



SOUTH-EASTERN EUROPE
HEALTH NETWORK

39th Plenary Meeting of the South-eastern Europe Health Network

23-24 November 2017,
Sofia, Republic of Bulgaria

SUMMARY REPORT

OF

THE 39th PLENARY MEETING OF THE SEE HEALTH NETWORK

23-24 NOVEMBER 2017,
SOFIA REPUBLIC OF BULGARIA

SEE HEALTH NETWORK MEMBER STATES



PARTNERS



The South-eastern Europe Health Network expresses its acknowledgement and gratitude to the Ministry of Health of Bulgaria, the current Presidency of the SEEHN (July–December 2017) for its continuous political and technical leadership and support in the most efficient and high quality manner.



Family photo: Ministry of Health, Bulgaria



Report, 39th Plenary Meeting of the South-eastern Europe Health Network
23-24 November 2017, Sofia, Bulgaria



ABBREVIATIONS

ALB	Albania
AP	Action Plan
BCA	Biennial Collaborative Agreement
BiH	Bosnia and Herzegovina
BUL	Bulgaria
CVD	Cardiovascular Diseases
CDs	Communicable Diseases
EHFG	European Health Forum Gastein
EU	European Union
Ex COM	Executive Committee
MKD	Republic of Macedonia
GBV	gender based violence
HIS	Health Information Systems
IHR	International Health Regulation
MS	Member States
MoU	Memorandum of Understanding
MDG	Millennium Development Goals
MOH	Ministry of Health
MNE	Montenegro
NFPs	national focal points
NHC	National Health Coordinator
NCD	Non communicable Disease
RCC	Regional Cooperation Council
REA	Regional Economic Area
RHDC	Regional Health Development Centers
RH	Reproductive Health
MDA	Republic of Moldova
SRB	Serbia
SEE	South Eastern Europe
SEEHN	South Eastern European Health Network
SECID	Southeast European Centre for the Surveillance and Control of Infectious Diseases
SOPs	Standard Operating Procedures
SDG	Sustainable Development Goals
TB	Tuberculosis
UN	United Nations
WHO	World Health Organization



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SUMMARY REPORT

1. INTRODUCTION

The Bulgarian Presidency of the South-eastern Europe Health Network (SEEHN) organized and hosted the 39th SEEHN Plenary Meeting in Sofia, Bulgaria on 23-24 November 2017.

This event was attended by the national health coordinators of the Member States to the SEEHN, the partner countries and partner international organizations, directors of the SEEHN Regional Health Development Centers (RHDC) and the Ambassadors of the SEEHN Member States accredited to Bulgaria. The final list of participants is presented in Annex 1. To this report.

The purpose of the meeting was to discuss the SEEHN major developments, activities and challenges during the term of the Bulgarian Presidency (SEEHN Presidency report June - December, 2017) and the Future Presidency (January 2018 – June 2018, State of Israel).

The 39th Plenary adopted the Agenda and Programme of the event as developed and suggested by the SEEHN Executive Committee and Secretariat. They are presented in Annexes 2 and 3 of this report.

In follow up to the commitments of the SEE Ministers of Health, as stipulated in the Chisinau Pledge, endorsed during their Fourth Ministerial Forum in 2017, as well as based on the priorities related to the Bulgarian Presidency of the Council of the European Union in 2018, the 39th Plenary dealt with two important strategic matters:

1. The Action Plan for the implementation of the Chisinau Pledge 2017-2020, objectives, measures and health indicators, as a Strategic Framework for the SEE Member Countries.
 - On one side this was a unique development in public health in the SEE region, to contribute as a network of 9 countries to the Agenda of the SDG Framework 2030, particularly to the Goal 3 (*Ensure healthy life and promote well-being for all at all ages and to some other goals and sub-goals of the SGD Agenda*);
 - On the other side, an opportunity to develop the institutional capacity of Ministries of Health for networking within European policy networks and ensuring the continuity of the EU agenda, during the Presidency term of Bulgaria.
2. Prioritization of Health promotion amongst children and youth, in order to accelerate progress in the implementation of the SDG Agenda 2030, by enhancing regional efforts and cooperation to improve children's health, promote healthy lifestyles and to contribute to the prevention of NCDs.
 - The objectives of the addressed topics, were to highlight the critical links between promoting health and the 2030 Agenda for Sustainable Development and place health promotion and children health higher on the Agenda of the SEE Member States (MS) Policies, through:

- Providing guidance to SEE Member States on how to reflect promoting health into countries Sustainable Development Goal (SDG) responses, and how to accelerate progress on SDG targets.
- Exchange national experiences in strengthening good governance for health through action across government sectors.

Additionally, the Plenary took important decisions on the following technical and business issues of major priorities: Executive Committee (election of new composition); National Health Coordinators (NHC) status; SEEHN Secretariat (programme, budget, reports, staff); RHDCs (outcome of the technical meeting with RHDCs and SOPs); EC/TAIEX (challenges); Partners (joint activities).

3. DISCUSSIONS

3.1. SESSION 1: OPENING

The Chair and facilitator of the Opening Session, **Dr. Angel Kunchev**, Bulgarian National Health Coordinator, welcomed the participants to Sofia and invited the **Deputy Minister of Health, Ms. Svetlana Yordanova**, to open the 39th Plenary meeting during the Bulgarian SEEHN Presidency.

Ms. Svetlana Yordanova, Deputy Minister of Health of the Republic of Bulgaria, welcomed all participants on the occasion of the 39th Plenary of the SEEHN. In her Opening Address, she focused on several important and most recent developments in the countries, members states of the SEEHN, including (i) the implementation of the European Health Framework Policy “Health 2020” by all countries, (ii) the improvement in the major health indicators; (iii) the role of the regional collaboration in the framework of the SEEHN, and (iv) the whole-of-government approach to health as of utmost importance for creating conditions for healthy living of the countries’ citizens.

She highlighted that *“the National Health Strategy 2020 of the Republic of Bulgaria is being considered already not only as a result of only one sector, the health sector. The sustainable and equally assessable improvements of health are result of the successful leadership and governance in all sectors of society. We pay attention at a higher level to the strategic impact of including “Health in all policies”. The goal of including “health in all sectoral policies” is to make health and wellbeing oriented policies and interventions a priority of the whole Government and not only of the health system”*.

Ms Yordanova pointed out that *“The newest Pledge, endorsed by the countries in Chisinau, is the next cornerstone for us towards implementing results oriented health policies”*.

Thereafter, Ms Yordanova noted that *“the health of children and young people is one of the main priorities of the Bulgarian Government in the health sector as this is an investment in the future generations and the prosperity of the state. The measures targeting children’s health and development, as well as protecting health of the adolescents, are among the major policies addressed in the National Health Strategy 2020”*.

In this regards, she emphasized that *“this Forum of the SEEHN deserves high attention as it will discuss issues related to health promoting measures and interventions for children in the areas of healthy nutrition, physical activities, as well as the problem with the increasing smoking and alcohol consumption”*.

Finally, Ms. Yordanova expressed her trust that *“the 39th Plenary will be of utmost usefulness not only for the members’ states of the Network through its platform for discussions and exchange of experiences on the most pertinent problems, but it will also go beyond our SEE regional boundaries for exchanging our knowledge and experience with other countries and sub-regions of Europe”* and wished all participants successful discussions and deliberations.

The floor was passed to **Dr. Mira Jovanovski-Dasic**, Head of the SEEHN Secretariat who greeted the audience and introduced the 39th SEEHN Plenary Meeting which focused on *“Promoting health among children and youth in South Eastern Europe”*. Dr. Dasic listed the latest developments in the field of non-communicable diseases and internal specific matters to the network, as an organization, to ensure its successful functioning. The first part of the 39th Plenary will focus on non-communicable diseases as leading top 10 causes of death globally, as well as in the SEE region. Dr. Dasic called for debating on these realities and for agreeing on promoting health, protecting people and preventing suffering, especially among the youngest through joint efforts both regionally and nationally.

In this line, she welcomed the WHO Europe intervention, as a follow up actions to the WHO Global Conference on Non-Communicable Diseases (NCDs), held in Montevideo, Uruguay 2017, and its recommendations related to the Non-Communicable Diseases Progress Monitoring Report 2017 that highlights the challenges and achievements in the SEE Countries.

Dr. Dasic mentioned also the child immunization programmes and challenges to ensure high immunization coverage in the SEE countries and the role of health promotion leadership in implementing the 2030 Agenda for Sustainable Development. Although, the transformation needed for SEEHN is a highly complex issue, it is necessary to share experiences, to learn from the patterns of the change and multiple levels and actors within the system. Having people in stakeholder’s position that can lead changes in health, Dr. Dasic highlighted that to be an important feature which would enable opening new spheres for collaboration.

Furthermore, she mentioned in her address the internal organizational matters of the network, such as: Regional Health Development Centres network as the main SEEHN technical pillar and the outcomes of the recent meeting held in Skopje on 4-5 September. She also pointed out at the technical issues in that relation, such as the revised RHDCs SOPs, the SEEHN Secretariat Programme, the administrative and financial issues and all ongoing activities, the challenges for working with the EC TAIEX Instrument on the implementation in the SEE region the suggested and approved multicountry workshops. She acknowledged the organization, in cooperation with Slovenian MOH, the regional workshop on *“Comprehensive Alcohol Policy in the South-Eastern European Countries”*. Finally, she pointed out that political decisions to be made, out of all, the most important ones are: election of new members for the SEEHN Executive Committee, agreement on the SEEHN Road Map for the upcoming Israeli Presidency in 2018, and agreement on the Romanian application by the Minister of Health for designating a new SEE RHDC in Romania.



The 39th Plenary Meeting was expected to conclude with a session dedicated to the cooperation with partners. Partnerships are highly valued and needed. The challenges on how to strengthen the existing ones and to develop new partnerships is the subject to be discussed.

Dr. Dasic concluded by wishing all a successful Plenary and distinguishing that this meeting was the result of joint efforts of the Ministry of Health of the Republic of Bulgaria, the SEEHN and its Secretariat and she thanked all for the excellent organization.

Dr. Marija Kishman, Strategic Desk Officer, WHO Europe, Regional Director's Office presented to the participants the greetings of the Regional Director for Europe. Dr. Zsuzsanna Jakab and Dr. Lucianne Licari, special representative of Dr. Jakab to the SEEHN. She reaffirmed the dedication of the WHO Regional Director for Europe to support the work of the SEEHN and emphasized the right political momentum to build up on the SEEHN Chisinau Pledge and to work on its Action Plan with concrete activities and financial implications. She also underlined the attentions of signing a collaborative agreement between WHO Europe and the SEEHN on the implementation of technical activities, which would be the first one of its kind since the time of existence of the Network.

Afterwards, Dr. Angel Kunchev gave the floor to **Dr. Skender Sylá**, Head of WHO Country Office in Sofia, who expressed his honour and pleasure to greet the 39th SEEHN Plenary Meeting under the Bulgarian Presidency on the theme: "Promoting health amongst children and youth in South Eastern Europe".

He emphasized the transformational course for the future of human development with the adoption of the Sustainable Development Goals and the commitment of stakeholders in implementing this agenda from the local to the global levels, so that all people, including all children live in a safer, cleaner, more equal and more prosperous world by the year 2030. To ensure this happens, a new strategy "Investing in children: child and adolescent health strategy for Europe 2015–2020 has been adopted, placing children at the heart of policies to advance human development.

"Investment in early childhood is the most powerful investment a country can make, with returns over the life course many times the size of the original investment", he emphasized.

Dr. Sylá described also the package of interlinked policies, which will improve health governance systems, and will imply broadening of the scope, from mortality reduction to prevention of disability, health promotion and child development and social protection. Concluding with this, he wished everybody a fruitful meeting.

The opening session has been concluded with the adoption of the Scope & Purpose and the Programme of the meeting. The traditional Family photo was made.

After completing the opening addresses and during the coffee-break a Press Conference was held with the Head of the Secretariat, Dr. Dasic and the Bulgarian Presidency representative, **Dr. Angel Kunchev**.

Thereafter, the *Report of the Bulgarian Presidency* was presented by the National Health Coordinator of Bulgaria. Amongst all, the following was highlighted:

- The Bulgarian Presidency emphasized the role of the SEEHN Secretariat Director, Dr. Mira Jovanovski Dasic for her contribution to the process of signing of the Chisinau Pledge by all ministers of health with a fast signing by Albania still pending, for her continuous efforts in sustaining high diplomatic relations and correspondence with the Ministries of Health of the SEEHN Member States, as well as with their Ambassadors in the Host Country.
- Subsequently, Dr. Kunchev discussed about how the SEEHN technical collaboration has been mainstreamed through the SEEHN Regional Health Development Centers from 2008 onwards. He then described in details the outcomes of the meeting of the RHDC representatives organized by the SEEHN Secretariat, in Skopje on 04-05 September 2017. The overall goal of this technical meeting was to contribute to further strengthening the technical collaboration among the SEEHN Member States in the framework of the Chisinau Pledge and to fostering mechanisms for technical cooperation and strengthening the linkages with the SEEHN Partners, has been achieved.
- During this meeting an overview of the work and achievements of the RHDCs (Southeast European Centre for the Surveillance and Control of Infectious Diseases (SECIDS) – Albania, Mental Health – Bosnia and Herzegovina (BiH), Antimicrobial resistance – Bulgaria, Non Communicable diseases – Montenegro, Public Health – Macedonia, Human resources of health – Moldova, Accreditation and continuous quality improvement - Serbia) have been presented as well as the latest applications approved by TAIEX in 2017 / 2018 and the online application procedure has been presented by Dr Milica Stanisic, Project manager, RHDC for NCDs in Montenegro.
- In addition, Dr Silvia Bino, Director of SECID, Albania presented the opportunities and challenges of the establishing a public health emergency cross border platform with a focus on the financial strategy.
- The presentation and discussion have been placed in regards with the revision of the draft Standard Operational Procedures (SOPs) for the RHDCs which will serve as a tool and clear guidelines for their proper managing, with well-defined rights and accountability to the SEEHN and SEE countries. In this context, Dr. Mira Dasic Jovanovski presented the current RHDC SOPs and participants gave their first reflections and agreed to prepare feedback on the SOPs by the middle of January 2018.
- An important topic of this meeting has been the presentation made by Dr. Dragan Mijakoski and Dr. Sasho Stoleski from the Institute of Occupational Health in the Republic of Macedonia, who presented their organizational structure, strategic documents and leading projects and, also shared the experience of the Institute on its way to be designated as a WHO Collaborating Centre for Occupational health.



- The last presentation was delivered via Skype, by Dr. Claudia Stein, Head of the Division of information evidence, innovation and research, WHO Europe, who presented the possibilities for establishing a SEE health information network.
- Participants were extremely satisfied with the fruitful two-day discussion and shared experiences, knowledge, challenges and conclusions, all of them enclosed in the Report which was presented in the afternoon session.
- During the Bulgarian presidency, WHO Regional Office for Europe, provided continuous support to the SEEHN Secretariat, including support to high level meetings and technical advices and briefings for the implementation process of the Chisinau Pledge, identification of joint regional priorities and the development of its Action Plan.
- The SEEHN, Secretariat Director, Dr. Mira Dasic presented the Network's vision and perspectives of the SEEHN Member States in a Panel on Roadmap to implement the 2030 Agenda for Sustainable Development, building on the Health 2020 policy framework, at the 67th WHO Regional Committee for Europe, Budapest, Hungary 11-14 September 2017.
- In this relation RCC and the SEEHN continue also the cooperation in several dimensions and ensured that the momentum of designing SEE 2020 related work programmes is maintained.
- Useful and intensive cooperation with European Union (EU), continued also in the year 2017, the SEEHN advanced once again through the EC TAIEX Instrument, by preparations for the implementation of multi-country events, to be conducted in the beginning of the year 2018.
- During the Bulgarian Presidency the SEEHN has continuously exchanged information and collaborated in the field s of mutual interest with all other Partner Organizations.
- SEEHN representative, the Ex Com Chair, Dr. Nicolae Jelamschi participated at the 20th European Health Forum Gastein (EHFG), under the theme of „Health in All Politics – a better future for Europe“, which took place on 4 - 6 October 2017, in Bad Hofgastein, Austria. Discussion on how to move forward in several concrete areas: Health in All Policies, Health systems, Access to medicines and Innovation, Big Data & ICT have been held and the takeaway from the conference was the widely perceived urgency to unite against any attempts to close down health policy at EU level. During his participation in the EHFG, Dr. Jelamschi had bilateral meetings with the EHFG leadership regarding mutual collaboration in the future between the SEEHN and EHFG.
- An event to be highlighted during the period July – December 2017 is also the active involvement of the SEEHN Secretariat within the organization of the Workshop "Intersectoral Workshop on Cooperation for Preparation of Comprehensive Alcohol Policy in the South-Eastern European Countries" with the Republic of Slovenia, held on 6-7 November 2017. The overall conclusions of the workshop spotted that the national alcohol policies are needed, desired, entirely feasible, and highly effective.

- SEEHN representatives, also took an active part during the workshop on Policy Dialogue on Transformational Change Policy Dialogue for Strengthening the governance of public health services in the SEEHN (14-15 November 2017), Banja Luka, Republic of Srpska and Bosnia and Herzegovina. The policy dialogues explored approaches to effectively strengthen public health services through examining experiences from across Europe and other countries in South Eastern Europe.

Finally, after this comprehensive presentation of the Bulgarian presidency report, Dr. Kunchev thanked and express the gratitude to the SEEHN Secretariat, to the Head of the Secretariat and its Chair and the members of the Ex Com for taking forward the developments in the SEE region and strengthening national capacities.

In line with the approved 39th Plenary's Agenda and Programme, Dr. Kunchev invited **Dr. Ruxanda Glavan**, Former President of the SEEHN during Moldovan Presidency mandate to SEEHN, to present and share the *challenges and lessons learned during one year the Presidency of the Republic of Moldova*.

- Dr. Glavan highlighted that health is a contributor to growth and well-being, although, the message shall be translated into understandable language for the non-health part of society, to the decision-makers and money-holders. In this regard she also underlined the value of the SEEHN being an influential tool for health diplomacy.
- Dr. Glavan then focused her presentation on the history of the SEEHN and its mission, as well its complexity as a multi-governmental establishment of 9 member states with complex interactions at multicounty, multi-level and multi players' levels and the case of cooperation (Figures 1).



Figure 1

- Dr. Glavan spoke about the achievement throughout the year of Presidency of Moldova. She mentioned that it was not easy for the country in Presidency, to sustain all the developments and commitments. She stressed the importance of the role of the Ex Com, and crucial role of the Secretariat for the Network.
- Dr. Glavan listed the lessons learned from her own experience for one year of Presidency, with a focus on the organization and outcomes of the Forum in Chisinau and used the occasion to thank to all the colleagues and partners and underlined that strengthening partnerships as a very important point.
- The slide with road map is showing the success achieved during last few years (Figure 2).

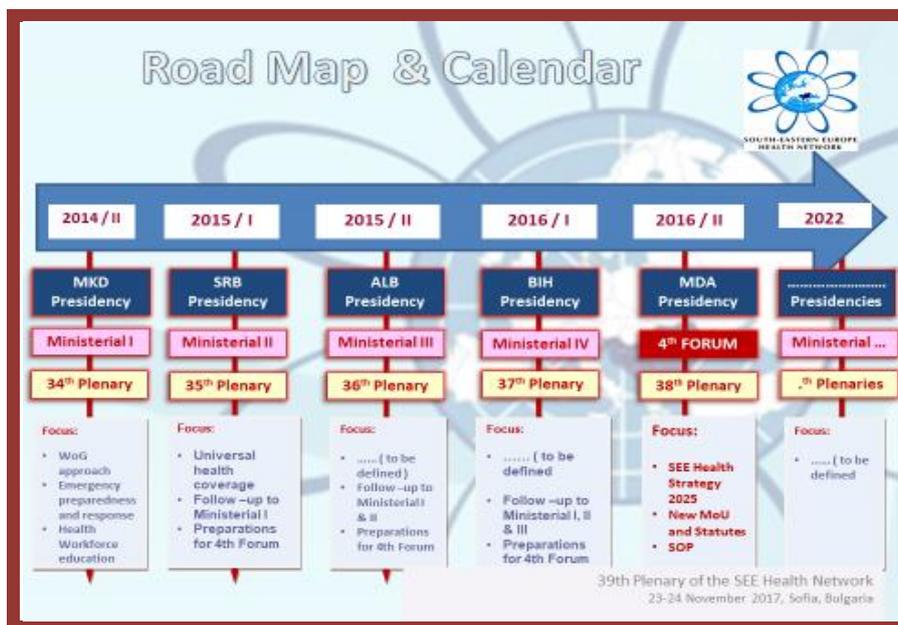


Figure 2

- Furthermore, she presented her vision for the future developments of the Network, following the very successful presidency of Bulgaria and wished to SEEHN to strengthen collaboration in the region.

She concluded her presentation by thanking everybody for their active participation and stated that only together we will make a difference.

The session continued with the presentation of the Draft Road Map for next Presidency in Israel, delivered by **Ms. Einav Shimron, the NHC, State of Israel**. She presented the timetable for the activities planned under the presidency of Israel for the next year and the same has been approved (Figure 3).

DRAFT ROADMAP AND TIMETABLE FOR THE ACTIVITIES OF THE SEE HEALTH NETWORK DURING THE PRESIDENCY OF THE STATE OF ISRAEL, 01 JANUARY – 30 JUNE 2018			
2.2.	Maintaining SEEHN physical documentation centre and archiving/document retrieving system	SEEHN Secretariat	
2.3.	Finalization and adoption of the MOUs, SOPs and Partner agreements		
2.4.			
3.	SEE Health Network Executive Committee		
3.1.	Regular monthly Skype Conferences of the SEEHN Ex Com	Chair, SEEHN Ex Com	
3.2.	Decisions of the SEEHN Ex Com on outstanding managerial and legal matters of the Network	Chair, SEEHN Ex Com	
3.3.	Permanent liaison between the SEEHN Ex Com and WHO Europe		
3.4.	Permanent liaison between the SEEHN Ex Com and RCC regarding:		
3.5.	Permanent liaison between the SEEHN Ex Com and EC TAIEX		
3.6.	Develop Partnership with the EC		
3.7.	Exploring possibilities for the expansion of the SEEHN membership (Turkey, Kosovo, Greece, Hungary, etc)		
4.	Strengthening the capacities and performance of the SEEHN RHDCs		
	Strengthening the SEEHN RHDC on CDS/SECIDS /Tirana/Albania towards attaining WHO Europe CC status	Director and CEO of SECIDS Chair, SEEHN Ex Com WHO Europe	
	Annual Technical Meeting of the RHDC directors and NHCs for the development of Action Plan	Director of RHDC/HRH Chair, SEEHN Ex Com	
	Strengthening the SEEHN RHDC on HRH/Chisinau/MDA towards	Director of HRH/HRH	

Figure 3

3.2. SESSION 2: PROMOTING HEALTH AMONG CHILDREN AND YOUTH TO ACCELERATE PROGRESS ON THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT

After the coffee break, the Session 2 on the subject “Promoting health among children and youth, to accelerate progress on the 2030 Agenda for Sustainable Development”, started, chaired by **Dr. Skender Sylva, WHO Country Office Representative in Bulgaria**, who immediately put the focus on the millions of people involved in crafting the global SDG agenda governments, civil society, the private sector, academia, the UN system and concerned individuals, including children and youth. “*These stakeholders and others are now actively involved in implementing this agenda from the local to the global levels so that all people, including all children will live in a safer, cleaner, more equal and more prosperous world by the year 2030*” he stressed.

Referring to the programme of the meeting, he invited **Dr Jill Farrington**, Programme Manager, WHO Regional Office for Europe to make an introductory presentation on the theme. Dr. Farrington made a presentation on the recent developments in Non Communicable Diseases, starting by the UN high level NCD meeting which was followed in 2014 and will continue in 2018, showing the progress made in global goals on achieving SDGs for NCDs, as well as the progress indicators and the UN high level Declaration, specifically from the meeting held recently in Montevideo, Uruguay.

As an outcome of the WHO Global Conference on NCDs in 2017, she pulled the Road map emphasizing the commitment to work on inter-sectoriality, the whole-of -government and whole-of-society approach. She shared experiences from countries with offering solutions (Figure 4).



Figure 4

The contribution of the SEEHN to the WHO NCD Directors meeting, 8-9 June 2017, Moscow, Russian Federation was also recognized.

On the subject on how to particularly accelerate progress towards the SGDs, she underlined the progress of the European region on the global targets on premature mortality, and the so called

“European paradox”, which shows overall progress in premature mortality, but less progress on improving risk factors such as tobacco, alcohol and obesity.

There were suggestions for the RHDC and WHO Europe to work more closely together on NCDs where Dr. Farrington made direct propositions, as follows:

- a. Cardiovascular diseases (CVD) among men, building on salt reduction, tobacco control and hypertension control;
- b. the SEE might use the NCD HSS methodology to review their health systems bottlenecks’ towards NCD prevention and control, and referred to several SEE countries that have already carried out the assessments, could share their approaches and results as well as the lessons learned.

Later she focused on involving in the implementation of the European strategy for children and adolescent health, whereby she put high attention to the full potential for health and its links to the wellbeing of children. (Figure 5)

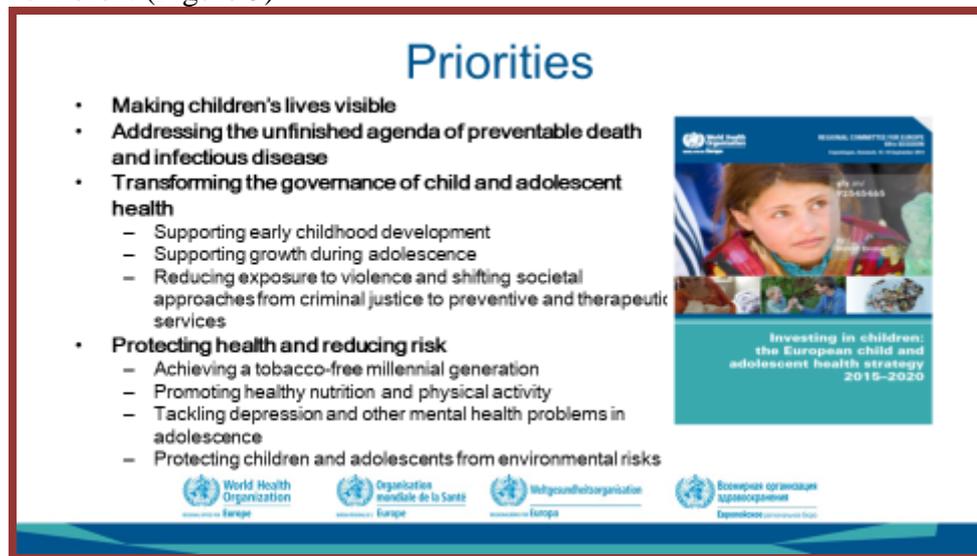


Figure 5

Dr. Farrington emphasized the difficulties for finding statistics on prevalence of diseases among children. For example, diabetes, epilepsy, etc. shown as highly prevailing big causes for admission to hospital care, and the difficulty to find the prevalence of these diseases even in entire Europe and especially in the SEE.

She concluded her presentation with the summary of the steps to be undertaken on the road to the 3rd UN High level meeting on NCDs:

- Paradox of the WHO European Region
- Acceleration and greater achievement is possible in the Region
- Within SEEHN, mixed, some significant progress, challenges remain
- Child and adolescent mortality decreasing, mixed causes
- NCD risk factors become prominent in adolescence
- Gender differences start early with excess mortality in men

Dr. Jill Farrington's presentation was followed by an intervention of Professor **Dr. Dragan Gjorgjev** who made an very point, mentioning the high level of pollution in the SEE countries and highlighted an example that 20% of mortality and also a big percentage of the children illnesses are related to pollution in MKD. In this context he asked for WHO Europe attention, with regards to outdoor and indoor air pollution and children's and NCDs.

Dr. Farrington explained that the issue of air pollution is already taking its focus in some important documents, especially when talking about children with asthma and the focus into premature mortality. The conclusion was that data collection in relation to this is a big problem, Dr. Gjorgjev offered to share some surveys undertaken in MKD, related to the cause of the issue in discussion.

Dr. Sylva, acknowledged this comment, so he asked if there are other comments related to the presentation of Dr. Jill Farrington and to he also asked if there are other information related to the subject to be shared.

In continuation, Dr. Kishman pointed at the issue of health impact assessment and proposed the SEE countries to introduce in their agenda activities of this kind. WHO Europe can further assist, in order to have more assessments and evidence. Then she asked Jill Farrington to share the experiences of the recent work on the role, capacities and bottlenecks of the health systems and NCDs.

In this context Dr. Farrington informed that during the last 5 years they have been looking for health system strengthening and promoting NCDs. She highlighted that the Republic of Moldova was one of the countries that participated to this assessment and referred to a meeting to be held in April 2018 in Spain, where 12 countries will present their different experiences, products, policy dialogues and lessons learnt.

Dr. Maria Ruseva thanked for the very good presentation and opportunity to compare country experiences, mentioning that countries of the region used to have strong public health systems. Therefore, at this stage a new performance assessment is very important for the region. It was spotted that there are gaps at both Public Health (PH), Primary Health Care (PHC) levels, so, considering a new self-assessment of the HS and the Essential Public Health Operations (EPHO) performance in relation to NCDs prevention and control was proposed to the SEEHN Ex Com and the Israeli Presidency to be carried out.

Dr. Farrington then clarified that 3 countries (MDA, MKD and SRB) already have gone through this assessment project and some ideas in terms of implementation have been enunciated related to the methodology to be used, possibilities of the WHO and flexibility of the current BCAs in the respective countries.

The presentation of Dr. Farrington was followed by the presentation of **Dr. Milica Stanisic, the representative of the RHDC, Montenegro**. Along the lines of sharing knowledge and lessons learned from the country experiences. She presented "*Healthy diet and physical activity among children and youth in SEE*" with a focus on salt reduction initiatives. She pointed out the burden of NCDs in the SEE countries focusing on 4 major NCDs: cardiovascular diseases, cancer, chronic respiratory diseases, diabetes (Figure 6):

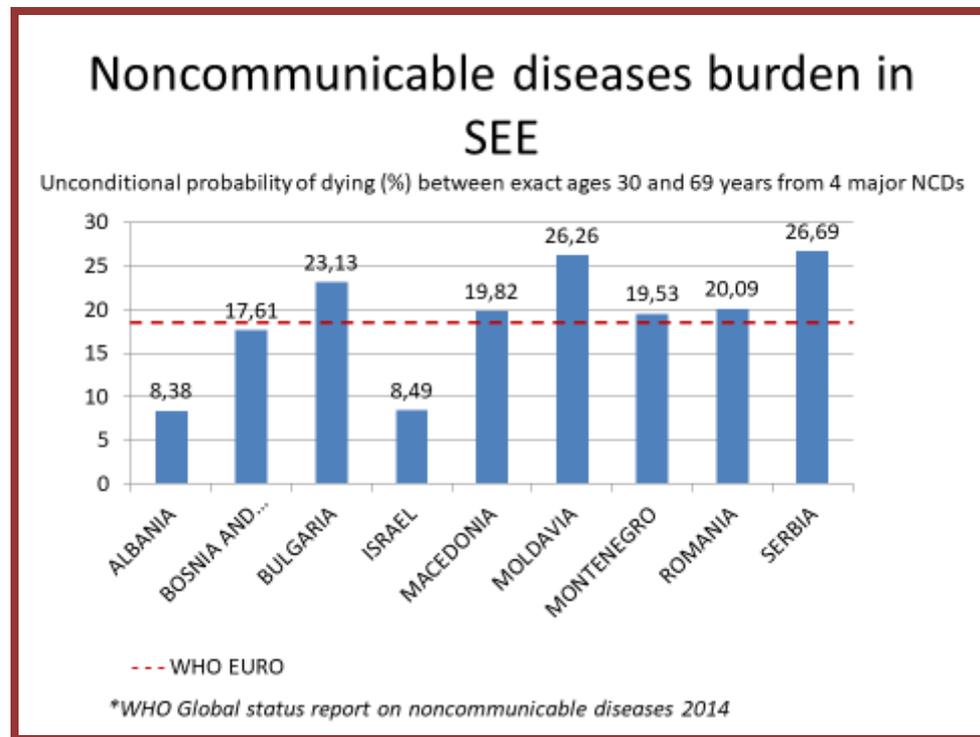


Figure 6

Dr. Stanisic discussed about the prevention of the NCDs and common behavioural risk factors, such as: tobacco use, harmful use of alcohol, unhealthy diet and physical inactivity. She focused on the physical activity as a Global target 3 and as one of 10 leading risk factors for mortality globally and showed the insufficient physical activity among adults and adolescents (Figure 7).

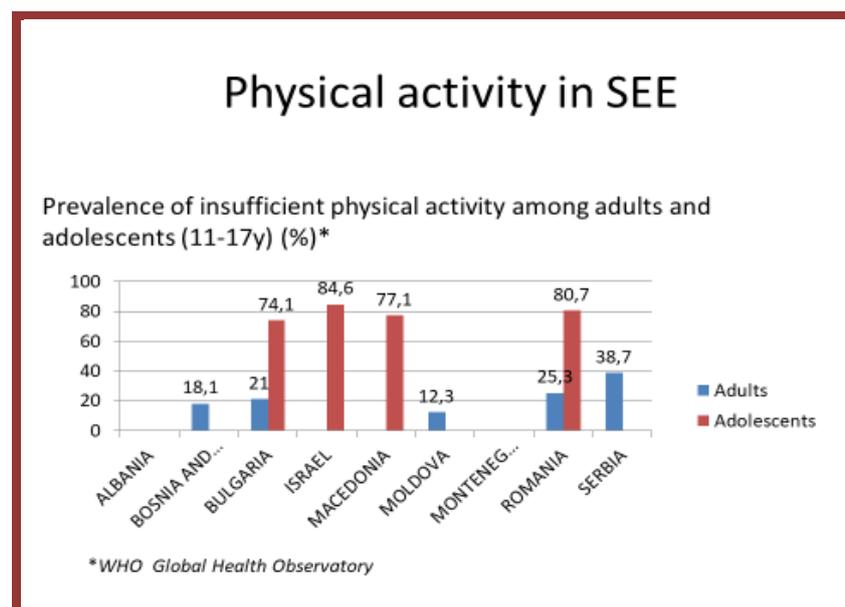


Figure 7

In the end, Dr. Stanisic concentrated on the importance of the healthy diet for health and well-being, as well as healthy diet recommendations for infants up to young people and adults. She concluded her presentation by speaking about the EC TAIEX Multi-country workshops, the one on preventive actions against excessive salt intake and the workshop on development of a programme for reduction of excessive salt intake in the SEE, which were held in Montenegro in the period 2013-2016.

An active discussion followed Dr. Stanisic's presentation, in which context, **Dr. Glavan** spoke about the intervention implemented recently in the Republic of Moldova on developing physical activities and change of behaviour. The country has adopted a new recommendation in 2016 on children's nutrition in kindergartens and schools. She emphasized that there are many detailed documents in place, but the implementation is usually the problem, thus she shared some of the challenges for its implementation in Moldova. It has been a 1 year of battle and struggle, but they have succeeded to have new menus in almost all kindergartens.

She shared this experience in the context of encouraging countries not to be afraid to start making changes and establishing working groups, to share experiences and suggested the Moldovan support how to overcome similar challenges and implement similar activities in the rest of the countries.

Furthermore, **Dr. Leventhal** emphasized the role of the RHDC form MNE as a leader in the NCD domain and since NCD is a huge area, he suggested choosing by mutual consensus the outmost priorities to work at the SEE regional level. Dr. Stanisic recalled that the last subject chosen for research and implementation was salt intake reduction as risk factor as their latest work.

In the context of risk behaviour management, **Ms. Einav Shimron, the National Health Coordinator of Israel**, mentioning tobacco control strategies, asked about electronic cigarettes and if there are some WHO guidance about that. However, there are no evidence based methodologies yet developed.

Dr. Plamen Dimitrov, Alternate NHC from Bulgaria, Deputy Director of the National Centre of Public Health and Analyses, mentioned the last intervention in Bulgaria related to tobacco control and revealed the water pipes as an issue within the tobacco control plans. He also shared the Bulgarian experience in relation to the healthy diets and food reformulation as a big WHO endeavour, attended by wide audience and especially emphasized the focus on salt and sugar reduction. Diet and nutrition was recognized as a very important issue and working closely with the industry as a very important aspect.

The head of the SEEHN Secretariat, Dr. Dasic thanked the Bulgarian Presidency for choosing this topic as a recognized mutual responsibility, to promote and secure good health and health conditions for our future, for our children. She then thanked Dr. Jill Farrington and Dr. Milica Stanisic for their comprehensive presentations and expressed her gratitude for the rich and fruitful discussions on this topic.

Session 2: Promoting health among children and youth, to accelerate progress on the 2030 Agenda for Sustainable Development (part 2) chaired by Dr. Skender Sylva, Head of WHO Country Office Sofia, started with the presentation of **Dr. Silvia Bino, Director of the SECID, Albania**, who delivered a presentation on "*Child immunization programmes and challenges to ensure high immunization coverage*".

Dr. Bino began with the global overview on the coverage and unvaccinated population spotting the measles outbreaks and evolution over the last two years, 2015-2016. The topic was mentioned to be of importance and relevance to the region, as graphic and figures showed the results of measles outbreaks, in MKD, Albania at the border and Kosovo, severe outbreaks in Romania and Bulgaria. Therefore, the cross-border collaboration again has been demonstrated to be of outmost significance. She underlined that the EU region coverage with immunization was mentioned to be safe, albeit it might present a threat for SEE Region as in some particular countries, such as Ukraine, the immunization challenges have not yet been resolved, and the old preventable communicable diseases might spread quickly and have to be taken into account.

Dr. Bino described the extensive anti-vaccination groups that are influencing not only Albania but also other countries of the region, that force us to be united and to promote vaccination within the SEE region.

Due to the lately increased measles outbreaks Albania has been determined to increase promotion campaigns and as a pro-vaccination country they are showing the best results in terms of coverage in the region.

Dr. Bino mentioned the challenges in the vaccination business: lack of the vaccines in stocks; delay in vaccine supplies; lack of effective program management capacities which mirrors the entire health system capacities, etc.

The presenter stressed the importance of a good program manager, as different countries have different practices which directly impact and decrease the immunization coverage, as for example the Polio eradication, which to succeed have to be monitored in all the communities. She gave an example of the immunization programme in ALB, MKD, BUL, with a coverage of 95% and working with targeted groups, such as the Roma community and some religious groups. To keep this coverage, however, is very difficult, she underlined. Besides other challenges (Figure 8), Dr. Bino mentioned as another weakness the lack of attention on the immunization program in the medical faculties' and the nursing schools' curricula.

Challenges

- Monitoring vaccine coverage in every community (Roma, displaced, religious groups, etc)
- High risk of polio importation
- Increase risk for further measles outbreaks
- Establish continuous training on vaccination
- Establish NITAG
- Face vaccine hesitancy and working with communities
- Face procurement challenges (delays etc)
- Introduction of new vaccines
- Migration routes and increased number of migrants

Figure 8

Dr. Bino, highlighted the Regional meeting of national immunization programme managers held recently in Budva, MNE, where countries were encouraged to establish National Immunization Technical Advisory Groups (NITAGs) aimed to provide guidance to national policy-makers and programme managers and to enable them have and implement evidence-based immunization-related policy and programme decisions. The Global Vaccine Action Plan calls for all country to establish or have access to such a NITAG by 2020, she pointed out. Other points, emphasized by Dr. Bino, were the work with communities as crucial and the regional procurement as an option for vaccines price reduction.

Another important challenge, spotted by the presenter, is the increased number of migrants with no information on their the vaccination status and emphasized the importance of strengthening partnership with IOM in this regard.

Dr. Bino ended her presentation by quoting Dr. Nedret Emiroglu, WHO/Europe, Director of the Division of Health Emergencies and Communicable Diseases and Director of Programme Management, who has declared in Budva meeting that: *“Immunization is one of the best investments in public health. There is enough science, enough information, knowledge and experience. The issue now is to implement it fully, and that requires political commitment.”*

Dr. Sylva thanked for the comprehensive presentation and invited the audience for the questions and deliberations.

Dr. Leventhal recognized to be honoured by having such professionals in the SEE Region and expressed his expectation for the harmonization of the national immunization programs in the countries. He also called upon the challenge of migration of undocumented persons, where he

suggested they should be mandatory vaccinated, as they are doing that in Israel. Finally, he expressed his concern about the anti-vaccination groups.

Dr. Bino recognized that all the countries have immunization programs, some with a separate focus on Roma community, and she stated that they are working on the harmonization of the immunization card.

Dr. Ruseva pointed out that historically this region has been very strong with vaccination programmes. However, in view of the presented challenges and in line with the Statements of the SEE Ministers from 2014 (MKD) and 2015 (SRB), she suggested the SEEHN to develop Action Plan on Immunization in the SEE Region. Recalling of the above-mentioned Ministers' Statements back in 2014 and 2015, Dr Ruseva stressed the possibility of a Ministerial meeting as a possibility to get the needed political commitment for really joint regional actions.

In this regard, **Dr Dasic** gave some insight information related to a scheduled Health Ministerial Meeting planned before the Budva meeting on 24 October 2017 which has been rescheduled for February 2018 to take place in MNE.

In continuation, **Dr. Kishman** confirmed the attendance of the WHO Regional Director to this ministerial meeting, and her engagement to ask for ministers' commitment, to drive changes in the immunization practices in the countries.

Dr. Glavan, Former Minister of Health of the Republic of Moldova, shared the experience of the approval process of new law on immunization in 2014 in the country. Also, she mentioned the procurement challenges as a reason to transfer the procurement to UNICEF which significantly decreased the price. In this line, she recognized previously proposed action, that SEEHN could have a specific plan of action in the region and might consider a joint procurements mechanism.

Dr. Kunchev recognized Tirana and SECID as an excellent example in the region and called participants for persistence on Immunizations campaigns as one of the most important health prevention issues.

Dr. Dasic concluded the session and expressed her willingness to follow up on this topic.

3.3. SESSION 3: NEW MEMORANDUM OF UNDERSTANDING – ISSUES AND CHALLENGES

The third session had a focus on the issues and challenges of the New Memorandum of Understanding. It was chaired by **Dr. Nicolae Jelamschi, the Chair of Executive Committee of the SEEHN**, who expressed gratitude to the hosts regarding the excellent organization of the meeting and briefly staged the scene for the session topic on the initiative to endorse a new Memorandum of Understanding (MOU) for the SEEHN.

Consequently, Dr. Jelamschi, by recalling the history of the current in force MOU that has been signed almost 10 years ago and taking into account the different proposals approved as Addendum to the current MOU as well as the major recent developments of the SEEHN, he justified the need of and requirements for the new MOU.

Dr. Jelamschi explained that modifications emerged throughout this process, that they were discussed at the 4th Ministerial Forum in Chisinau and the new version of the MOU was agreed to be endorsed as a fundamental document for the SEEHN. Albeit, he pointed out that some of the countries managed to carry out the internal procedures for signing the document while others asked for additional review before the final stage and he read the conclusions of the ministerial Forum, page. 10 related to the subject and invited Dr. Mira Jovanovski-Dasic for additional information.

Dr. Dasic informed the meeting participants about the initiative for harmonization of the MOU text according to the national legal frameworks, as a legal and financial binding document. She also shared the idea of engaging legal persons from each country's MOH to review the MOU to adjust it in line with the country legal system. Consequently, she informed that it is planned to organize a meeting with legal councillors to refine and agree on the adjustments of the MOU, before the SEEHN Secretariat proceeds with the signing procedure. Dr. Dasic emphasized that all countries particularities will be taken into consideration and expressed her confidence that the new MOU is expected to bring more clarity to enable easier work of the SEEHN Secretariat. At the same time, Dr. Dasic expressed gratitude to the enormous efforts made by Dr Ruseva in this respective matter.

In conclusion, it was stated that this activity has been planned to start in early 2018. Therefore, she asked the country representatives to appoint their national qualified legal officers for the revision of this document.

Dr. Jelamschi asked the SEEHN Secretariat to circulate the latest version of the MOU to the newly appointed NHC in order to facilitate and easier acquaintance.

Dr. Leventhal stressed that though the new MOU is basically the same MOU with some amendments even very small modification, it could present a huge problem in almost every country. Therefore, Dr. Leventhal draw attention to the audience, that it is better to promote changes to the existing MOU, as amendments and easier for the national approval.

In this line, **Dr. Ruseva** reminded the audience, about an explanatory note that had been developed in 2016 and could to be used to facilitate the understanding of the changes in the document.

Dr. Daniela Urosevic, NHC of Serbia point out that according to the legal framework of the Republic of Serbia in relation to the amount of changes there is no difference in her country's internal legal procedures. The same internal procedures need to be carried out, in order to amend the previous Law that endorsed the first document, which involves the MFA, Ministry Finance, etc.

In that context, **Dr. Jelamschi** proposed in addition to the legal persons from the MOH, to include also legal representatives from MFA to clarify which is the best procedure to follow, changes or endorse a new treaty. He called the SEEHN Secretariat to come with the timetable and milestones to have an entire picture and enable the informed decision in the interest of all members and the organization.

Finally, the third session was concluded, that the SEEHN Secretariat will share the explanatory note and the new MOU with the countries, in order to discuss the amendments and plan the next immediate steps.

3.4. SESSION 4: RHDCs

The Session on the RHDCs work was chaired and facilitated by **Prof. Plamen Dimitrov**, Alternate NHC from Bulgaria, Deputy Director of the National Centre of Public Health and Analyses. He welcomed all participants and explained the session dedicated to the Regional Health Development Centres (RHDCs), by highlighting the importance of the meeting held in Skopje in September in 2017. Then, he invited the **Director of the RHDC Skopje, Prof. Gjorgjev** to give an overview of the outcomes of the RHDC meeting held in Skopje.

Dr. Gjorgjev, thanked for the excellent organization and greeted the fruitful discussions so far. He described the overall goal of the technical meeting of the RHDCs, organized by the SEEH Secretariat in September 2017. Its objective was to contribute to further strengthening the technical collaboration among SEEHN Member States within the Chisinau Pledge framework and to foster mechanisms for technical cooperation, including the financial ones and strengthening the linkages with the SEEHN Partners.



In order not to repeat, as it was already mentioned during the presentation of the Bulgarian Presidency report during the second morning session, Dr. Gjorgjev emphasized that the Workshop has been attended by almost all the SEEHN countries and, after that he went through the presentation of some of the challenges.

He mentioned the differences of achievements between other RHDCs compared to the RHDCs on Communicable Diseases (CD) from Albania, SECID, one of the most successful centres, how they have used already established strong expert network, institutions and succeeded to exchange experiences and establish constant monitoring of CD and the International Health Regulations (IHR). He emphasized the importance of working on building capacities and other future plans and needs (Figure 9).



Figure 9

Briefly he then presented the workshops organized on the particular subjects that each RHDC is coordinating, such as MNH one in Bosnia and Herzegovina, the Health Services Quality and Accreditation in Serbia, the NCD one in MNE, etc.

He underlined that the centres also communicated about the successful cooperation with the partners, especially under the umbrella of WHO Europe, but also by the RCC, UNFPA and others and especially accentuated the support of the EC TAIEX Instrument as an extremely successful experience.

In comparison to the work and experience of SECID, fund raising has been underlined as a big challenge for the rest of the RHDCs. Therefore, it was concluded that the RHDCs should work more closely between themselves and interrelate in all the subjects that centres are representing.

Updating of the National Focal Points nomination on the various topic for the regional collaboration by each SEEHN country, was highlighted as a very important point for the common regional work on different priorities. In this line, he mentioned the need for a clear mandate of these NFPs within the revised SOPs. Related to this, he mentioned the lack of health data collection as a continuous problem in this area, and the need to highlight it again and again in order to try to improve this subject (Figure 10)



Figure 10

Lastly he announced the presentation of the revised SOPs as well as the presentation of the establishment of a new RHDC on Reproductive Health (RH) in Romania.

Dr. Plamen Dimitrov, thanked Dr. Gjorgjev and moved the attention to the presentation of the revised SOPs and gave the floor to **Dr. Tatiana Paduraru**, the SEEHN Technical Officer.

Dr. Paduraru made a clear and comprehensive technical presentation, by describing each step undertaken by the Secretariat throughout the process of development of the RHDCs SOPs. Then she asked the audience to go through the revised version once more and accept all the country proposals for technical issues and express themselves on the strategic decisions related to the SOPs (Figure 11).



Figure 11

In continuation, **Dr. Dasic** took the floor and emphasized that SOPs were previously prepared, however, there are some issues which need to be clarified and introduced within the SOPs so it can then adopt by the SEE member states. The conclusion was that, since the countries need more time to consider the proposals, this document will be circulated again for the last round of outlook through email and feedback will be requested in order to operate respective changes.

In order to back up Dr. Mira Dasic's intervention, Dr. Ruseva explained to the newly appointed NHCs within the audience, that the Network has already approved Decision on the RHDC SOPs that is today one chapter of the complete SOPs. This Decision was approved some years ago with an official decision from each country. She clarified that the meeting in Skopje *de facto* has gathered and discussed on issues, new topics and changes based on the actual daily experience, precisely on 3 strategic points of discussion: (i) Whether to change the name, (ii) whether to introduce reporting annual or semi-annual, and (iii) whether to include national focal points as an additional chapter of the SOPs and highlighted that this should be decided at the level of the NHCs. She called the NHCs to discuss it here and take decision, as the SEEHN Plenary meetings are the Forum where such decisions are to be taken.

In addition, she advised instead of creating new national focal points, to use the officially nominated WHO Europe counterparts in countries for all respective areas, which can make the cooperation easier. Once more, she stressed that it is the Minister's and NHCs's obligation to oversee the RHDC which have been designated already and to consider actions how they can support strengthening and revitalization of their work. Besides nomination and designations, this also implies some financial support and human resources for the RHDCs, she noted.

In order to clarify once more to the participants, she mentioned that one of the reasons why SECID is successful is that they have become a separate legal entity, which is enabling them to fundraise.

From her experience, she also shared the opinion that donors usually are not likely to finance national institutions, but prefer to support UN organizations or NGOs. Finally, she is sincerely looking forward to strengthening all SEEHN's governance and technical bodies rather than remaining only a political



body. This will provide for better opportunities for the technical collaboration with concrete, practical and tangible results that will increase further the political commitment of the often-changing ministers of health when they are convinced of the usefulness of the Network to their own countries.

The chair of the session, Dr. Kunchev accepted Dr. Ruseva's suggestions and asked the audience to take the decision here or in one-month time as a written decision send by all NHCs.

Dr. Alex Leventhal, made a comment on this very delicate and very important issue and pointed out 3 matters: firstly, that Ministries need to be re-asked if they want to maintain the RHDCs, secondly if they wish to continue the regional collaboration they have to be reminded that sharing data among the all of the SEEHN countries is crucial, and thirdly the possibility of transforming the RHDCs as a into institutions a solid fund raiser.

Dr. Gjorgjev, recognized the points underlined by Dr. Ruseva and asked to be pointed as a conclusion, that the NHCs and the directors of the RHDCs should discuss with their Ministries in order to develop a clear opinion and suggestion, at least on the issue to secure the sustainability of the RHDCs staff, taking in to consideration the frequent change of governments in the SEE countries.

The final decision of the participants was that a full session for the RHDCs and SOPs, will be dedicated during the plenary meeting in 6 months in Israel within the discussions on the full package of the SOPs.

Dr. Ruseva, by pointing out the weak work of some of the RHDCs, once again suggested that each country should review its own RHDC's performance and maybe consider changing the area of focus if the present one is exhausted, by the next Plenary in Israel.

Dr. Leventhal asked the Secretariat to request written confirmation by the SEE MOHs for the maintaining and sustaining the RHDCs in each country as an activity during the Israeli Presidency Road map.

Dr. Kishman suggested as a motivating action, that if the country has capacity to establish more than one RHDCs and develop a specific publication on the RHDC work, to be published every 2 years which WHO Europe can support and publish in the International Journals as much as possible.

RCC presented the experience of RCC dealing with matters of non-functionality and mentioned that assessment is always useful, and suggested to consider as a technical matter, a study or assessment of the work of the RHDCs.

Dr. Ruseva took once more the floor calling upon the subject mentioned during Dr. Gjorgjev's presentation, on the possibility for establishing a sub-network on Health Information Systems (HIS), as this regions ultimate needs it and reminded of the the 36th Plenary meeting in Albania, and the Regional Workshop on HIS, organized by Dr. Claudia Stein, Director, WHO Europe, which was held in 2015, when the Albanian Government expressed the desire to host another RHDC on Health Information. In this context, she kindly asked the Albanian NHC and Dr. Kosta Barjaba, to recall, request the current Minister if they are still keen for opening another RHDC on centre under the SEEHN which is very likely to be strongly supported by WHO Europe.

In this respect **Dr. Dasic**, shared the information about the ongoing collaboration with Dr. Stein on this issue and acknowledged this proposal.

The discussion related to this issue has been completed and **Mr. Vulcanescu** has been invited to take the floor on behalf of the MOH of Romania and present Ministers of Health letter, namely the proposal submitted to the SEEHN for the establishment of a new RHDC on Reproductive Health in Romania. He greeted the audience and congratulated the Secretariat under the leadership of Dr. Dasic for the successful performance during the Bulgarian Presidency. Then read the letter which is clearly alleviating the need for advancement of sexual and reproductive health as one of the key health priorities on the international agenda, part of the Health 2020 and towards achieving the 2030 Agenda for Sustainable Development in Europe.

Following was the presentation by **Dr. Mihai Horga, East European Institute for Reproductive Health, Romania**. He presented and focused on the solid reasons for the establishment of a RHDC on RH based on the Concept of Sexual and Reproductive Health. He mentioned the serious timeline of key events at global and European level developing the concept of RH, justifying the enormous need for the establishment of such a centre beginning from the MDGs, Health 2020 and the European Action Plan for RH, concluding with the SDGs 2030 Agenda which contains several goals and targets very important for RH, the reproductive rights, violence prevention and reducing inequalities etc. (Figure 12).

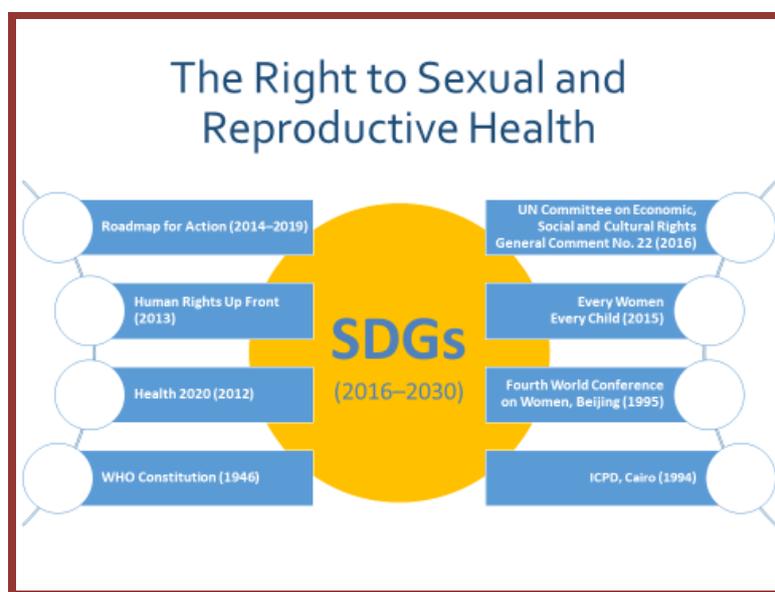


Figure 12

The regions of Eastern Europe and Central Asia region are characterized by certain trends in sexual and reproductive health such as relatively high maternal mortality mostly in Central Asia, above-average number of abortions, relatively low usage of modern contraceptives and high rates of cervical cancer. Data, however, conceal vast inequalities both within and between countries of the region where particular sectors of the community continue to be disproportionately affected, he explained.

Dr. Horga presented the trends in the region, which point to several priority sexual and reproductive health areas in particular need of development. These include maternal health, family planning and

cervical cancer. “Major advances have been achieved to reduce maternal mortality across the region, although some countries may fall short of reaching maternal health related Millennium Development Goals (MDGs)”, he stressed. Latest available data suggests that many women in the region continue to lack universal access to quality family planning information and services including commodities. Despite the efforts, many countries still lack comprehensive cervical cancer prevention programs and as a result, women of the region are at an increased risk of the disease. Also he mentioned that gender based violence (GBV) constitutes a breach of fundamental rights to life, liberty, security, dignity, equality between women and men, non-discrimination and physical and mental integrity. It remains one of the most pervasive human rights violations in the region. It is rooted in gender inequalities and reinforces them.

Rationalizing on the need for East European Institute for Reproductive Health to become a SEEHN RHDC for RH, Dr. Horga presented the institute and its types of activities, such as research, training and communication activities etc. as a regional strategic public health entity starting from the Balkans and central Asia. Briefly he showed activities in the SEEHN region, by pointing out the most important ones in Albania (ALB), BIH, and the Republic of Macedonia, Moldova and Serbia (SRB).

Finally, he presented the opportunities for cooperation proposed by the RH - RHDC (Figure 13)



Figure 13

In addition, he highlighted a multi-sectorial initiative aiming to identify factors and gaps for procurement in order to help countries access mechanisms for better quality products and achieve better prices.

Dr. Horga mentioned also the action undertaken for improving maternal and new born health based on WHO “Beyond the Numbers” initiative, as well as the multi-sectorial Training of Trainers workshop held in Skopje for the Western Balkan countries, including 3 sectors to work together for

gender based violence, (Law, Health and Social sector) and finalized his presentation with the description of the proposed strategic directions (Figure 14).

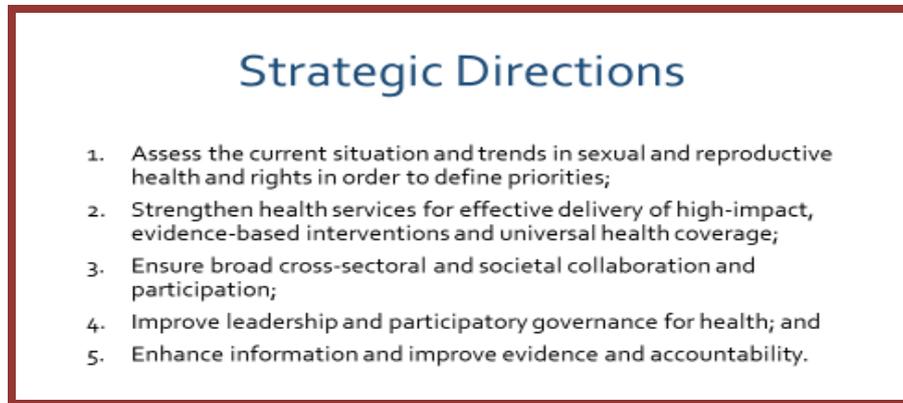


Figure 14

Dr. Dimitrov summarized and invited the audience for comments and questions and a decision to be taken by consensus.

Dr. Jelamschi, congratulated Dr. Horga, for this comprehensive presentation and stressed the importance of these activities as part of the Network and the need of the region by expressing the support of Moldovan government in this regard.

Dr. Dasic, also expressed her gratitude for this proposal and stated that the Network is looking forward to working with the new RHDC if approved at this Plenary.

Dr. Leventhal, expressed his compliments for the capacities, and activities of this institute and future Centre has, and pointed out how the population is shrinking because of the birth rate and encouraged to increase the motivation for populating this region.

Dr. Horga reacted on this by emphasizing the importance of the RH, from the human rights point of view and not by numbers and presented the Romanian experience when the government tried to boost fertility and ended up with high maternal mortality rate, thus, he highlighted that to be taken into consideration very carefully.

By acclamation all approved the establishment of new RHDC. Dr Dimitrov officially announced the approval for the establishment of the new RHDC on RH in Romania.

“A very fruitful session with very useful discussion, challenges and suggestions raised”, the chair concluded. Finally, Dr. Ruseva invited the Secretariat to announce the establishment of the new RHDC on RH and request the SEE MoH to nominate their national focal points (NFPs) in order to immediately start working.

3.5. CLOSED SESSION 5: EXECUTIVE COMMITTEE ELECTION AND ADOPTING OF FINANCIAL PLAN FOR 2018



Chair and facilitator of this session was **Dr. Nicolae Jelamschi**, Chair of the SEEHN Executive Committee, who briefly presented the Report of the SEEHN Executive Committee and its activities in 2016/2017.

Two main achievements were emphasized: i) the establishment and operationalization of the SEEHN Secretariat and ii) the organization of the very successful Fourth SEEHN Ministerial Forum and the endorsement of the Chisinau Pledge.

The procedure for the election of new Executive committee was explained by Dr. Jelamschi.

Then Mr. Vulcanescu presented in alphabetic order the received 4 (four) nominations by the respective countries' ministers of health to be elected in the new Executive Committee as of 01 January 2018, namely: *Ms. Einav Shimron, NHC from the State of Israel; Mr. Nikola Antovic, NHC from Montenegro; Dr. Cristian Vasile-Grasu, NHC from Romania and Dr. Danijela Urosevic, NHC from the Republic of Serbia.*

All candidates were invited to present themselves, explaining their experience, knowledge for the Network and the contribution they will give for better functioning of the SEEHN Executive Committee.

The 39th Plenary of the SEEHN unanimously elected all four candidates as members of the SEEHN Executive Committee. This was confirmed with applause by all participants.

Dr. Maria Ruseva, a co-opted member of Executive Committee, congratulated the nominated persons, especially their legal and communication knowledge which will be of crucial importance for the performance of the Network. Also, she proposed to continue with the very good practices, established during and after the 36th Plenary in Albania, i.e. the Ex Com to have 4 member countries and Chair to act not on behalf of his country, but to balance and represent the interests of all the SEEHN countries. She concluded by announcing her withdrawal from all functions and activities in the SEEHN.

All country representatives and the Head of the SEEHN Secretariat expressed their gratitude for the commitment and all the contributions that Dr. Ruseva has made for the Network in the last 16 years.

During the closed Ex Com session, the following unanimous decisions have been taken:

1. *SEE representatives elected as members of the new SEEHN Executive Committee are:*
 - a) Ms. Einav Shimron, NHC from Israel
 - b) Mr. Nikola Antovic, NHC from Montenegro
 - c) Dr. Cristian Vasile-Grasu, NHC from Romania
 - d) Dr. Danijela Urosevic, NHC from Serbia
2. *Dr. Danijela Urosevic was elected as the Chair of the SEEHN Executive Committee for the next period of two years, e.g. 2018 – 2019.*
3. *The following co-opted members of the SEEHN Executive Committee were elected:*

- a. Professor Alex Leventhal, The Brown School of Public Health, medical University, Jerusalem, the State of Israel
- b. Dr. Nicolae Jelamschi, Executive Director, Coordination, Implementation and Monitoring Unit of the Health System Projects, Republic of Moldova

4. The *International organizations to act as observers in the new SEEHN Executive Committee* were agreed:

- a. WHO Regional Office for Europe and
- b. the Regional Cooperation Council (RCC)

The closed session continued with the SEEHN Financial Report 2017 and the SEEHN Financial Plan 2018, presented by Dr. Mira Jovanovski-Dasic, Head of SEEHN Secretariat (Figure 15).

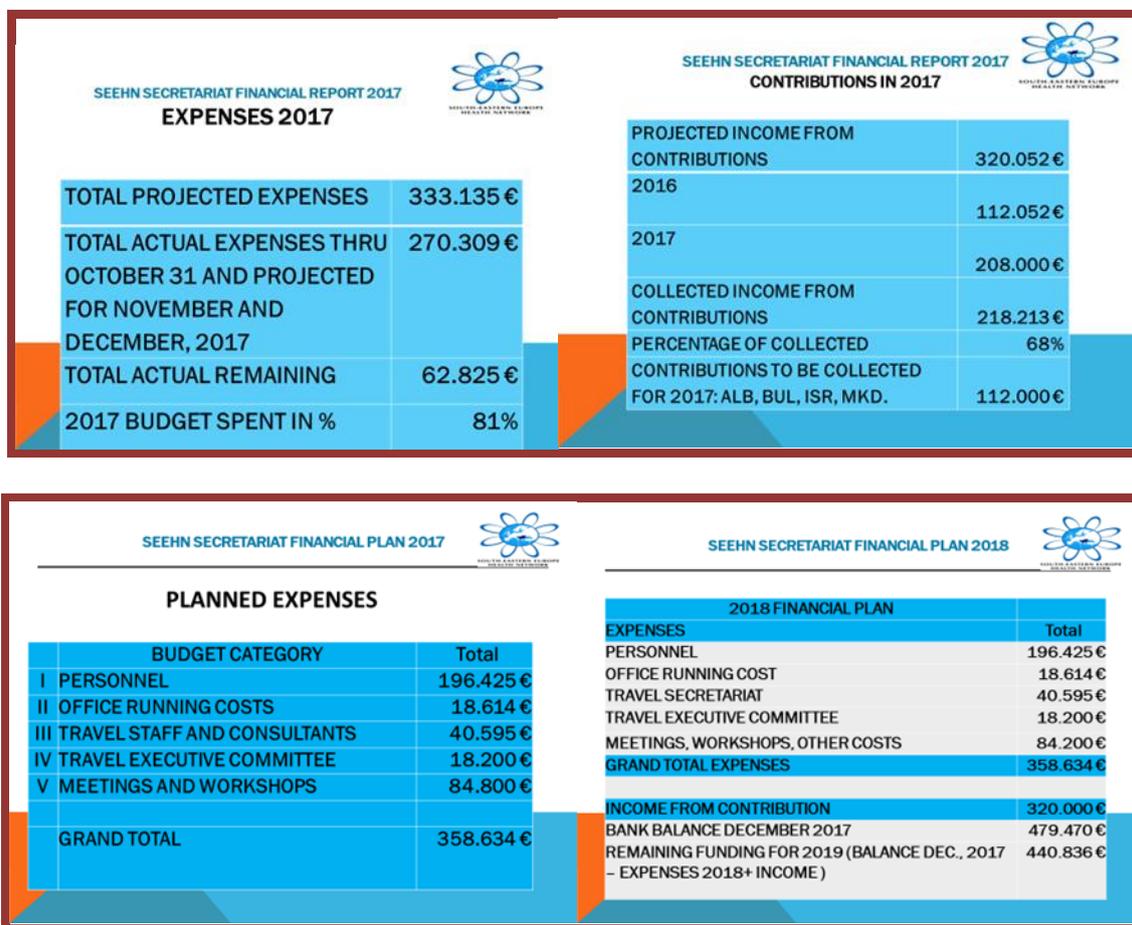


Figure 15

Dr. Dasic explained that quarterly progress reports are shared with the NHCs and the final annual report for 2017 will be shared after the completion of financial year, i.e. in January 2018. Also, the final Financial Plan for 2018, which will include the final expenses after the 39th Plenary closure, will be shared with all NHCs for their approval.

3.6. SESSION 6: CHISINAU PLEDGE IMPLEMENTATION

The second day started with the Session 6, focusing on the Chisinau Pledge implementation, which was chaired by **Dr. Marija Kishman, representative of the WHO Europe**, who firstly congratulated Dr. Mira Dasic for the excellent presentation of the SEEHN vision during her visit to and meetings at WHO Europe in September 2017 in Copenhagen. She also mentioned that this was the first time that all WHO Europe Divisions have discussed the development of an Action Plan, (priority areas, possible ways of cooperation and partnerships as well as mechanisms to foster result based interventions) jointly with the SEEHN representative.

The facilitator then invited **Dr. Mira Jovanovski-Dasic**, Director of the SEEHN Secretariat to inform on the discussions and recent developments.

Dr. Dasic delivered a comprehensive overview on the progresses achieved, related to the development of the Action Plan for the Chisinau Pledge Implementation. Firstly, she recalled on the commitment taken by the Ministers of Health of 9 countries, during the Chisinau Pledge signing at the Fourth Health Ministerial Forum. All five priorities of the Chisinau Pledge were listed and shortly described. Then the Action Plan (AP) framework with overall and specific objectives, was presented. Dr. Dasic, furthermore, introduced the WHO Europe commitment to support the implementation process, using a similar mechanism of agreement with the SEEHN, as the Biennial Collaborative Agreement (BCA). She committed to share the draft AP with all the countries and partners, as soon as it is completed and also invited other partners to join with their respective areas of interest or develop separate Activity Plans with SEEHN in the very near future.

Dr. Marija Kishman emphasized the enormous advantage to have the possibility to address all the SEE countries through the Network in a corporate manner. She as well emphasized that the Chisinau Pledge is a contemporary and advanced tool, similar to the WHO scope and pillars for the next 10 years plans.

Representatives of SEEHN Member States and partners on repeated occasions have vociferated the request for receiving the Chisinau Pledge Action Plan at the current stage of development, in order to place their contributions and suggestions before the final stage. The argument was this way all involved parties will feel ownership and shape a feasible for the implementation document.

Dr. Dasic agreed to share the Chisinau Pledge AP current draft immediately after the Plenary, and assured the audience that all suggestions and contributions will be highly welcome. She also proposed, if necessary, to have a separate meeting with all NHC to discuss and finalize the AP, then share it with the Executive Committee (Ex COM) for pre-approval for the next 40th SEEHN Plenary in Israel in 2018 for its final endorsement.

Dr. Ledia Agolli, the representative of SECID announced that the organization already contributed to the AP and asked their suggestions to be taken into consideration.

Dr. Kishman noted that the draft AP is still very crude, thus, she proposed at this stage the strategic activities to be also discussed and agreed by the WHO Europe technical and managerial level and then followed by the NHC meeting the AP to be finalized and approved.

After all deliberations from the floor **Dr. Sylva** underlined the important key outcomes: firstly, the AP to be shared with the NHC, secondly the NHC meeting to be held and lastly the AP to be approved at the 40th Plenary Meeting in June 2018 in Israel.

3.7. SESSION 7: COOPERATION WITH PARTNERS

The last session of the 39th Plenary, was dedicated to the cooperation with Partners. It was chaired by **Dr. Luca Rosi**, Institute Superiore de Sanita, Roma, Italy, who immediately invited **Mr. Gazmend Turdiu, Deputy Secretary General, RCC** to start his presentation and the *RCC* view on the “*Establishment of the Regional Economic Area (REA) in SEE as an integrated approach to regional cooperation and its links to the health sector*”.

“The RCC’s Strategic goal for 2017-2019 was declared to achieve greater economic integration through easier flow of capital, people, goods and services within the SEE and between the SEE and the EU, with better governance, improved functioning of the rule of law and enhanced security in South East Europe”, explained Mr. Turdiu.

He also explained the SEE2020 implementation status per each Growth categories of the RCC, achieved progress to date and expected efforts for future.

Moreover, Mr. Turdiu focused on the Regional Economic Area and mapped the goals as following: (i) to further integrate trade, based on CEFTA Agreement; (ii) design and implement a regional investment reform agenda: a. harmonization of regional investment policies with the EU standards and best international practices; b. facilitate cross-border mobility of skilled professionals, students, researchers and academics, integrated into professional and academic EU networks; c. to unlock access to the digital economy by integrating the region into the pan-European digital market.

Further, each priority has been depicted into strategic planned agenda.

Out of the above summarized general picture the links to Health Sector, as envisaged by the RCC, are:

- mobility of professionals - doctors and dentists
- good governance - anticorruption
- monitoring.

In addition, Mr. Turdiu presented the recent developments related to each priority area linked to the Health sector:

- The template Draft Agreement on mutual recognition of professional qualifications (for doctors and dentists) is available since 2017 and
- Intra-governmental procedure has been started by obtaining the mandate for the negotiations and appointment of the negotiating teams, which is expected to launch negotiations in spring 2018.

On the anticorruption dimension the RCC informed that in 2016 “The Anticorruption Checklist” in Public Health Institutions was prepared and in 2017 the RCC has offered support on voluntary basis, although only three western Balkan of all 6 economies have participated. He invited the SEEHN

Secretariat to mediate and support countries in case they might consider important to further participate in the initiative.

Dr. Rossi thanked for excellent presentation and wished for detailed and more comprehensive information on the cyber security particularly highlighting it to be a very hot topic now.

RCC representative emphasized getting back to the presentation towards the second priority that the topic can be included under cyber security and also offered the topic and others of common interest to be included in the Chisinau Pledge AP.

The discussions followed after the coffee break and **Dr. Leventhal** recalled the importance of nurses in the context of the mutual qualification recognition process. In his opinion doctors are not the only driving force and by raising the level of nurses might contribute significantly to improving the quality of care and by investing in this category we can achieve results much faster.

Mr. Turdiu acknowledged the suggestions although mentioned that RCC as regional organization relays and translate the MOH priorities and agenda which was vociferated only to focus on doctors and dentists.

From the floor it was mentioned on several occasions of the wish to benefit more from the RCC expertise, support and possibilities.

The Presentation on International Health Partnership Association and the SEEHN – “*Can we and shall we work together*” which was expected to be delivered by Dr. Ruseva, was cancelled due to health reasons. Thus, the programme continued with the briefing on the Intersectoral Workshop on Comprehensive Alcohol Policy in the South-Eastern European Countries, held on 6-7 November 2017, in Ljubljana, Slovenia, which was presented by Dr. Dasic.

SEEHN participated in this regional workshop as a co-founder, among others, and also facilitated SEEHN country representatives’ participation and contribution. “*The necessity in this regional workshop and cooperation for preparation of comprehensive alcohol policy in the SEE Countries is currently of utmost importance as the European Region has the highest level of alcohol consumption and the highest prevalence of heavy episodic drinking (16.5% of the total population aged 15 years or older) and a particularly harmful to health pattern of drinking by the severity and the extent of it*”, explained Dr. Dasic.

Dr. Dasic summarized the main outcomes of the Regional Workshop and underlined that the event has gathered different actors from various governmental and non-governmental sector and partners to exchange and facilitate development of the new partnerships between public health experts and representatives of the NGOs. Dr. Dasic mentioned that the SEEHN might play a role and have the flexibility to mediate for the best interest and benefit of all involved parties to define future cooperation with various alcohol policy stakeholders in the SEE Region

Dr. Dasic expressed high recognition and gratitude of the SEE Health Network to the EC TAIEX Instrument for the extraordinary high level, useful and intensive cooperation since 2013 and presented the SEEHN regional events accepted for the year 2017 and beyond. Countries are in preparation and will start implementing them in the beginning of the next year, she said. The possibility for having a

back to back workshop during the Plenary meeting in Sofia has been elaborated, as Bulgaria is an EU member state, therefore could not be organized this way. However, the representatives from the Republic of Serbia shared the experience of having a joint TAIEX workshop, but only through the intervention of Dr. Alexander Berlin's as the EC do not make this kind of exemptions.

Dr. Jelamschi checked the possibility and confirmed that Israel can apply for an EC TAIEX support, as the discussion for the application of the nursing programme has been previously already argued. The clarification has been accepted and it has been proposed to organize such a workshop in Israel.

Mr. Gazmen Turdiu, Deputy Secretary General of the RCC expressed his opinion about EC TAIEX as a very important instrument for free, however he stressed that it is not a sustainable project and pointed out the IPA funds of 2 billion EU, as a possibility for the SEEHN countries to make proposals and gain grants.

It was emphasized of the necessary effort to be made by each individual country related to the project as the EC TAIEX Instrument does not accept SEEHN Secretariat as an applicant. As well, it was recalled that due to the retirement of Dr. Alexander Berlin there is no person in charge to ensure and smoothly continue the bilateral dialogue with the EC.

During the discussion about the cooperation with partners, Dr. Jelamschi gave some briefing in relation to his visit to the Gastein Forum in September 2017.

Dr. Jelamschi mentioned also that he had been approached by the "Global TB Partnership" of parliamentarian groups, which unitedly work to end the TB epidemic through targeted intervention at national, regional and global level. They would like to create sustainable political response and in this sense they wish to create a partnership with the SEEHN. Unfortunately, the SEEHN does not have any regional activities related to TB at present. Therefore, he invited the SEE countries to open this issue once more and establish a RHDC for TB control which will be responsible for TB in region. *"We are confident that for TB there are funds and is important for us to start thinking about this issue once again and introduce it in our governments agendas. This will bring the possibility to sign a partnership with STOP TB in Israel"* he stressed.

The second issue he put emphasize on was the organization of a Round Table discussion at the Gastein Forum, as offered during the 4th SEE Health Ministerial Forum in Chisinau which was not possible to be organized due o the rapid changes of the political situation in several of the SEEHN countries. For this reason, Dr. Jelamschi mentioned this and asked the countries to start preparing their Ministers from now, so we can use this opportunity the next year at the European Health Forum Gastein and bring together our Ministers to discuss together topics of mutual interest.

3.8. SESSION 8: CLOSING - CONCLUSIONS AND RECOMMENDATIONS

The last session was finalized by closing remarks delivered by Dr. Dasic, who thanked for the two days of intensive and fruitful discussions on promoting health for all and particularly promoting health amongst children and youth in SEE on this 39th Plenary meeting.



During the course of all sessions, “while looking at the public health interventions in your countries focusing on NCDs, experiences of Montenegro, Albania and other SEEHN Member states as they have evolved over recent years, including the challenges and opportunities for our region”, she pointed out the importance of these activities and the impact of these public health services in the SEE region.

Finally, Dr. Dasic, concluded with an announcement for collective decision to be made related to the appointment of an official celebration day for the SEEHN birthday: the 8 April or 1 September. The very first meeting when the SEEHN was commenced, was held in 2001 in Sofia on 8th April. Although, the 1st September seems to be more appropriate consider in the fact that this was when the First SEE Health Ministers Forum was held and that as representing a political beginning of an aimed to success regional cooperation. The SEEHN Secretariat will leave the subject for coordination and agreement among the countries on a birthday date through email in the immediate next future.

4. CONCLUSIONS AND RECOMMENDATIONS

1. The High Level Meeting and the 39th Plenary Meeting of the South-eastern Europe Health, convened under the Presidency of Bulgaria, the Ministry of Health, completed its objectives successfully;
2. With regards to the review of the progress of work of the SEE Health Network and its institutions in the second half of 2017 under the Bulgarian Presidency, the high level representatives of the Ministries of Health and the National Health Coordinators expressed their gratitude to the Bulgarian Presidency for the political leadership and professionalism of performing its duties in the period July – December 2017; in this regard, the Report of the Bulgarian Presidency for the second half of 2017 was approved by the 39th Plenary of the SEEHN;
3. The High Level Meeting of the SEEHN Representatives acknowledged with appreciation the role and continuous support of the Regional Cooperation Council. The Plenary respected the participation and presentation of the Deputy Secretary General of the Regional Cooperation Council (RCC) on the implementation of the SEE 2020 Programming Cycle 2013-2016 and encouraged further support and prospects for fundraising through the RCC.
4. The role of the SEEHN Secretariat in the successful preparation of the 39thSEEHN Plenary Session was acknowledged and congratulated, as well. Based on the common agreement of SEEHN, the next Presidency was handed over to the State of Israel for the period of first half of 2018 until 30th June;
5. The 39th Plenary thanked WHO Regional Office for Europe who had provided continuous support to the SEEHN Secretariat throughout the Bulgarian Presidency period, ensuring the SEEHN intervention during all WHO high level meetings.



6. Direct technical advices and briefings for the development of the Chisinau Pledge Action Plan and commitment to mutual collaboration and signing of the MOU for the implementation of particular regional activities were identified as joint regional priorities. These two topics were highlighted as a very important step taken during the Bulgarian Presidency.
7. The 39th SEEHN Plenary recommended that the draft Action Plan for the implementation of the Chisinau Pledge is to be shared with the SEE NHCs for contributions, prior to its approval by the forthcoming 40th Plenary meeting in 2018 in Israel.
8. All partners are encouraged to contribute to the Action Plan on the Chisinau Pledge implementation or to develop separate AP with the SEEHN.
9. The useful and intensive cooperation with the EU has been emphasized and the implementation of 11 multi-country EC TAIEX workshops has been recommended to begin early next year.
10. The possibility for back-to-back multi-country EC TAIEX workshop to be organized prior to the 40th Plenary Meeting in Israel, has been recommended.
11. Collaboration with other partners and continuous exchange of planning activities and possibilities for further mutual collaboration has been emphasized as very important.
12. Active work on improving health data collection in the SEE region need to be strengthened.
13. WHO Europe's attention and support was requested for the direct relation between children health, NCD's and the air pollution.
14. A proposal for assessment of health systems performance and NCDs has been recommended to be carried out.
15. Diet and nutrition was recognized as a very important subject, as well and working closely with the food industry and trade.
16. It was recognized that the technical meeting of the RHDC representatives, organized by the SEEHN Secretariat, contributed to further strengthening the technical collaboration among SEEHN Member States within the Chisinau Pledge framework and developed mechanisms for technical cooperation and strengthening the linkages with the SEEHN Partners.
17. The 39th Plenary of the SEEHN recommended further strengthening the collaboration between the RHDCs in different areas of expertise that centres are representing.
18. The list of National Focal Points for each health area of work was recommended to be updated and shared for working together on common or different priorities in the region.
19. The proposal for the using the WHO Europe national counterparts in the SEE countries, in all respective areas instead of creating new NFP list, could make the cooperation easier.

20. The obligation of the Ministers of Health, to oversee, support and revitalize the RHDC performance, in order to secure the sustainability, has been recommended.
21. The amendments of the RHDCs SOPs have to be finalized in a month time and, if needed, a separate session for the RHDCs - SOPs, to be dedicated during the 40th Plenary meeting in Israel.
22. The 39th Plenary recommended that a review of the existing RHDCs is made by the ministries of health, considering possible changing the area of focus if the present one is exhausted, by the next Plenary in Israel. A study or assessment of the work of the RHDCs to be considered.
23. A new RHDC on Reproductive Health in Romania based on the formal application and commitment of the Minister of Health of Romania was unanimously approved and is to be officially announced.
24. The 39th Plenary recommended the establishment of the RHDC for Health Information in Albania, to be re-examined by the MoH.
25. SEEHN Secretariat is requested to circulate the latest version of the MOU with the newly appointed NHC.
26. SEEHN Secretariat to organize the consultancy procedure between the legal persons from each country's MOH to review the MOU to adjust it in line with the country legal system. Consequently, to plan a meeting with legal councillors to refine and agree on the adjustments of the MOU, thus all countries particularities to be taken into consideration.
27. All proposed changes to the existing MOU as amendments to be taken into consideration.
28. An explanatory note on the new MOU in comparison to the current still operating MoU of 2008/2011 to be shared with the SEE countries.
29. The SEEHN Executive Committee and Secretariat, jointly with SECIDS and the CDS NFPs to consider work with communities as an important tool for the immunization coverage improvement and the regional procurement of vaccines, as an option for vaccines price reduction.
30. The 39th Plenary recommended the development of a SEE Action Plan on Immunization in the SEE Region.
31. The proposal for the SEEHN to act as a mediator to promote the anticorruption activities undertaken by the RCC is recommended.
32. SEEHN Secretariat to organize a bilateral meeting with Global TB Causus and to establish a framework for future collaboration and partnership to tackle the international response to TB infection within the SEE region.



33. The 39th Plenary recommends starting preparations for a Ministers' Roundtable at the next Forum Gastein 2018.
34. The SEEHN birthday date is to be agreed in the nearest future.



Annex 1. List of Technical and Background documents discussed within the 39th Plenary¹

All documents are available at following link: <http://seehn.org/39plenary> Password protected: 39Plenary

¹ Presentations during the 39th Plenary of the SEEHN were shared with the meeting participants during the following 7 days after the 39th Plenary Meeting. They are available at the SEEHN Secretariat per request.