverage with high-level, people-centred health services at all levels of the health systems;
- respect for the human rights of people with mental health disorders;
- the elimination of stigmatization of people with mental health disorders; and
- community support for people with mental health disorders.



The RHDC's main activities and achievements include:

- making significant progress on mental health policies and legislation, which has resulted in the implementation of up-to-date policies and laws in all SEEHN member countries (as well as Croatia);
- achieving significant progress in the reform of mental health services, which has resulted in, as of 2005, 10 community mental health services centres being established at the primary health-care level (these serve a catchment area of over one million people and function as centres of excellence);
- following the structure of the Regional Office's European mental health action plan¹⁰ in an attempt to implement its vision, values and principles in the south-eastern European context, while considering local needs and specific problems; and
- continuing to coordinate the regional exchange of knowledge, experience and lessons learned.

Bulgaria: RHDC on Antibiotic Resistance in South-eastern Europe

The RHDC on Antibiotic Resistance was established in Sofia, Bulgaria, in June 2011 at the National Centre of Infectious and Parasitic Diseases. Its principal role is to coordinate collaborations among public health institutions in the field of microbiology and to support the sustainable development of national and regional surveillance programmes on antimicrobial resistance (AMR) in SEEHN member states. It aims to establish a network of competent experts and bodies across the region to enable the exchange of relevant information, knowledge and good practice. It also aims to further promote collaboration among laboratories for national and international surveillance of AMR in SEEHN member states.

The RHDC is responsible for coordinating regional activities on the management and stewardship of antibiotics in south-eastern Europe, which involves:

- promoting SEEHN policies on antibiotic stewardship and SEEHN priorities for decreasing AMR in various technical areas;
- collecting and disseminating information on antibiotic use and resistance;
- participating in collaborative research under SEEHN leadership;
- training on EU standards and guidelines in specific areas of antibiotic strategy, and harmonizing them with national standards and guidelines;
- developing regional policies and good practices;
- monitoring and evaluating existing practices, legislation, policies, strategies, etc.;
- facilitating networking among SEEHN members; and
- collaborating with international organizations.

The RDHC's main activities and achievements include:

- establishing a network of experts to exchange national data and information guidelines that are relevant to the purpose of the project;
- introducing and connecting experts in charge of the project;

¹⁰ The European mental health action plan 2013–2020. Copenhagen: WHO Regional Office for Europe; 2015 (http://www.euro.who.int/__data/assets/pdf_file/0020/280604/WHO-Europe-Mental-Health-Acion-Plan-2013-2020.pdf, accessed 28 August 2017).

- creating a protocol describing standards in susceptibility testing (as recommended by the European Committee on Antimicrobial Susceptibility Testing), uniformly accepted by all south-eastern European countries;
- securing the approval of the above protocol by all participating countries in south-eastern Europe and launching the first phase of its formal introduction as the standard of operational work;
- coordinating the submission of a report of activities up to and including 2012 from each of the SEEHN member states;
- producing an outline of major trends in AMR in the region;
- preparing guidelines on the organization of microbiology laboratories and conducting ongoing performance assessments; and
- designating reference centres to conduct external quality assessments.

Montenegro: RHDC on NCDs in South-eastern Europe

The Government of Montenegro established the RHDC on NCDs in November 2011. It is hosted by the Centre for Disease Control and Prevention at the Institute of Public Health in Podgorica.



Established to help south-eastern European countries improve their responses to the growing public health challenge of NCDs, the RHDC coordinates cooperation among relevant public health institutions in the region. Its vision, mission, strategic priorities and activities are in line with the objectives of the European Strategy for the Prevention and Control of NCDs¹¹ and the Action plan for implementation of the European Strategy for the Prevention and Control of NCDs, 2012–2016¹².

¹¹ Gaining health. The European strategy for the prevention and control of noncommunicable diseases. Copenhagen: WHO Regional Office for Europe; 2006 (http://www.euro.who.int/__data/assets/pdf_file/0008/76526/E89306.pdf?ua=1, accessed 28 August 2017).

¹² Action plan for implementation of the European Strategy for the Prevention and Control of NCDs, 2012–2016. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0019/170155/e96638.pdf, accessed 28 August 2017).

Recent activities of the RHDC have focused on developing and/or upgrading monitoring systems, and on defining the minimal set of indicators for monitoring NCDs and related health inequalities in SEEHN member countries in order to provide evidence for improved decision-making, advocacy, policy, planning and interventions. Based on this data, the RHDC will be able to focus on potential problems and weaknesses in south-eastern Europe and plan actions to strengthen monitoring systems and countries' capacity to prevent and treat NCDs.

The RHDC's activities are currently also focused on the reduction of excessive salt intake as a common and preventable NCD risk factor in the region. Multicountry workshops using the Technical Assistance and Information Exchange (TAIEX) instrument of the European Commission enabled the exchange of experience among participating countries, and showcased the wide variety of approaches used to tackle this problem. Participants reviewed, shared and discussed opportunities and obstacles, including: policies, strategies and normative frameworks; legislation; monitoring and its harmonization; product reformulations; cooperation with the food industry and other stakeholders (which requires a multisectoral approach); forms of labelling and promotion of public awareness; population eating habits; market demand; and other public health issues.

They also exchanged experiences of developing programme documents and implementing these in countries with similar population habits and state-level organization. This enabled country representatives to discover new perspectives, learn from each other and identify opportunities from regional best practices. They agreed that in order to target the reduction of salt intake in children (one of the most vulnerable population groups) a common approach and joint action at the regional level should be considered.



Republic of Moldova: RHDC on Human Resources for Health in South-eastern Europe

The RHDC on Human Resources for Health was established in the Republic of Moldova in June 2011 and is hosted by the National Centre for Health Management in Chisinau. It functions as a cooperative initiative to produce and exchange the information, knowledge and experience needed to improve human resources for health (HRH) in south-eastern Europe.

The main goal of the RHDC is to contribute to capacity-building related to the collection, processing, analysis, synthesis and use of HRH data and statistics under the slogan, "No health without a workforce". In 2016, as the leading centre on HRH, the RHDC contributed to the organization of a technical workshop on human resources for public health services in SEEHN, held in Banja Luka.

The main objectives of the RHDC are to:

- improve knowledge in the field of HRH and facilitate dialogue for the elaboration of HRH policies, plans and monitoring at the legislative level in the region;
- monitor and evaluate HRH practices, policies, strategies and legislation, and elaborate standards, guidelines and training programmes in the field; and
- cooperate on HRH with SEEHN member states and other international organizations.



The main activities and achievements of the RHDC include:

- in 2012, organizing the technical meeting "Strengthening the health workforce knowledge base to support evidence-informed health policies";
- in 2013, organizing the first SEEHN multicountry workshop "Harmonization and mutual recognition of health professionals' qualifications in Europe";
- in 2014, co-organizing the Health Diplomacy Course for SEEHN member states in Chisinau; and
- acting as a collaborating partner for the Joint Action on European Health Workforce Planning and Forecasting, part of the feasibility study on HRH planning in 2015–2016.

Romania: RHDC on Blood Safety in South-eastern Europe

The RHDC on Blood Safety opened in Romania in 2011, and is hosted by the Regional Blood Transfusion Centre in Oradea. Its overall goal is to help achieve regional self-sufficiency in the provision of safe blood and blood products while improving their quality. To do so, the RHDC is:

- establishing a network of experts throughout the region to exchange relevant knowledge and good practice; and
- building capacity in close cooperation with health authorities to increase the safety and availability of blood supplies to help meet national and subregional clinical needs.



The RHDC is in permanent contact with the SEEHN Executive Committee and other specialized centres in south-eastern Europe and throughout the EU. It provides training to health professionals in the field of blood transfusion and blood supply management, aiming to strengthen partnerships and response capacity in blood safety and to increase the availability of blood for emergencies and special circumstances in the region.

The RHDC's capacity-building exercise initiated a review of the emergency response abilities of the blood services in SEEHN member states. The RHDC also set up a dedicated electronic platform to enhance communication and the exchange of information within the professional blood safety network and beyond.

Serbia : RHDC on Accreditation and Continuous Quality Improvement of Health Care in South-eastern Europe

On 12 January 2012, the Serbian Government approved the establishment of the RHDC on Accreditation and Continuous Quality Improvement of Health Care within the Agency for Accreditation of Health Care Institutions of Serbia in Belgrade.

The main objectives of the RHDC are to:

- share experiences of network members in the field of health-care quality, patient safety and accreditation of health-care institutions;
- assist health-care professionals, health managers and users of health services to develop a culture of quality and patient safety in south-eastern Europe;

- find a common interest in improving the work of governments and other parts of the health-care system for development in terms of strategic, political and practical knowledge to plan, organize, provide and monitor quality, safe and sustainable health care;
- empower health-care users;
- exchange information on best practice in patient safety and health-care quality;
- promote evidence-based medicine;
- improve national accreditation programmes and find opportunities for closer cooperation regarding policies, tools and methods used in SEEHN member states;
- find and share methods for ensuring sustainable funding and functioning of the government bodies responsible for quality and accreditation in health care; and
- develop opportunities for benchmarking health-care institutions in south-eastern Europe in order to identify and share the best-quality achievements in the region.



The RHDC's activities on accreditation and continuous quality improvement involve exchanging experience and building capacity through projects, meetings and multicountry workshops supported by the TAIEX instrument of the European Commission, the United Nations Children's Fund and others.

In cooperation with the Ministry of Health, the RHDC has organized and carried out multicountry workshops on:

- raising awareness on patient safety essentials;
- patient safety in south-eastern Europe;
- the development of accreditation standards for maternity wards and neonatal departments; and
- increasing blood availability and providing the highest level of donor and patient safety in transfusion therapy in emergency circumstances.

The RHDC, as a centre of expertise, plays a coordinating role in:

- implementing programmes, projects and activities;
- harmonizing standards and guidelines;
- promoting health policy and the priorities of SEEHN;
- analysing and exchanging information;
- conducting research; and
- developing regional strategies and best practices.

The former Yugoslav Republic of Macedonia : RHDC on Strengthening Public Health Services in South-eastern Europe

The RHDC on Strengthening Public Health Services was established in the former Yugoslav Republic of Macedonia in 2010 at the National Institute of Public Health in Skopje. It aims to lead, coordinate, manage and monitor progress on implementing selected public health projects and activities in the region. The essential functions of the RHDC include:

- promoting SEEHN policies and priorities in various technical areas;
- collecting, collating and disseminating information, in part through the development of regional inventories and libraries;
- participating in collaborative research under SEEHN leadership, including planning, conducting, monitoring, evaluating and promoting this research;
- harmonizing standards, guidelines and training in specific areas of public health;
- developing, monitoring and evaluating regional policies, strategies and good practices;
- facilitating networking; and
- cooperating with international and regional governmental and nongovernmental organizations.



Photo credit: SEEHN Secretariat library

One of the RHDC's most significant achievements was the preparation of strategic documents addressing issues related to health and the environment. This process began in 2013 at the request of the Ministry of Health and with technical assistance from the Regional Office. Following completion of the initial document and assessment of the situation and areas for action, the process continued with the involvement of intersectoral working groups composed of representatives from the health sector, academia, civil society and institutions. The RHDC actively participated in the process, including the final stage of promoting the documents among local communities throughout the country.

In cooperation with the Ministry of Health, the RHDC also facilitated the first self-assessment of public health services and functions in south-eastern Europe. This was as part of the development phase for the WHO self-assessment tool, and was organized and carried out by the WHO Country Office with support from the Regional Office.

Activities of SEEHN with other international bodies

Council of Europe's Directorate for the Quality of Medicines and HealthCare

In line with its mission of contributing to the basic human right of access to good-quality medicines and health care and to promote and protect human health, the Council of Europe's European Directorate for the Quality of Medicines and HealthCare (EDQM) coordinated various initiatives in the region. These focused on developing health systems and supporting SEEHN member states in improving the health of their populations – an essential condition for social cohesion. Examples include the following.

- Initiatives on blood quality management. In line with its mandate of promoting high standards of ethics, safety and quality in the field of blood transfusion, the EDQM provided blood establishments in south-eastern Europe with support in fostering the key elements of quality management systems.¹³
- A training course on quality management standards. The EDQM organized a course in 2016 as a way of helping blood establishments in south-eastern Europe to implement European legislation and the Council of Europe's *Guide to the preparation, use and quality assurance of blood components*.¹⁴

¹³ See also: European Directorate for the Quality of Medicines and HealthCare. Safety and quality of blood transfusion: EDQM training aiming at raising quality management standards [webpage]. Strasbourg: Council of Europe; 2017 (<https://www.edqm.eu/en/news/safety-quality-blood-transfusion-edqm-training-aiming-raising-quality-management-standards>, accessed 26 August 2017).

¹⁴ Guide to the preparation, use and quality assurance of blood components. 19th edition. Strasbourg: Council of Europe; 2016 (<https://www.edqm.eu/en/blood-transfusion-guides-1608.html>, accessed 26 August 2017).

- Initiatives against the falsification of medical products. The EDQM delivered various trainings to officials from health, police and customs authorities in south-eastern Europe on how to coordinate efforts in combatting the falsification of medical products.¹⁵

European Commission

SEEHN's intensive and productive cooperation with the EU and the Council of Europe has been established since 2001, when a number of joint technical activities were implemented. SEEHN continues to advance its work by using the TAIEX instrument in successful multicountry events such as workshops, expert visits and study visits.

A series of multigovernmental TAIEX workshops yielded excellent results in the initiation of mid- to long-term actions in such areas as:

- organ donation and transplantation;
- health workforce;
- patient safety;
- NCD indicators;
- migration and health; and
- reducing the salt intake of citizens and many more.

One of the great examples of cooperation and the most valuable outcomes was defining the minimal set of indicators for NCD monitoring. Determining the minimal set of indicators was necessary as a credible and sustainable source of data for producing national as well as subregional and regional reports on NCDs in SEEHN and its member States. This is essential for planning activities and interventions for reducing the burden of NCDs, as well as the evaluation of their impact and success. The set is comprised of four domains covering the important aspects of the burden of NCDs, such as: determinants of health, health systems, health status and additional health indicators. The minimal set of indicators for monitoring NCDs and related health inequalities are harmonized and therefore offer comparable health indicators, that are in compliance with the existing indicators, for example the system of European Core Health Indicators (ECHI) and are in accordance with the relevant regional health documents such as Health 2020 etc.

Regional Cooperation Council

The Regional Cooperation Council (RCC) is another major partner and supporter of SEEHN. With the support of the RCC, SEEHN succeeded in bringing health onto the regional economic development agenda by incorporating a health pillar into SEE 2020, which was adopted in November 2013 by the ministers of economy of south-eastern Europe.

¹⁵ See also: European Directorate for the Quality of Medicines and HealthCare. Falsified medicines and similar crimes – publications [webpage]. Strasbourg: Council of Europe; 2017 (<https://www.edqm.eu/en/Counterfeit-medicines-and-similar-crimes-1625.html>, accessed 26 August 2017); and: European Directorate for the Quality of Medicines and HealthCare. Overview. Activities related to MEDICRIME 2007–2016 [webpage]. Strasbourg: Council of Europe; 2017 (https://www.edqm.eu/sites/default/files/overview_medicime_activities_2007-2016.pdf, accessed 26 August 2017).

SEE 2020 reflects the commitment of all governments in the region to cooperate closely – politically and economically – in areas of common concern in order to address current socioeconomic challenges and to assist in the eventual integration of south-eastern European countries into the EU. The vision of SEE 2020 is to enhance long-term determinants of economic development in the region through a holistic, common approach with five interlinked components: integrated growth, smart growth, sustainable growth, governance for growth and inclusive growth.

The health dimension of SEE 2020 is embodied in the inclusive growth pillar. It promotes factors that develop skills and employment, including fostering equal participation in the labour market and access to health systems.

The RCC is the coordination body in the SEE 2020 implementation process, though the health dimension was trusted to SEEHN. SEE 2020 was translated into a strategy and action plan for health at the regional level. Four key strategic actions have been developed with the objective to enhance the health status of all individuals in the region.

The RCC continues to provide technical and administrative support to maintain momentum on designing and implementing SEE 2020-related work programmes.

Swiss Agency for Development and Cooperation

Switzerland has been a prominent partner country of SEEHN. Through the Swiss Agency for Development and Cooperation (SDC), it has provided technical guidance to several SEEHN projects and the RHDC on Mental Health, including the 2012–2014 project on strengthening the capacities of mental health professionals and users' associations. The SDC also engaged in a project with SEEHN on strengthening institutional capacities for regional cooperation in health in south-eastern Europe in 2013–2014, supporting the development of managerial capacities of the SEEHN Secretariat and health diplomacy capacity among SEEHN member states.

Activities with country partners

Croatia

Before entering the EU and withdrawing its membership in SEEHN in October 2015, Croatia was a SEEHN member state. During its membership period, the RHDC on Organ Donation and Transplant Medicine in South-eastern Europe was officially inaugurated in Croatia. It was established to operate in full compliance with SEEHN's basic objectives, and to promote WHO guiding principles, Council of Europe

recommendations, and EU safety and quality standards for organ donation and transplantation. Today, the RHDC is successfully operating under the jurisdiction of Croatia, which is now a partner country of SEEHN.

Croatia cooperates extensively with other countries in south-eastern Europe, especially Bosnia and Herzegovina, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia. Croatia is also developing protocols for increasing the availability of transplant programmes in the region.

Following the WHO *Guiding principles on human cell, tissue and organ transplantation*¹⁶, the principles of the Declaration of Istanbul Custodian Group¹⁷ and the Council of Europe Convention against Trafficking in Human Organs¹⁸, Croatia encourages countries in the region to cooperate at the institutional level to prevent organ trafficking and transplant tourism. It also advocates for stronger cooperation among authorities and health-care professionals in this complex area.

Slovenia

Slovenia joined SEEHN in 2002 as a partner country. In the past fifteen years, Slovenia's cooperation with SEEHN has taken the form of technical assistance (delivered through workshops and expert meetings) and political, financial and technical support for certain projects and programmes implemented by SEEHN member states.

These projects have related to: mental health; the provision of a safe blood supply; organ donation and transplantation; food safety; tobacco control; enhancement of public health capacities through a health-in-all-policies approach; the development of indicators for assessing system performance; and HRH.



¹⁶ Guiding principles on human cell, tissue and organ transplantation. Geneva: World Health Organization; 2010 (http://www.who.int/transplantation/Guiding_PrinciplesTransplantation_WHA63.22en.pdf?ua=1, accessed 26 August 2017).

¹⁷ Declaration of Istanbul on organ trafficking and transplant tourism [website]. Istanbul: Declaration of Istanbul Custodian Group; 2014 (<http://www.declarationofistanbul.org>, accessed 26 August 2017).

¹⁸ Council of Europe Convention Against Trafficking in Human Organs. Strasbourg: Council of Europe; 2015 (<https://rm.coe.int/16806dca3a>, accessed 26 August 2017).

Recently, Slovenia collaborated with SEEHN on the design of efficient alcohol policy and the formation of an appropriate attitude to alcohol as a comprehensive problem. This emphasized the need for cooperation across different sectors, between governmental and nongovernmental sectors, and especially with – and for – young people.

SEEHN's ongoing cooperation with countries such as Croatia and Slovenia has formed numerous professional and friendly ties. These ties serve as a strong foundation for SEEHN's further development, providing a platform for collaborative work with health-care systems in member states and beyond.

Activities with other partners

SEEHN presidencies and the Executive Committee have always placed a high value on partnership with all SEEHN bilateral and multilateral partners and are grateful for their participation and support. Since 2005, SEEHN has signed MoUs for partnership with the following international partners:

- EuroHealthNet;
- European Centre for Peace and Development;
- European Health Forum Gastein;
- International Network of Health Promoting Hospitals and Services (HPH Network);
- Istituto Superiore di Sanità (the MoU signing procedure began at the 37th Plenary Session in Sarajevo, Bosnia and Herzegovina, in 2016);
- International Organization of Migration (IOM);
- Northern Dimension Partnership in Public Health and Social Well-being;
- Project HOPE;
- South East European Network on Workers' Health;
- Swiss Agency for Development and Cooperation (SDC); and
- United Nations Population Fund.

HPH Network

After the identification of public health areas of common interest, SEEHN initiated a number of projects aiming to strengthen national health systems through regional cooperation. One such project was undertaken collaboratively with the HPH Network, a partnership that aims to bring health to patients, staff and communities. The HPH Network was among the proud signatories of the Banja Luka Pledge in 2011. Its partnership with SEEHN was affirmed with the signing of an MoU between the two networks in 2012. This partnership was facilitated by the Regional Office, with WHO expert Dr Maria Ruseva acting as the catalyst for early collaboration.

The two networks have enjoyed a fruitful collaboration, sharing a common focus on the benefit of adding health promotion to clinical practice. SEEHN member states have gathered inspiration and support from the expertise gleaned over the HPH Network's three-decade history of hosting activities, programmes and projects. This expertise has formed the basis of the Network's strategic and technical support to SEEHN, shared at health ministers' forums and meetings, annual HPH conferences, and HPH trainings adapted to local conditions.

The WHO–HPH Recognition Project on Fast-track Implementation of Clinical Health Promotion¹⁹ is an ongoing PhD study in which SEEHN is represented by four Croatian member hospitals. The study is investigating the hypotheses that hospital departments undergoing the recognition process will increase their delivery of health promotion services and improve health gains for patients and staff.

In 2013 and 2014, the HPH Network's journal Clinical Health Promotion²⁰ also acted as the official journal for SEEHN. Through the pages in each issue earmarked for SEEHN news, updates and information, the HPH Network's members and its workforce of nearly half a million were updated on the ongoing meetings, projects and progress of SEEHN.

The HPH Network is a so-called network of networks, with 25 national/regional HPH networks collaborating on improving health for patients, staff and the community. It has close to 700 member hospitals and health services in 35 countries globally.

IOM

The long-standing partnership between SEEHN and the IOM began in 2005, and was formalized on 20 June 2013 at SEEHN's 31st Plenary Meeting in Chisinau, Republic of Moldova, with the signing of an MoU for partnership and cooperation.

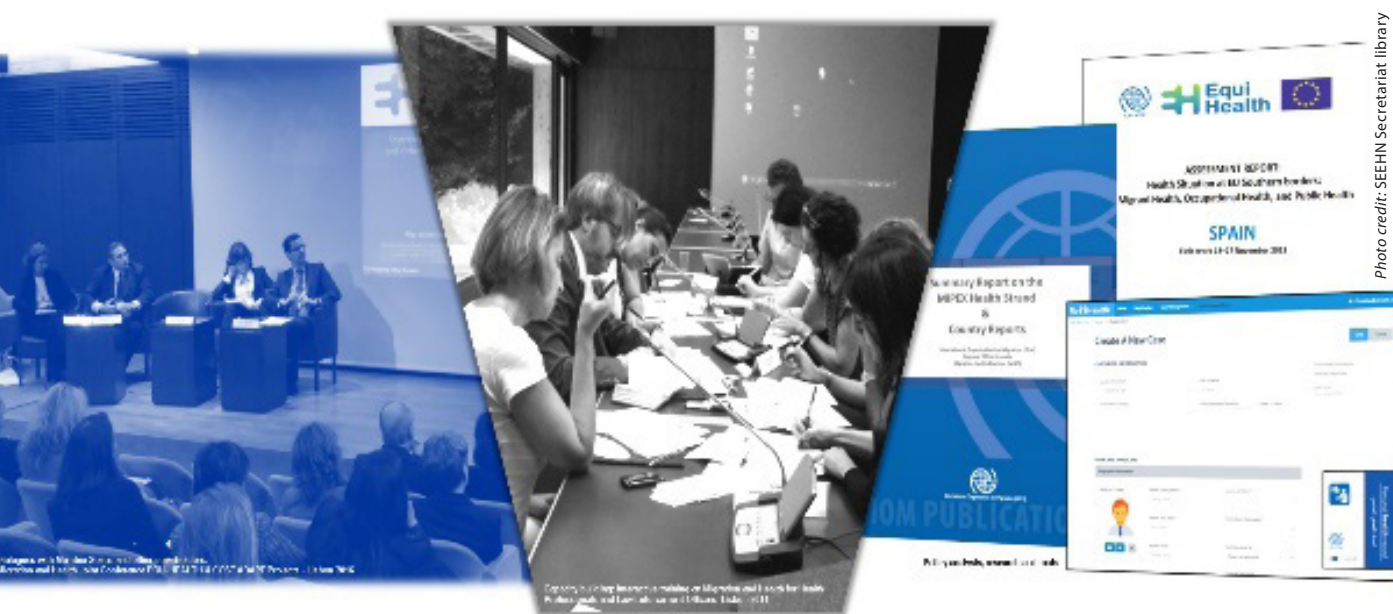


Photo credit: SEEHN Secretariat library

²⁰ Clinical Health Promotion [online journal]. Lund: Clinical Health Promotion Centre; 2017 (<http://www.clinhp.org>, accessed 26 August 2017).

¹⁹ WHO–HPH Recognition Project [website]. Lund: Clinical Health Promotion Centre; 2017 (http://www.hphnet.org/index.php?option=com_content&view=article&id=1954&Itemid=218, accessed 26 August 2017).

This cooperation has included the provision of mutual support and insight during meetings and conferences. In July 2014 at SEEHN's 33rd Plenary Meeting in Bucharest, Romania, the IOM Migration Health Division from their regional office in Brussels presented progress on the EQUI-HEALTH project on fostering health provision for migrants, the Roma and other vulnerable groups²¹. In March 2015, the Division supported the organization of a multicountry workshop on public health policies on migration and health in Tirana, Albania, which was the first of its kind in the region.

As migration is now a global phenomenon, all efforts to achieve equity in health and to control disease on the local and global levels must include migrants and mobile populations. In close partnership with WHO, the IOM works to implement World Health Assembly resolution WHA61.17 on the health of migrants, adopted in 2008, and supports SEEHN's achievements in strengthening intercountry collaboration on health issues. The IOM has worked with SEEHN member states and partners, as well as regional centres of expertise, to advance a common migration and health agenda in line with Health 2020.

Different occasions for cooperation with SEEHN have already been realized. The IOM and SEEHN have long cooperated in many sectors, including: health assessments and travel health assistance; health policy; research; health promotion; and direct assistance for migrants, Roma people and victims of trafficking.



Photo credit: SEEHN Secretariat library

²¹ EQUI-HEALTH project on fostering health provision for migrants, the Roma and other vulnerable groups [website]. Brussels: International Organization for Migration; 2017 (<http://www.iom.int>, accessed 26 August 2017).



SEEHN perspectives:
the Chisinau Pledge

The Fourth Health Ministers' Forum in Chisinau, Republic of Moldova, provided SEEHN with an opportunity to review and appreciate what has been achieved in the past 16 years. The newly endorsed Chisinau Pledge provides a strategic document for the coming years, mainly calling upon SEEHN member states to take the implementation of the 2030 Agenda seriously and to make a difference in south-eastern Europe.

Further discussion and elaboration of the Chisinau Pledge's outputs and outcomes is still required, and the SEEHN Secretariat has taken on this responsibility. This involves reviewing the experience gained and knowledge present in the RHDCs and WHO collaborating centres in SEEHN member states and ensuring that, going forward, these are applied in a way that improves collaboration to address new demands and challenges in the fields of public health and regional cooperation.

With this aim, the now-strengthened institutional framework and governance of SEEHN will be an asset. The Secretariat, led by the Director of SEEHN, has the duty and the responsibility to lead SEEHN member states forward in delivering the commitments of the Chisinau Pledge. SEEHN member states are called upon to ensure that resources are available to support the implementation, either through closer collaboration with key partners, including WHO, or through financial support from partners and donor agencies.

As indicated in the Chisinau Pledge, the established priority areas for the coming years of cooperation include many actions to strengthen the health systems of member states and achieve better population health and well-being. This calls for the south-eastern European health ministers to:

- sustain and strengthen regional cooperation in public health in south-eastern Europe;
- achieve the SDGs;
- achieve universal health coverage;
- further upgrade public health services and capacities;
- further strengthen regional and national action to address regional emergencies and widespread migration processes; and
- work more closely and efficiently with partners.

The Chisinau Pledge stipulates that health should be positioned as a major contributor to the other SDGs. It recognizes that over half of the SDG targets have a health focus or address major determinants of health, for example: poverty, education, gender, equity, employment, food, water and sanitation, cities, energy, climate change and ecosystems, and sustainable consumption and production.

To successfully implement the Chisinau Pledge, the SEEHN Secretariat must work more closely and efficiently with SEEHN partners and make the best use of their

unprecedented support. Under the current Bulgaria Presidency and beyond, SEEHN will need to actively work on:

- strengthening the management capacities and performance of current RHDCs and identifying new RHDCs;
- strengthening RHDCs towards attaining WHO collaborating centre status;
- providing technical support to member states;
- identifying joint regional priorities and implementing regional projects with the founding and other partners;
- identifying opportunities for potential cooperation with the other regional initiatives; and
- sustaining SEEHN Secretariat capacities.

WHO is committed to discussing the various elements of the Chisinau Pledge, and to discussing with the Head of the SEEHN Secretariat what technical assistance could be provided to member countries both through SEEHN and through biennial collaborative agreements (BCAs) with the Regional Office. The SEEHN Secretariat will need to supplement the Regional Office's activities with additional technical and financial assistance from other partners to ensure a comprehensive and coordinated approach.

Through its convening capacity, its technical and political assistance, and its role in enhancing visibility and advocacy, WHO offers SEEHN exceptional support for moving forward on the commitments of the Chisinau Pledge. The Pledge itself will undoubtedly provide a sound basis for ensuring that the 2030 Agenda is implemented in the south-eastern part of the WHO European Region.





SEEHN activities with partners

As described in the previous section, partners are important for SEEHN member states. They promote the exchange of experiences, provide technical support for public health areas of common interest, and contribute to a number of projects aiming to strengthen national health systems through regional cooperation. The Chisinau Pledge emphasizes SEEHN's commitment to working with partners (Box 5).

Box 5. An excerpt from the Chisinau Pledge: working with partners

- (a) recognizing that new forms of governance for health are needed in today's diverse and horizontally networked, information-based societies, requiring multisectoral and multifaceted policy responses and interventions;
- (b) implementing whole-of-government, whole-of-society and health-in-all-policies approaches in policy development, which lie at the heart of Health 2020, to advance governance for health through intersectoral governance with other policy arenas to promote and protect health;
- (c) advocating healthier policies in and across all sectors, thereby reducing the use and costs of health services, and encouraging better communication between patients and health professionals; and
- (d) working with the "One United Nations" process in the WHO European Region, with health serving as the basis for an issue-based coalition for the implementation of health across the SDGs, involving advocacy, partnerships, resource mobilization, and monitoring and evaluation, with strong leadership of WHO.

The collaboration of SEEHN member countries and partners has resulted in remarkable positive outcomes. Data provided by the Regional Office indicate that:

- infant mortality has decreased by more than half in some countries over the last 16 years;
- new cases of tuberculosis have halved – an outstanding achievement compared to other parts of the WHO European Region;
- total health expenditure has tripled within SEEHN member countries, while it has less than doubled in the Region as a whole.



Photo credit: SEEHN Secretariat library



Photo credit: SEEHN Secretariat library

Health reforms in SEEHN member countries show a decisive move towards universal health coverage and people-centred health systems. Progress continues in these areas as countries work together and with SEEHN partners to:

- tackle the rising threat of AMR through the development and implementation of national plans;
- develop policies allowing citizens to donate organs and blood voluntarily, including to cover blood shortages during emergencies;
- provide mutual support in reducing the health consequences of smoking, poor diet, lack of physical activity and alcohol consumption;
- strengthen surveillance systems and health monitoring, particularly in relation to influenza viruses;
- conduct joint work on mental health policy reform, the training of health-care workers and community engagement; and
- address a number of public health areas such as health services legislation, cross-border public health and health inequities, social inclusion, and human rights.

Activities with the Regional Office

The Regional Office has driven such developments in south-eastern Europe by providing political, managerial, technical and financial support to SEEHN since early 2001. As a specialized United Nations agency, it continues to act as the engine of cooperation – particularly technical cooperation – for increased health and well-being.

WHO support to SEEHN has proven crucial to its development and functioning. Ms Ruxanda Glavan, Minister of Health of the Republic of Moldova and President of SEEHN, acknowledged this during the Fourth Health Ministers' Forum in Chisinau:

WHO's ongoing partnership with the member states of the South-Eastern European Health Network will greatly help us to achieve better health outcomes. Health 2020 and the 2030 Agenda are instrumental to realizing common goals set out in European documents related to observance of one's right to health, improving the quality of primary health care and hospital care, and providing people with quality and affordable medicines.

At the same Ministerial Forum, WHO Regional Director for Europe Dr Zsuzsanna Jakab, who has made supporting SEEHN a priority in her work, stressed:

The cooperation pledge of the nine south-eastern European countries builds on past achievements and aims to bring them forward. ... SEEHN has brought visible progress in the health status of its participating countries. Just to mention one, infant mortality – the main indicator of the health and well-being of a nation – has significantly decreased in all nine countries and halved in some. This proves that what we can achieve by working together is far greater than what can be done alone. ... There are no easy roads for the Network to achieve its goals and targets. It will require political will and fast action. It will also need new approaches and we know from experience that new approaches are difficult and take time. But I believe that the Network is on the right track. WHO will continue to render the best possible support to its work.



As a founding partner of SEEHN, the Regional Office has invested in the establishment and development of the structures of SEEHN's political, technical and administrative work. At the political level, it has helped to convene SEEHN member countries by co-organizing and co-financing all of the SEEHN health ministers' forums. These forums have become meeting places for the ever-growing public health alliance in Europe, which goes beyond traditional partners of SEEHN.

As a member of the SEEHN Executive Committee, the Regional Office has worked with member countries to shape the policy agenda and deliver on the SEEHN pledges. It has also worked at the technical level with and through SEEHN, regularly providing assistance to all technical areas of SEEHN's work. This has included planning and implementing projects, responding to ad hoc requests for assistance with, for

example, emergencies and floodings, and supporting institutionalization by, for example, assisting the RHDCs.

The Regional Office has supported many capacity-building efforts and provided numerous trainings in the areas of health security, public health, health financing, communicable diseases, NCDs, accreditation in health, blood safety, tobacco, mental health, and global health diplomacy. The following section lists some of these activities by theme.

Implementing Health 2020

All SEEHN member countries committed to implementing Health 2020. Albania, Montenegro and the former Yugoslav Republic of Macedonia have implemented national health plans inspired by Health 2020. All other member countries have reviewed their national health policies, programmes and action plans for alignment with Health 2020's goals and approaches.

Planning and implementing the SDGs

The 2030 Agenda and its SDGs have been endorsed by 193 countries, including those of SEEHN. All governments of SEEHN member countries have assigned responsibilities to their respective ministries to align their national policies with the 2030 Agenda and the achievement of the SDGs. The Fourth Health Ministers' Forum, supported by WHO experts, presented a key opportunity to discuss and plan the implementation of these commitments.

In the words of Dr Jakab:

Achieving the SDGs means strengthening health in your national development strategies and considering the SDGs in the implementation of national health policies. Advancing health and well-being for all at all ages means working towards universal health coverage. It means aligning national health policies with the guiding principles and priorities of Health 2020; addressing upstream determinants in an intersectoral way; addressing equity in health and using the values captured in Health 2020.

Implementing the International Health Regulation (IHR)

South-eastern European countries have been identified as hotspots for potential emergencies related to natural disasters, outbreaks of emerging and re-emerging diseases, and the recent migrant and refugee crisis. The IHR (2005) aim to help the international community prevent and respond to such acute public health risks that have the potential to cross borders and threaten people worldwide.

As an international legal instrument that is binding in 196 countries across the globe, including members of SEEHN, the IHR act as a key driver of national and international

efforts to strengthen global health security. They define the rights and obligations of countries to report certain disease outbreaks and public health events to WHO, and establish a number of procedures. The IHR call for countries to:

- strengthen the cross-sectoral role of national IHR focal points for sharing information and reporting public health events to WHO IHR contact points;
- develop and strengthen specific national, regional and local public health capacities for surveillance and response;
- identify priority areas for action based on the national public health risk profile; and
- develop national IHR implementation plans.

All SEEHN member countries committed to applying, implementing and complying with the IHR beginning in 2005. IHR implementation, in accordance with the principles of the Sendai Framework for Disaster Risk Reduction 2015–2030²² and the new WHO Health Emergencies Programme²³, remains an ongoing priority.

Developing avian, seasonal and pandemic influenza activities



The Regional Office's programme on influenza and other respiratory pathogens is a key partner to SEEHN in the area of communicable diseases. It has contributed to the implementation of the project Surveillance and Response to Avian and Pandemic Influenza by the National Health Authorities of Countries of South East Europe through country workshops and seminars in Bosnia and Herzegovina, Bulgaria, Croatia, Kosovo (in accordance with Security Council resolution 1244 (1999)), Montenegro and the former Yugoslav Republic of Macedonia.

Joining the European Health Information Initiative

Several SEEHN member countries – the Republic of Moldova, Romania and the former Yugoslav Republic of Macedonia – are actively participating in the European Health Information Initiative. The Initiative aims to integrate and harmonize health information in Europe and promote the use of evidence, information and research to inform policy decisions

²² Sendai Framework for Disaster Risk Reduction. New York: United Nations; 2015 (http://www.preventionweb.net/files/43291_sendaiframeworkfordrren.pdf, accessed 26 August 2017).

²³ WHO Health Emergencies Programme [website]. Geneva: World Health Organization; 2017 (http://www.who.int/about/who_reform/emergency-capacities/emergency-programme/en/, accessed 26 August 2017).

Participating in the Autumn School and Advanced Course on Health Information and Evidence for Policy-making

SEEHN member countries have affirmed the important role that health information and evidence play in policy-making through their participation in the Regional Office's annual capacity-building courses, the Autumn School and the Advanced Course on Health Information and Evidence for Policy-making. The courses jointly seek to improve national capacity in the use of relevant health information and the generation of evidence to address country-specific questions and issues.

SEEHN member countries have also hosted the Autumn School and Advanced Course. In October 2016 the Autumn School took place in Bucharest, Romania, with 12 countries attending; and in June 2017 the Advanced Course took place in Sarajevo, Bosnia and Herzegovina, with 15 countries attending. These flagship courses, which receive the highest ministerial support, have become a regular feature in SEEHN's annual calendar.

Enhancing health information, evidence, research and innovation



As part of continued efforts to support each other to strengthen the evidence that underpins policy, SEEHN member countries met on 16–17 November 2015 in Tirana, Albania, at a meeting convened by the Regional Office to discuss improving information for policy. The recently published report from the meeting covers discussions of the countries' common challenges related to health information and the development of a joint vision for addressing them. Participants acknowledged the substantial benefits of establishing a health information network. The meeting provided a valuable forum for networking and for sharing experience and expertise among senior national health information experts, leaders and decision-makers.

Preventing and controlling NCDs

In advance of the Fourth Health Ministers' Forum in April 2017, a pre-forum meeting on the prevention and control of NCDs took place in Chisinau, Republic of Moldova. It gathered national health coordinators and focal points on NCD prevention and control in SEEHN member countries along with WHO experts to assess progress and discuss pathways to working more closely together.

Increasing road safety

Member countries of SEEHN took part in United Nations Global Road Safety Week on 8–14 May 2017. With support from WHO in the form of materials and other resources, they focused on the dangers of speed and promoted the theme “Save Lives: #SlowDown”. Activities engaged civil society and included ministerial meetings, advocacy events, competitions for schoolchildren and press conferences.

SEEHN member countries are committed to achieving the goals of the Decade of Action for Road Safety 2010–2020, as well as SDG 3.6 to halve the number of road crash deaths by 2020. In support of monitoring exercises, they actively contribute to the WHO *Global status report on road safety*.²⁴

To promote capacity-building, the Regional Office facilitated the attendance of health ministry focal points from SEEHN member countries at the Global Meeting of Health Ministry Focal Points for Violence and Injury Prevention in Finland in September 2016.

Strengthening tobacco control

All SEEHN member countries ratified the WHO Framework Convention for Tobacco Control (FCTC)²⁵. The Regional Office strongly supported these national efforts through the work of the South-eastern Europe Tobacco Control Project.

Albania hosted a subregional meeting on scaling up implementation of the WHO FCTC in SEEHN countries on 18–20 November 2015. WHO gathered representatives from 11 countries to review Albania’s progress and learn from its experience.

Together with the Regional Office, Montenegro hosted another subregional meeting on tobacco control on 24–27 October 2016. The workshop concentrated on tobacco industry tactics, legal challenges, key components of effective tobacco control policies and their implementation, and defending strategies.

The most recent subregional meeting took place on 18–19 May 2017 in Croatia. It aimed to empower health professionals in SEEHN member countries to use advocacy to mobilize political and public support for measures to reduce tobacco use and control the availability of tobacco products.

Addressing mental health

WHO has supported mental health reform in SEEHN member countries. The RHDC on Mental Health in Bosnia and Herzegovina carries forward other successful mental health initiatives of the Regional Office, and continues to develop with WHO guidance.

The majority of SEEHN countries are also actively participating in the ongoing, region-wide assessment of quality standards and human rights in institutions for

²⁴ Violence and injury prevention. Global status report on road safety 2015 [webpage]. Geneva: World Health Organization; 2017 (http://www.who.int/violence_injury_prevention/road_safety_status/2015/en/; accessed 26 August 2017).

²⁵ WHO Framework Convention on Tobacco Control [website]. Geneva: World Health Organization; 2017 (<http://www.who.int/fctc/en/>; accessed 26 August 2017).

adults with psychosocial and intellectual disabilities. Additionally, they are engaged in the global WHO Mental Health Atlas survey of policies, resources and services for mental health.

Addressing environment and health – air pollution

In May 2016, the WHO European Centre for Environment and Health (ECEH) made available the Regional Office’s air quality software tool AirQ+. The tool, which is based on previous versions of AirQ software, estimates the impact of air pollution on mortality and morbidity. AirQ+ enables calculations of long-term impacts related to classical air pollutants such as particulate matter, ozone, nitrogen dioxide and black carbon.

In its first year, over 1000 people downloaded AirQ+. Several countries and cities have already applied it to their contexts, and the ECEH tested the tool in the former Yugoslav Republic of Macedonia and Serbia. The results of these tests will be published in early 2018.

Addressing environment and health – water and sanitation

Several SEEHN member countries are also Parties to the Protocol on Water and Health²⁶, a multilateral agreement addressing the protection of human health and well-being by linking sustainable water management with the prevention, control and reduction of water-related disease in the WHO European Region.

The implementation of the Protocol, which is coordinated by the Regional Office and the United Nations Economic Commission for Europe, provides a hub for national action and subregional cooperation among SEEHN countries by bringing together health, environment and other sectors and engaging policy-makers in capacity-building activities.

The Protocol also guides SEEHN member states in the formulation of national targets for the incremental achievement of SDGs 3 and 6 and others related to water, sanitation and health, as well as the commitments of the 2017 Ostrava Declaration on Environment and Health.²⁷

Addressing environment and health – contaminated sites

All SEEHN member countries participate in the European Cooperation in Science & Technology (COST) Action on the Industrially Contaminated Sites and Health Network, which is coordinated by the WHO Collaborating Centre for Environmental

²⁶ United Nations Economic Commission for Europe, World Health Organization. Protocol on Water and Health to the 1992 Convention on the Protection and Use of Transboundary Watercourses and International Lakes. Geneva: United Nations Economic Commission for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0007/88603/E89602.pdf?ua=1, accessed 26 August 2017).

²⁷ Declaration of the Sixth Ministerial Conference on Environment and Health. Copenhagen: WHO Regional Office for Europe; 2017 (http://www.euro.who.int/__data/assets/pdf_file/0007/341944/OstravaDeclaration_SIGNED.pdf?ua=1, accessed 26 August 2017).

Health in Contaminated Sites in Rome, Italy. The Action brings together public health officers and researchers from 33 European Member States to develop a common framework for research and response to industrial contamination through conferences, workshops, training and dissemination activities. Its objectives include:

- clarifying knowledge gaps and research priorities;
- supporting the collection of relevant data and information;
- stimulating the development of a harmonized methodology;
- promoting collaborative research initiatives; and
- developing guidance and resources on risk assessment, management and communication.

Enhancing health diplomacy

In the past 10 years, SEEHN has become a strong partner in health collaboration at the regional level and has had a growing influence on European health policy agendas. Together with the Regional Office and the Global Health Programme at the Graduate Institute of International and Development Studies in Geneva, Switzerland, SEEHN co-organized the WHO Executive Course on Health Diplomacy in Action on 15–17 October 2014 in Chisinau, Republic of Moldova.

Strengthening public health services

With technical assistance from the Regional Office, SEEHN member countries piloted an early version of the self-assessment tool for the evaluation of essential public health operations (EPHOs) in 2008–2009.

The former Yugoslav Republic of Macedonia, as host to the RHDC on Strengthening Public Health Services, has increased its efforts particularly in the area of environmental health. In 2014, the Government worked with Regional Office representatives to lead an EPHO self-assessment to strengthen capacity for public health leadership in the country and contribute to the development of a national public health strategy and



action plan. The strategy and action plan focus on improving public health services for the population within and beyond the health sector.

Bosnia and Herzegovina completed an EPHO self-assessment in 2015–2016. It also held the following policy dialogues for SEEHN member countries:

- in 2015: “Improving health in Bosnia and Herzegovina: options for public health organization and finance”;
- in 2016: “Human resources for public health services in the SEEHN”; and
- in 2017: “Transformative change in health systems”.

The School of Public Health Management of the State University of Medicine and Pharmacy “Nicolae Testemitanu” in Chisinau, Republic of Moldova, is also a collaborating partner for the development of a capacity-building course on the EPHOs.

Fostering self-sufficiency in organ donation

Health ministers and high-level officials from SEEHN member countries attended the First Regional Ministerial Conference on Organ Donation and Transplantation “Heart to the Region” – Beating Towards Self-Sufficiency, in Zagreb, Croatia, on 4 June 2012. Mr Ivo Josipovic, President of Croatia, opened the conference with Dr Hans Kluge, Director of the Division of Health Systems and Public Health at the Regional Office, who spoke on behalf of the WHO Regional Director for Europe.

Strengthening national capacities for improving maternal and neonatal health

The Regional Office has provided countries with technical assistance to improve the quality of maternal and newborn health care through the implementation of near-miss case reviews since 2005. Representatives from Albania, Bosnia and Herzegovina, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia have also participated in a number of regional and intercountry workshops on the “beyond the numbers” approach to reviewing cases of maternal death or morbidity.

In close collaboration with the United Nations Population Fund’s Regional Office for Eastern Europe and Central Asia, SEEHN member countries also participated in workshops on conducting near-miss case reviews in 2016–2017. The Regional Office is facilitating partnerships between countries to ensure the exchange of experience related to using near-miss case reviews to improve maternal and newborn health.

Participating in childhood obesity surveillance

SEEHN member states continue to participate in the WHO Childhood Obesity Surveillance Initiative, the largest surveillance network of its kind worldwide. Participating countries measure trends in overweight and obesity among children

aged 6–9 years in order to understand the progress of the epidemic in this population group, gain intercountry comparisons within the WHO European Region and inform action to reverse the trend. Albania, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and the former Yugoslav Republic of Macedonia have all joined the Initiative.

Reducing food marketing to children and salt intake

SEEHN member countries continue to participate in the WHO European Action Network on Reducing Marketing Pressure on Children, and the European Salt Action Network. Led by WHO European Member States, these networks bring countries together for coordinated action and the exchange of best practice. Bulgaria, Croatia, Israel, Serbia and the former Yugoslav Republic of Macedonia participated in meetings in 2016–2017.



Studying urban food environments

Bosnia and Herzegovina and the Republic of Moldova both participated in the FEEDCities project in 2016–2017. This multicountry study describes the vending sites (including food markets, kiosks and street vendors) selling ready-to-eat food in major cities of central Asia, the Caucasus and south-eastern Europe, and documents the types of food most commonly available. It also assesses the trans-fatty acids and sodium content of these foods – both homemade and industrially processed – based on laboratory analyses of locally obtained food samples. FEEDCities aims to fill an information gap on the nutritional composition of ready-to-eat foods in these countries.

Conducting salt intake surveys

The Regional Office has also provided individual support to SEEHN member countries according to BCAs. The following section documents some of the main outputs and achievements of these collaborations.

Country-specific activities with the Regional Office

The Regional Office has also provided individual support to SEEHN member countries according to BCAs. The following section documents some of the main outputs and achievements of these collaborations.

Albania

Albania has in recent years made major strides towards improving its health information system (HIS) and the quality of information essential to understanding the health of its population. In 2015, The Ministry of Health of Albania invited the Regional Office to perform a HIS assessment using the WHO *Support tool to assess health information systems and develop and strengthen health information strategies*²⁸. One of the main recommendations of the assessment was to improve and formalize the coordination of the HIS through the establishment of a multistakeholder HIS coordinating body. Albania has taken this as a mid-term recommendation.²⁹

Most notable have been the Ministry of Health's actions to re-establish causes-of-death registration based on the International Classification of Diseases, 10th Revision (ICD-10) in order to improve data availability for key population health indicators. Albania is one of the only countries in the WHO European Region that still does not report causes of death to WHO using ICD-10 classification.

The Ministry of Health, with the support of the WHO Country Office and the Regional Office's Division of Information, Evidence, Research and Innovation, translated ICD-10 and trained a variety of stakeholders in medical certification of death and coding of underlying causes of death. It is in the process of making an Albanian-language version of ICD-10 available in the form of an online, searchable tool. Albania's anticipated reporting of mortality data according to ICD-10 codes will be a milestone in the development of its HIS.

In 2015, Albania hosted the Meeting of the Countries of SEEHN with a focus on improving information for policy by strengthening health information and vital statistics. This signified a collective recognition of the importance of evidence in policy-making, and of the common challenges and specificities of national HISs in SEEHN countries. The Meeting was a vital step towards establishing SEEHN under the umbrella of the European Health Information Initiative, which SEEHN member states committed to in the Chisinau Pledge in 2017.

Collaboration between WHO and Albania's Ministry of Health and Ministry of Social Welfare and Youth has been central to the development of a national strategy on protecting children from maltreatment and other forms of violence. This included

²⁸ Support tool to assess health information systems and develop and strengthen health information strategies. Copenhagen: WHO Regional Office for Europe; 2015 (<http://www.euro.who.int/en/publications/abstracts/support-tool-to-assess-health-information-systems-and-develop-and-strengthen-health-information-strategies>, accessed 24 August 2017).

²⁹ Verschuuren M, Thomo T, Dannemann Purnat T, Stein C. Strengthening the health information system in transitional Albania. *Alban Med J* 2017;1:5–6.

the organization of a policy dialogue and the publication by the Regional Office of a situation analysis.³⁰

Albania places an emphasis on achieving universal health coverage. “Universal health coverage is a foundation stone for preventing poverty and addressing inequities,” stated Minister of Health of Albania Mr Ilir Beqaj at the opening of the 36th Plenary Meeting of SEEHN in Tirana, Albania, in December 2015. “Health is a right. We have addressed health coverage throughout the history of the network, from the Dubrovnik Pledge, the Banja Luka Pledge, through to the South-eastern Europe 2020 Strategy.”

Bosnia and Herzegovina

Bosnia and Herzegovina contributed significantly to the international exchange of expertise related to HISs and evidence-informed policy-making by hosting the Advanced Course on Health Information and Evidence for Policy-making in June 2017. Hosted by the Ministry of Civil Affairs and organized by the Regional Office’s Division of Information, Evidence, Research and Innovation, the Advanced Course brought representatives from 12 countries together with WHO experts and external lecturers to discuss and exchange experience on a variety of in-depth topics related to the theme.

The Ministry of Civil Affairs, in recognition of the importance of harmonizing national health information and integrating the national HIS, also invited the Regional Office to perform a HIS assessment using the WHO Support tool. This led to the improvement and formalization of HIS coordination, and the establishment of a multistakeholder HIS coordinating body.

Government representatives in Bosnia and Herzegovina also co-organized policy dialogues to address physical activity and nutrition in the country, and to contribute to the development of a roadmap of priority actions in this area.

In 2015–2016, the country conducted an EPHO self-assessment with the support of the Regional Office.

Bulgaria

During a visit to the Regional Office in 2015, the Minister of Health of Bulgaria pointed out several weaknesses in the national HIS, and requested technical assistance from the Regional Office to conduct a HIS assessment. A Regional Office consultant conducted a three-day visit in December 2015 with logistical support from the WHO Country Office in Sofia, using an assessment methodology based on the WHO *Support tool*.

The HIS assessment identified the clear role of health information in the national policy-making process. It noted, however, that at the level of health-care facilities

³⁰ Situation analysis on the prevention of child maltreatment in Albania: the way forward. Copenhagen: WHO Regional Office for Europe; 2016 (<http://www.euro.who.int/en/countries/albania/publications/situation-analysis-on-the-prevention-of-child-maltreatment-in-albania-the-way-forward-2016>, accessed 24 August 2017).

and regional health authorities, an evidence-informed policy-making culture was lacking. While Bulgaria gathers large amounts of data, this data was not being used optimally due to fragmented data sources and legal frameworks that hindered data sharing. The Ministry of Health is actively addressing these issues, and has made important steps towards strengthening its HIS.



Photo credit: SEEHN Secretariat library

Montenegro

In addition to SEEHN, Montenegro belongs to the WHO small countries initiative. This initiative brings together the eight countries in the WHO European Region with a population of less than one million to support them in the implementation of Health 2020 and, more recently, of the SDGs. The initiative’s four key actions are to:

- document how to align national health policies to Health 2020 and the SDGs;
- develop joint capacity-building events and structures with the Regional Office to promote health and reduce health inequities;
- create a supportive environment for Health 2020 through better engagement of the media as an implementation partner; and
- create a platform for sharing experiences and mutual learning about Health 2020 implementation.

Under the small countries initiative, the Small Countries Health Information Network (SCHIN) was established in 2015. SCHIN sets out to address the low capacity of small countries to collect and analyse data for both national and international purposes.

Republic of Moldova

Strengthening the Republic of Moldova’s HIS was one of the issues prioritized in its BCA with the Regional Office for 2014–2015. Ms Ruxanda Glavan, the then-new Minister of Health of the Republic of Moldova, underlined the importance of health information for policy-making during her visit to the Regional Office in 2015.

In line with the BCA’s working programme, the Regional Office conducted a three-day country visit to perform a HIS assessment in November 2015 using the WHO Support tool. The major recommendation from the assessment was to set up an overarching HIS governance mechanism, which would involve:

- establishing a multistakeholder coordinating body and developing a health information strategy;
- improving data flows within the civil registration and vital statistics system;
- organizing capacity-building activities; and
- mapping discrepancies between indicators used in the Republic of Moldova and the main international indicator frameworks.

The Republic of Moldova is actively addressing all aspects of these recommendations, and the capacity of its HIS is increasing. The Regional Office's Division of Information, Evidence, Research and Information and the WHO Country Office are actively providing support in this area, and have delivered several trainings targeted at the Transnistria region. This will ensure the integration of the national HIS and the harmonization of its information.

In 2016, the Republic of Moldova demonstrated its commitment to health information analysis and reporting by contributing to WHO's *Republic of Moldova. Profile of health and well-being*³¹ and the accompanying *Republic of Moldova. Highlights on health and well-being*.³² These analyses are important for understanding how the Republic of Moldova compares to neighbouring countries and to the WHO European Region as a whole.

The Regional Office held train-the-trainer courses to strengthen the country's health systems capacity in violence and injury prevention using the WHO Training, Educating and Advancing Collaboration in Health on Violence and Injury Prevention (TEACH-VIP) curriculum³³, adapted for continuous professional education. In response to the results of a survey on adverse childhood experiences among university students in the country, the Republic of Moldova is taking action to strengthen the national policy response to preventing child maltreatment through a series of reports and policy dialogues.

In 2015–2017, WHO delivered extensive technical assistance to support the planning and implementation of reforms of public health services in Moldova. This included supporting the assessment of human resource requirements, the allocation of roles and responsibilities for services delivery, the design of organigrams, and transition planning. As previously discussed, a capacity-building course on the EPHOs is also being developed in collaboration with the School of Public Health Management in Chisinau.

Romania

In October 2016, the Ministry of Health of Romania hosted the Autumn School on Health Information and Evidence for Policy-making, which gathered representatives from 12 countries along with WHO experts and external lecturers. Together they discussed and exchanged experience on a variety of topics spanning all components of health information and its role in policy-making.

Romania has also been strengthening its capacities in the environmental and health domain, a key area for intersectoral collaboration in view of the 2030 Agenda. In order to stimulate debate at the national level and with neighbouring countries, the President of Romania hosted a policy dialogue in July 2016 on environment and

health, co-organized by WHO. The President, together with the Minister of Health and several other senior members of the Government, emphasized the importance of appropriate institutional and legal provisions, mechanisms and technical capacities for intersectoral action. The policy dialogue took place in connection with a WHO training workshop on environment and health impact assessment.

Government representatives in Romania also co-organized policy dialogues to address physical activity and nutrition, and to contribute to the development of a roadmap of priority actions in this area.

The TAIEX instrument of the European Commission, in cooperation with the Ministry of Health of Serbia on behalf of SEEHN and the RHDCs in Romania and Serbia, organized a workshop on increasing blood availability and providing donor and patient safety in transfusion therapy in emergency circumstances. The workshop took place in Bucharest on 7–9 July 2014. Its aim was to promote the implementation of the EU *acquis communautaire* regarding quality and safety standards for the collection, testing, processing, storage and distribution of human blood and blood components among the health authorities, blood centre specialists and hospital clinicians in SEEHN member countries.

Key experts from WHO and other partner agencies presented their work, and representatives of EU Member States and the countries of SEEHN as well as Kosovo (in accordance with Security Council resolution 1244 (1999)) and Turkey (participating for the first time in a SEEHN event) shared their experiences in the field of patient and donor safety, transfusion therapy in emergency circumstances, legislation and other developments in this area. Based on the discussions, a draft decision was agreed and submitted to the 33rd Plenary Meeting of SEEHN, at which it was adopted.

Serbia

Serbia is a member of the European Burden of Disease Network. The burden-of-disease approach brings together measures of mortality, morbidity and disability in order to analyse the effect of disease on populations. It is extremely useful for illustrating the relative magnitude of different health concerns, and provides a strong framework for prioritization in health policy.

However, current studies are poorly harmonized, with considerable methodological variations. This presents a key challenge in the validation of results, their comparability across countries and understanding them at the regional level. To address these challenges and concerns,



³¹ Republic of Moldova. Profile of health and well-being. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0005/323258/Profile-health-well-being-Rep-Moldova.pdf, accessed 26 August 2017).

³² Republic of Moldova. Highlights on health and well-being. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0006/323259/Highlights-health-well-being-Rep-Moldova.pdf?ua=1, accessed 26 August 2017).

³³ Violence and injury prevention. TEACH-VIP 2. Geneva: World Health Organization; 2017 (http://who.int/violence_injury_prevention/capacitybuilding/teach_vip/en/, accessed 26 August 2017).

the Regional Office launched the European Burden of Disease Network jointly with the Institute for Health Metrics and Evaluation. The Network is co-hosted by Public Health England.

In May 2017, Serbia hosted a train-the-trainer course to strengthen health systems capacity in violence and injury prevention using TEACH-VIP. The Regional Office organized the training with the Belgrade Institute of Public Health, a WHO collaborating centre for injury prevention. The resources developed at the training will be disseminated to other countries in the subregion.

Government representatives in Serbia also co-organized policy dialogues to address physical activity and nutrition, and to contribute to the development of a roadmap of priority actions in this area.

Serbia has shown significant leadership in promoting action on water, sanitation and health in the WHO European Region. At the Fourth Meeting of the Parties to the Protocol on Water and Health in November 2016, Serbia assumed the chairmanship of the Protocol for 2017–2019. Under the provisions of the Protocol, it set aspirational national targets for improving water and sanitation that are aligned with SDGs 3 and 6 and the Ostrava Declaration on Environment and Health.

With technical support from the Regional Office, Serbia undertook a countrywide rapid assessment of small water supplies.³⁴ This revealed a range of shortcomings in the provision of rural water services that were resulting in compromised water safety. To address these issues and protect the health of rural populations, the country is taking policy actions to improve rural water supplies. These are directed at amending and enforcing existing legislation and programmes, and at developing new regulations.

The extensive work conducted to estimate the health impacts of air pollution in Serbia using the AirQ+ tool yielded a detailed analysis of the country's air quality. This included a thorough investigation of urban air pollution in 18 cities, including Belgrade, using 2010–2015 air pollution data. While each Serbian city has different air quality conditions due to topography and climate, and the mix of pollution from traffic, industry and heating, the results confirm that serious air pollution affects many Serbian cities.

Urban centres such as Smederevo, Užice, Valjevo, Kragujevac, Lazarevac, Obrenovac and Belgrade on average exceed the WHO air quality guideline values for pollution. The impacts of this pollution on health are significant: in Serbian cities, high levels of particulate matter with a diameter of less than 2.5 µm are responsible for between 7% and 19% of non-accidental deaths.

The application of AirQ+ in Serbia allowed for the identification of key issues in the country, which include the monitoring process, the maintenance of the equipment and the selection of pollutants. It also led to the development of strategies to improve both the monitoring of air quality and health risk management at national and urban

³⁴ Jovanović D, Paunović K, Schmoll O, Shinee E, Rančić M, Ristanović-Ponjavić I et al. Rapid assessment of drinking-water quality in rural areas of Serbia: overcoming the knowledge gaps and identifying the prevailing challenges (http://www.euro.who.int/__data/assets/pdf_file/0017/341531/4_OriginalResearch_Serbia_WaterAssessment_ENG.pdf, accessed 26 August 2017).

levels, which will be discussed and enforced by national and local authorities. The results of the study will be discussed in Belgrade in September 2017.

The former Yugoslav Republic of Macedonia

The former Yugoslav Republic of Macedonia has actively supported efforts to strengthen its national HIS. In 2017, the country joined the European Health Information Initiative, and the Ministry of Health hosted a workshop on assessing the national HIS. Coordinated by the Regional Office, it convened WHO experts and national stakeholders to produce a joint HIS assessment and identify next steps. The successful workshop resulted in concrete agreements between the Ministry of Health and stakeholders on follow-up actions, which are already being implemented.

The Ministry of Health is committed to the improvement of health information and the use of evidence to inform policy-making, and has planned activities in this area within its 2018–2019 BCA with the Regional Office. The country also undertook an initial review of health inequities and their determinants within the country, and an EPHO self-assessment. The resulting reports seek to identify policy options and present recommendations to the Government.

WHO publications and reports on SEEHN

As part of its generous and far-reaching support for SEEHN activities, WHO has invested in publishing a huge body of evidence for the development of health in south-eastern European countries, generated through the political and technical work of SEEHN (Box 6). SEEHN has produced additional resources and reports on its activities (Box 7). Below are brief descriptions of several important publications.

Box 6. Publications produced with WHO support

- A decade of regional cooperation on public health in south-eastern Europe. A story of successful partnership (2011)
- Current status and future strategies in safe blood and blood components' transnational availability for medical emergencies and special circumstances in south-eastern Europe (2011)
- Noncommunicable diseases prevention and control in the South-eastern Europe Health Network. An analysis of intersectoral collaboration (2012)
- Reversing the tobacco epidemic. Saving lives in south-eastern Europe (2008)
- Regional cooperation for public health. The South-eastern Europe Health Network: the past, the present and the future (2010)
- Strengthening food safety and nutrition policies and services in South-eastern Europe (2009)
- Strengthening food safety and nutrition services in the south-eastern Europe (2004)
- Strengthening the health workforce to implement public health interventions in the SEEHN: lessons learned from a technical meeting (forthcoming in Public Health Panorama)
- The South-eastern Europe Health Network: an overview (2014)

Box 7. Additional SEEHN publications

- 17th European Health Forum Gastein. Electing health: the Europe we want! The EHFG 2014 in a nutshell (2014)
- Building regional capacity in global health: the role of the South-Eastern Europe Health Network (2015)
- First newsletter – UHC 2030 (2017)
- First pamphlet of the SEEHN RHDC on Organ Donation and Transplant Medicine in Zagreb, Croatia (2012)
- Healthy minds, healthy communities. Mental Health Project for South-eastern Europe (2004)
- Mental health policies and legislation in south-eastern Europe (2004)
- Regional cooperation in health governance – the case of the South-eastern Europe Health Network (2017)
- South-eastern European Journal of Public Health. Volume III (2017)
- The mental health path to peace and stability (2005)

*Opportunities for scaling up and strengthening a health-in-all-policies approach (2013)*³⁵

As an approach, health in all policies is recognized in major European resolutions, charters, communications, treaties, frameworks and action plans. This report aims to gauge opportunities for scaling up and strengthening a health-in-all-policies approach in nine of the SEEHN countries. It is based on a review of materials prepared by SEEHN member countries' representatives for the Third Health Ministers' Forum, "Health in all policies in south-eastern Europe: a shared goal and responsibility". An overview is followed by detailed, country-specific studies of current policy, and challenges, opportunities and recommendations for strengthening this approach.

*Health and economic development in south-eastern Europe (2006)*³⁶

Health is increasingly seen as a robust predictor of economic growth. This report, which was commended in the public health category of the 2007 BMA Medical Book Competition, examines the contribution of health to economic development in south-eastern Europe. It focuses on health as an ingredient in human capital, especially relevant for sustained economic development and social cohesion. These two political objectives figure prominently on the EU's agenda and play a central role in its Lisbon Strategy.

The dynamics of health cooperation gained momentum following the Second Health Ministers' Forum, co-organized by the Regional Office, the Council of Europe Development Bank and the Council of Europe, and with the participation of ministers of finance. The report presents the socioeconomic context and evolution of the health sector, and examines the trends and patterns in the burden of disease and socioeconomic inequalities in health. It also outlines the development of health systems and policies, and the way they should evolve to meet future health challenges.

*Health diplomacy in SEE: the case of SEEHN (2005)*³⁷

This paper documents a decade of SEEHN's work, focusing on its multifaceted, mutually reinforcing roles: that of a health diplomacy tool, and that of an agora for public health with the overarching goal of catalysing whole-of-government action for health to contribute to economic development and the European integration processes of south-eastern European countries.

*Approaching mental health care reform regionally: the Mental Health Project for South-eastern Europe (2009)*³⁸

This final report on the Mental Health Project for South-eastern Europe offers a detailed account of the impressive and fruitful efforts made over six years by nine countries of south-eastern Europe under the Stability Pact's Initiative for Social Cohesion. The Initiative aimed to develop modern and socially responsible mental health services that respect the needs and rights of service users, and that fully recognize the community's duty to offer care.

In these six years, participating countries converted an aspiration into a reality by: formulating a vision for the humane treatment of those suffering from mental disorders; developing new policies and mental health legislation; elaborating mental health reform strategies; and beginning the transition to community-based care through the creation of one or more pilot community mental health centres. These are now centres of excellence that showcase best practice and provide a focus for professional training programmes for mental health and primary health-care professionals, and for public awareness-raising and advocacy.

The report outlines the excellent results attained by these centres, and their role in setting the stage for participating countries to advance mental health care in south-eastern Europe.

³⁵ SEEHN, European Commission, WHO Regional Office for Europe. Opportunities for scaling up and strengthening the health-in-all-policies approach. Copenhagen: WHO Regional Office for Europe; 2013 (http://www.euro.who.int/__data/assets/pdf_file/0006/186063/e96821.pdf?ua=1, accessed 28 August 2017).

³⁶ WHO Regional Office for Europe, Council of Europe Development Bank. Health and economic development in south-eastern Europe. Copenhagen: WHO Regional Office for Europe; 2006 (http://www.euro.who.int/__data/assets/pdf_file/0003/74748/E89184.pdf, accessed 28 August 2017).

³⁷ Chichevalieva S, Nurse J. Health diplomacy in SEE: the case of the South-east European Health Network [course materials]. Geneva: The Graduate Institute; 2015 (http://graduateinstitute.ch/files/live/sites/iheid/files/sites/globalhealth/shared/Training/SEEHN_course/SEEHN%20a%20health%20diplomacy%20tool%20final%2008082012%255B1%255D.pdf, accessed 28 August 2017).

³⁸ SEEHN, WHO Regional Office for Europe. Approaching mental health care reform regionally: the Mental Health Project for South-eastern Europe. Copenhagen: WHO Regional Office for Europe; 2009 (http://www.euro.who.int/__data/assets/pdf_file/0006/102399/E92163.pdf, accessed 28 August 2017).

Current status and future strategies in safe blood and blood components' transnational availability for medical emergencies and special circumstances in South-eastern Europe (2011)³⁹

Blood services cover demands for blood components and products for transfusion therapy, which are essential to keep patients alive. As such, specific preparedness action plans for the coordinated operability of blood services during emergencies should be part of local, regional and national contingency plans.

This report focuses on the response of blood services to internal or external emergency situations in countries of south-eastern Europe, using data provided by national multidisciplinary teams within the context of SEEHN and blood safety project activities.

Strengthening food safety and nutrition services in south-eastern Europe (2004)⁴⁰

This report presents the Food Safety and Nutrition Project for South-eastern Europe, which enabled joint action for improving food safety and nutrition services in eight countries and mobilized the international community in support of these efforts. The Project assisted countries to better plan national food and nutrition policies, to look critically into their food safety legislations, services and systems, and to coordinate interventions by different stakeholders. It was led by the Regional Project Office of the Food Safety and Nutrition Project for SEE with technical support and financial contributions from the Council of Europe, the Regional Office and the governments of Belgium, Greece, Italy and Switzerland.



³⁹ SEE Regional Health Development Centre for Blood Safety. Current status and future strategies in safe blood and blood components' transnational availability for medical emergencies and special circumstances, in south-eastern Europe. Copenhagen: WHO Regional Office for Europe; 2011 (http://seehn.org/web/wp-content/uploads/2014/12/26_SEE-RHDC-for-Blood-Safety.pdf, accessed 26 August 2017).

⁴⁰ SEEHN. Strengthening food safety and nutrition services in the south-eastern Europe. Belgrade: MFC-Mikrokomerc; 2004 (<http://seehn.org/web/wp-content/uploads/2015/01/FSNP.pdf>, accessed 26 August 2017).

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The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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