



Online Consultation on Maternal and Newborn Health Challenges in South-  
Eastern Europe – 28 May 2025

**FINAL REPORT**

## **Executive Summary**

The Online Consultation on Maternal and Newborn Health Challenges in South-Eastern Europe, held on 28 May 2025, brought together SEEHN focal points, national experts, WHO/Europe specialists, and key partners to assess progress and persistent challenges in maternal and newborn health (MNH) across the region. Convened under the 2025 World Health Day theme, “Healthy Beginnings, Hopeful Futures,” the event provided a dynamic platform for exchange and collaborative planning.

Participants reviewed trends in MNH outcomes, including notable reductions in maternal and neonatal mortality, while acknowledging ongoing systemic gaps—particularly in equitable access, quality of care, workforce capacity, and data use. Country presentations highlighted a wealth of good practices and innovations, as well as common challenges such as high caesarean section rates, fragmented data systems, and underserved vulnerable populations.

A central outcome of the consultation was the articulation of concrete proposals for regional collaboration. These include initiatives to improve perinatal quality of care and reduce unnecessary caesarean sections, enhance breastfeeding support, develop mobile health services, strengthen data systems and interoperability, advance screening and surveillance, promote workforce development and knowledge exchange, leverage digital health innovations, and foster cross-border emergency preparedness.

The consultation reaffirmed the collective commitment of SEEHN countries to advancing MNH outcomes through strengthened regional cooperation, aligned with WHO global frameworks and the Sustainable Development Goals. The SEEHN RHDC on Sexual and Reproductive Health, in partnership with WHO/Europe and the SEEHN Secretariat, will lead follow-up efforts to operationalize these collaborative priorities.

## **1. Background**

In the context of the World Health Day 2025 theme “Healthy Beginnings, Hopeful Futures,” the South-eastern Europe Health Network (SEEHN) and the World Health Organization Regional Office for Europe (WHO/Europe) convened an online consultation on maternal and newborn health (MNH) challenges in South-Eastern Europe, facilitated by the SEEHN RHDC for Sexual and Reproductive Health, Romania.

The consultation provided an opportunity for the SEEHN Member States to review progress and challenges, exchange good practices, and identify opportunities for regional collaboration to advance MNH outcomes in alignment with WHO global strategies and the Sustainable Development Goals (SDGs).

## **2. Objectives**

- To review the current state of maternal and newborn health in SEEHN Member States.
- To identify shared challenges at the levels of policy, service delivery, and data collection.
- To facilitate dialogue among national policymakers, public health professionals, and WHO experts.
- To outline strategic follow-up actions for regional collaboration aligned with WHO global frameworks.

## **3. Summary of Presentations**

Dr. Mihai Horga (SEEHN RHDC Romania), facilitator of the meeting, welcomed participants and emphasized the value of regional cooperation in addressing persistent MNH challenges. He highlighted the strong foundation of collaboration fostered through SEEHN over the past 25 years and expressed hope that the consultation would foster mutual learning among Member States and inspire concrete joint actions.

### **Opening Remarks**

The consultation opened with remarks from key WHO and SEEHN leaders who underscored the strategic importance of advancing maternal and newborn health (MNH) in the South-Eastern Europe region. The opening speakers set an ambitious tone for the meeting, calling on participants to engage in open dialogue, share lessons learned, and identify actionable pathways for joint efforts to improve MNH outcomes across the SEEHN region.

Dr. Natasha Azzopardi-Muscat (WHO/Europe) stressed that while the European region has made commendable progress in reducing maternal mortality, systemic inequities and emerging challenges—such as increasing maternal age, non-communicable diseases, and behavioral risks—demand renewed attention. She called on countries to remain vigilant, ensure that progress is sustained, and build resilient health systems prepared to meet the evolving needs of women and newborns.

Dr. Tatiana Paduraru (SEEHN Secretariat) emphasized that despite the progress made, countries in the region continue to face system-wide gaps such as workforce shortages, fragmented care, and weak data systems. She called for stronger regional collaboration to address these gaps, stressing that the consultation was a timely opportunity to reinvigorate efforts and align regional priorities with global strategies.

## **Keynote Presentation**

The keynote presentation by Dr. Oleg Kuzmenko (WHO/Europe) highlighted the significant strides made across the European region in maternal and newborn health, with maternal mortality reduced by 66% and neonatal mortality by 60% since 2000. Despite these achievements and the region having met the SDG 3.1 target, progress has stagnated since 2013, exacerbated by temporary setbacks during the COVID-19 pandemic. Dr. Kuzmenko emphasized persistent gaps, including inequities in access, inconsistent quality of care, workforce shortages, weak health information systems, gaps in mental health support, poor continuity of care, and limited preparedness for emerging challenges. He outlined opportunities for strengthening health systems, enhancing workforce capacity, improving data surveillance and use, addressing inequities, and fostering cross-sectoral collaboration and innovation.

## **Country Presentations**

Country presentations provided a rich overview of national contexts, good practices, and challenges.

Albania showcased its comprehensive national strategies and integration of digital tools in primary healthcare. However, challenges such as contraceptive supply issues, a high cesarean section rate, and limited NICU coverage were highlighted. Albania proposed regional capacity-building initiatives and collaboration on reducing unnecessary C-sections and telemedicine.

The Federation of Bosnia and Herzegovina reported significant reductions in maternal and neonatal mortality and a strong implementation of the Baby-Friendly Hospital Initiative. Nevertheless, low breastfeeding rates, unequal postnatal care, and complex governance structures pose ongoing challenges. The Federation of Bosnia and Herzegovina advocated for regional collaboration to improve breastfeeding outcomes.

Bulgaria highlighted its robust policy frameworks, neonatal screening programs, Roma health mediators, and pilot mobile outreach services. Persistent challenges include high cesarean section rates, shortages of midwives and pediatricians, and fragmented data systems. Bulgaria proposed establishing a regional perinatal quality improvement network, a community-integrated mobile health initiative, and a digital hub for postnatal outcomes.

Israel shared its model of universal health coverage and national newborn screening programs. The country's maternal and child health centers and comprehensive breastfeeding data collection were notable strengths. However, fragmented electronic medical record systems and declining breastfeeding trends were identified as challenges. Israel expressed interest in sharing policies and collaborating on breastfeeding support across the region.

Republic of Moldova presented its strong policy framework and regionalized perinatal services, supported by an automated health information system. The country faces challenges related to workforce shortages, service gaps for disabled populations, and fragmented IT systems. Moldova advocated for developing more integrated health policies, sharing best practices, and tailoring international guidelines to its national context.

Montenegro emphasized its national training for home visiting nurses and efforts to support breastfeeding through the relaunch of the Baby-Friendly Hospital Initiative. Challenges include limited neonatal screening, workforce gaps, and socioeconomic disparities affecting maternal and newborn outcomes. Montenegro proposed cross-border telemedicine services, regional joint training programs, and joint procurement of essential medicines and equipment.

North Macedonia highlighted its national strategy, mobile gynecology clinics, and home visiting services. The country continues to grapple with access barriers for rural and Roma women, workforce shortages, and data integration gaps. North Macedonia proposed cross-border data sharing, regional training programs, and collaborative public health campaigns.

Romania reported on its free perinatal services, tiered care model, and national neonatal transport system. High adolescent pregnancy rates, alarmingly high cesarean section rates, workforce concentration in urban areas, and data reporting gaps were identified as key challenges. Romania proposed regional collaboration on monitoring and reducing cesarean section rates, establishing obstetric surveillance systems, and neonatal screening.

Serbia highlighted its universal access to MNH services, a strong breastfeeding support program, and comprehensive quality monitoring systems. However, low postnatal check-up coverage, high cesarean section rates, and gaps in data reporting from the private sector remain challenges. Serbia proposed standardizing health indicators, harmonizing data collection methodologies, developing joint digital solutions, and establishing cross-border emergency care protocols.

Collectively, these presentations underscored a shared commitment across SEEHN countries to enhance maternal and newborn health through strengthened regional collaboration, with a clear emphasis on quality of care, data integration, and equitable access.

During the open discussion, Ms. Jovanka Brajovic Grigorijevic (UNFPA North Macedonia) highlighted a recent regional workshop on the integration of sexual and reproductive health and rights (SRHR) into universal health coverage (UHC), held in Skopje in September 2024. The workshop, organized jointly with WHO/Europe, gathered participants from many of the countries represented in the consultation. She noted that the workshop was highly fruitful for national counterparts and underlined the importance of building on this momentum to advance SRHR integration across the region. The intervention reinforced the value of regional learning exchanges and cross-sectoral collaboration, as well as the potential for UNFPA and WHO to support follow-up actions aligned with the priorities discussed in the consultation.

#### **4. Main Themes Discussed**

Participants engaged in rich discussions that underscored several key themes. Improving quality of care was a recurring focus, particularly concerning the need to reduce caesarean section rates and promote evidence-based practices. Improving data collection, interoperability, and use was another central priority, with many countries expressing interest in developing standardized indicators and harmonized data-sharing mechanisms.

Enhancing breastfeeding support emerged as a common concern, with countries seeking to bolster both in-hospital practices and post-discharge support systems. Addressing workforce gaps, particularly the shortages of midwives and neonatal specialists, was highlighted as critical to sustaining high-quality MNH services. The potential of mobile health services to improve access for vulnerable and hard-to-reach populations resonated strongly across the region.

In addition, participants discussed improving neonatal and maternal screening, promoting joint digital health innovations, and fostering cross-border preparedness and cooperation. The collective dialogue reflected a strong appetite for actionable regional collaboration to drive tangible improvements in maternal and newborn health.

## **5. Good Practices Shared**

Throughout the consultation, countries shared numerous good practices that offer valuable models for replication and adaptation. Comprehensive free MNH services, as implemented in several countries, ensure equitable access to essential care. Neonatal transport systems facilitate timely and specialized interventions for high-risk newborns.

The use of electronic health records and national data audits enhances the monitoring and evaluation of MNH outcomes. Home visiting programs and the engagement of Roma health mediators strengthen community-based support and outreach. Integrated service packages and neonatal screening programs contribute to early detection and intervention.

The re-launch and strengthening of Baby-Friendly Hospital Initiatives reflect a renewed commitment to promoting breastfeeding. The adoption of multidisciplinary teams and tiered care models fosters coordinated and patient-centered care. These examples underscore the wealth of expertise and innovation within the region and provide a strong foundation for collaborative progress.

## **6. Challenges Identified**

Across the SEEHN region, several common challenges were identified. Workforce shortages and an ageing health workforce pose a significant threat to the sustainability of MNH services. Unequal geographic distribution of services exacerbates disparities, particularly for rural and marginalized populations. The over-medicalization of childbirth, reflected in high caesarean section rates, remains a widespread concern.

Weak breastfeeding promotion and inadequate postnatal monitoring hinder optimal outcomes for mothers and infants. Gaps in maternal mental health services were noted, underscoring the need for more integrated and comprehensive care models. Fragmented data systems and a lack of interoperability limit the capacity for informed decision-making and continuous quality improvement.

Limited postnatal and home-based services contribute to gaps in continuity of care. Poor integration and collaboration across sectors, as well as an insufficient focus on non-communicable diseases in pregnancy, further compound these challenges. Addressing these issues will require concerted efforts at both national and regional levels.

## **7. Proposals for Regional Collaboration**

Building on the shared commitment expressed during the consultation, participants outlined a broad range of concrete proposals for regional collaboration aimed at addressing common challenges and advancing maternal and newborn health outcomes across the SEEHN region.

A key priority area identified was improving perinatal quality of care and reducing unnecessary caesarean section rates. Countries including Bulgaria, Romania, Albania, Serbia, and Bosnia and Herzegovina expressed interest in jointly developing quality improvement initiatives, benchmarking practices, and sharing evidence-based guidelines to promote safe and effective childbirth practices.

Enhancing breastfeeding support and monitoring emerged as another shared goal. Bosnia and Herzegovina, Bulgaria, Serbia, Israel, and Albania proposed collaborative actions such as launching joint awareness campaigns, sharing digital tools for breastfeeding tracking, and exchanging strategies to improve postnatal support systems.

The potential of mobile health services to extend care to vulnerable populations was highlighted by several countries, including Bulgaria, Romania, North Macedonia, Bosnia and Herzegovina, Montenegro, and Moldova. Proposed activities include co-developing a regional model for community-integrated mobile services, facilitating peer learning on the use of Roma health mediators, and expanding mobile gynecological and postnatal services.

Improving data collection, interoperability, and use was underscored as a foundational element of regional collaboration. Moldova, Romania, Israel, Montenegro, Serbia, Bulgaria, and North Macedonia advocated for developing a common digital hub to facilitate cross-country data sharing, standardizing key indicators, and building capacity for data-driven policymaking and quality improvement.

Joint efforts to advance maternal and neonatal screening and surveillance were also proposed. Romania, Bulgaria, and Moldova expressed interest in collaborating on the development of robust screening programs and obstetric surveillance systems, supported by shared guidelines and training.

Addressing workforce development and promoting knowledge exchange is seen as critical to sustaining improvements in MNH care. Serbia, Montenegro, Albania, and Moldova proposed joint training programs, reciprocal study visits, and regional workshops to enhance the skills and competencies of midwives, obstetricians, and neonatal specialists.

Digital innovations were highlighted as a promising avenue for collaboration, with Israel, Moldova, Bulgaria, and Romania proposing the co-development of telemedicine platforms, digital counseling services, and tools to support remote maternal and newborn care.

Finally, enhancing cross-border emergency preparedness was seen as essential in ensuring continuity of MNH services during crises. Serbia, Romania, and Moldova proposed joint planning efforts, the development of cross-border emergency protocols, and coordination mechanisms to respond to humanitarian emergencies and natural disasters.

Together, these proposals reflect a strong collective commitment to leveraging regional collaboration as a catalyst for improving maternal and newborn health in South-Eastern Europe.

## **8. Conclusions and Next Steps**

The consultation confirmed the high relevance of MNH challenges across the SEEHN region and the strong commitment of participating countries and the SEEHN RHDC on Sexual and Reproductive Health to deepen regional collaboration and accelerate progress in maternal and newborn health.

Building on this foundation, a set of regional collaborative initiatives will be proposed by SEEHN to align and focus joint efforts in priority areas such as perinatal quality of care, breastfeeding support, data interoperability, and cross-border emergency preparedness.

To advance this work, thematic working groups will be established, bringing together country experts, WHO specialists, and relevant partners to develop and implement targeted actions. These groups will also serve as platforms for continuous peer learning and exchange of good practices.

In parallel, efforts will be made to facilitate the planning and operationalization of joint projects, including the development of shared data-sharing mechanisms and digital tools that can support both national and regional objectives. The active engagement of SEEHN countries in these processes will be key to ensuring sustainability and impact.

Progress on these initiatives will be regularly reviewed and reported at future SEEHN meetings, providing opportunities to monitor implementation, share lessons learned, and refine collaborative approaches in line with evolving needs.

## **Annexes:**

### **Annex 1: List of Presenters**

#### **Opening Remarks:**

- Dr. Natasha Azzopardi-Muscat, Director, Division of Country Health Policies and Systems, World Health Organization, Regional Office for Europe
- Dr. Tatiana Păduraru, Acting Head, SEEHN Secretariat

#### **Keynote Presentation:**

- Dr. Oleg Kuzmenko, Technical Officer on Sexual and Reproductive Health, Division of Country Health Policies and Systems, World Health Organization, Regional Office for Europe

#### **Country Presentations:**

- Dr. Dorina Toci, Public Health Institute of Albania
- Dr. Emina Hadžimuratović, Pediatrician, Federation of Bosnia and Herzegovina
- Ms. Sophia Kandilarova-Georgieva, Chief Expert, Child and Youth Health Department, National Center of Public Health and Analyses, Bulgaria
- Dr. Deena Zimmerman, Head mother and child division, public health directorate, Ministry of Health, Israel
- Ms. Dorina Savoschin, Head, Department of Maternal and Child Health, Ministry of Health, the National Focal Point, Moldova
- Dr. Nermina Faković, Assistant Head of the Sector for Primary and Preventive Health Care, Ministry of Health, North Macedonia
- Dr. Milutin Mitrović, Obstetrician and gynecologist, Clinical Center of Montenegro and Dr. Emilija Delević, Obstetrician and gynecologist, Clinical Center of Montenegro, Montenegro
- Dr. Petronela Stoian, Senior counsellor, General Directorate of Medical Care and Public Health, Ministry of Health and Dr. Mirela Buiciuc, Senior counsellor, General Directorate of Medical Care and Public Health, Ministry of Health, Romania
- Dr. Dragica Bukumirić, Institute of Public Health of Serbia "Dr. Milan Jovanović Batut", Serbia

## Annex 2: Meeting overview with included Agenda

### Celebration of the World Health Day 2025

#### *WHO: Healthy beginnings, hopeful futures*

**Title:** *Online Consultation on Maternal and New-born Health Challenges in South-Eastern Europe*

**Date:** 28 May 2025, **11:00 Central European Summer Time (UTC+2)**

**Location:** online

**Organizers:** WHO and SEEHN

**Stakeholders:** SEEHN Ministries of Health Focal Points or experts in maternal *and new-born* health

**Key Counterpart and Facilitator:** SEEHN RHDC for Sexual and Reproductive Health, Romania

#### **Background**

In line with this year's **World Health Day 2025** theme "*Healthy Beginnings, Hopeful Futures*", SEEHN and WHO/Europe will convene an online regional consultation focused on **maternal and new-born health challenges in South-Eastern Europe**. Despite progress, many SEE countries continue to face persistent barriers to improving maternal and new-born health outcomes, including inequalities in access, workforce shortages, service quality, and limited coordination across levels of care.

This consultation will provide a platform to share country-specific experiences, highlight persistent and emerging challenges, and explore collective solutions for the SEE region.

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#### **Objectives**

- To **review the current state** of **maternal and new-born** health in SEEHN Member States.
  - To **identify shared challenges** at levels of policy, service delivery and data collection.
  - To **facilitate dialogue** among national policymakers, public health professionals and WHO experts.
  - To **outline strategic follow-up actions** for regional collaboration and alignment with WHO global frameworks.
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## Expected Outcomes

- Shared understanding of country-level priorities and constraints.
- A consolidated **summary report** with key findings and regional recommendations.
- Strengthened regional collaboration in maternal and new-born health through SEEHN and WHO/Europe joint efforts.

## Target Audience

- National experts and focal points in maternal and newborn health from SEEHN Ministries of Health
- Representatives of the SEEHN RHDC for Sexual and Reproductive Health (hosted by Romania)
- WHO/Europe experts in maternal and child health
- Regional and national partners working on women's and children's health

## Agenda (2 hours total)

Time (CEST)	Session	Comments
11:00-11:15	<b>Opening Remarks:</b> <ul style="list-style-type: none"> <li>• <b>Dr. Natasha Azzopardi-Muscat</b>, Director, Division of Country Health Policies and Systems, WHO/Europe</li> <li>• <b>Dr. Tatiana Paduraru</b>, Acting Head, SEEHN Secretariat</li> </ul>	<b>Moderator: Dr. Mihai Horga</b> , SEEHN RHDC for Sexual and Reproductive Health, Romania
11:15-11:35	<b>Keynote Presentation: <i>Maternal and Newborn Health in the WHO European Region: Priorities, Gaps and Opportunities</i></b> <ul style="list-style-type: none"> <li>• <b>Dr. Oleg Kuzmenko</b>, WHO/Europe Maternal and Child Health Focal Point, Regional Adviser</li> </ul>	
11:35 – 12:30	<b>Country Presentations (10 min each) *</b>	
	<ul style="list-style-type: none"> <li>• <b>Dr. Dorina Toci</b>, Public Health Institute of Albania</li> </ul>	
	Bosnia and Herzegovina: <b>Ms Marina Milovanovic</b> ,	

Time (CEST)	Session	Comments
	<p>Senior Associate for Health Care, Ministry of Health and Social Welfare in the Government of Republic of Srpska</p> <p><b>Dr Erminu Hadzimuratovic</b></p> <p>Paediatrician, representing the Federal part of Bosnia and Herzegovina</p>	
	<p>• <b>Ms Sophia Kandilarova-Georgieva</b>, Chief Expert, Child and Youth Health Department, National Center of Public Health and Analyses</p> <p>Bulgaria</p>	
	<p>• <b>Dr. Deena Zimmerman</b>, Head mother and child division, public health directorate, Ministry of Health</p> <p>Israel</p>	
	<p>• <b>Ms Dorina Savoschin</b>, Head, Department of Maternal and Child Health, Ministry of Health, the National Focal Point</p> <p>Moldova</p>	
	<p>• <b>Dr. Irena Aleksioska Papestiev</b>, director of the University Clinic for Gynecology and Obstetrics in Skopje</p> <p>North Macedonia</p>	
	<p>• <b>Dr Mirela Buiciuc</b>, senior counsellor, General Directorate of Medical Care and Public Health of the Ministry of Health</p> <p><b>Dr Petronela Stoian</b>, senior counsellor, General Directorate of Medical Care and Public Health of the Ministry of Health</p> <p>Romania</p>	
	<p>• <b>Dr. Dragica Bukumirić</b>, Institute of Public Health of Serbia "dr Milan Jovanović Batut",</p> <p><b>Dr. Dragica Bukumirić</b>, Institute of Public Health of Serbia "dr Milan Jovanović Batut"</p>	

Time (CEST)	Session	Comments
	Serbia	
12:30 – 12:50	<b>Moderated Discussion and Reflections:</b> Open exchange on lessons learned, potential for cross-country collaboration, and capacity-building needs	<b>Moderator: Dr. Mihai Horga</b> , SEEHN RHDC for Sexual and Reproductive Health, Romania
12:50 – 13:00	<b>Closing Remarks:</b> <ul style="list-style-type: none"> <li>• Summary of key messages and next steps</li> <li>• Announcement of follow-up documentation and coordination</li> <li>• SEEHN Secretariat &amp; WHO/Europe</li> </ul>	

\* Presenters will focus on the key challenges their country is facing in maternal and new-born health at levels of: (a) policies, (b) service delivery and (c) data collection. Each country will be asked to identify and propose at least one topic in which joint efforts of the SEEHN Member States and strengthened regional collaboration through SEEHN and WHO/Europe would improve maternal and new-born health.