



## **A DECADE OF ALLIANCE FOR PUBLIC HEALTH IN SOUTH-EASTERN EUROPE**

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**28<sup>TH</sup> MEETING OF THE SOUTH-EASTERN EUROPE HEALTH NETWORK**  
BRUSSELS, 13-14 MARCH 2012

# **MEETING REPORT**



## **1. INTRODUCTION**

The 28<sup>th</sup> meeting of the South-eastern Europe Health Network (SEEHN) under the Presidency of Bulgaria, was a special meeting of the SEEHN following the Banja Luka Ministerial Forum of October 2011, to review the Banja Luka Pledge and to prepare a structured work programme for the implementations of the actions requested by the Pledge and devolved to the SEEHN. This special meeting was held in Brussels with the support of the European Commission which is gratefully acknowledged. It was attended by close to 30 participants representing at high level all the countries of the SEEHN, Slovenia (a partner country) , the European Commission, the Regional Cooperation Council, WHO, EuroHealthNet, the International Forum –Gastein, Members of the Executive Committee. The full list of participants is attached (Annex 1).

Sincere regrets were expressed at the absence of the Council of Europe in view of the key role which it plays as joint Secretariat for the SEEHN and the continued support which it is providing to the Network. The absence of the Mrs. Snezana Cicevalieva, Chair of the Executive Committee was also regretted.

The main purposes of the meeting were to discuss:

- an Action Plan (2012-2015) on implementing Banja Luka Pledge;
- the development of the cooperation between the European Commission and the SEEHN.
- action towards a fully operational Secretariat based in the Host country, as per ratified Host Agreement:
- steps for the renewal of the Executive Committee
- approaches towards constantly enhanced networking in public health, namely with EuroHealthNet, European Public Health Forum, Health promoting hospitals and IOM, including the signing of MoU as appropriate:
- training opportunities and action for strengthening and the capacities of the region to apply HiAP

## **2. OPENING SESSION**

### **2.1 WELCOMING ADDRESSES**

Dr. Luka Vončina, Assistant Minister of Health of Croatia as President of the SEEHN chaired the meeting of the SEEHN with Dr. Goran Cerkez, Member of the Executive Committee.

Dr. Voncina in his opening address stressed that the South-East European regional cooperation in public health remains a high priority for underpinning the political cooperation and economic development in the region, facilitating confidence building and being a supportive instrument for European Union integration and Euro-Atlantic cooperation. Recently it has entered a very important new phase with the changes in the

political set-up in the region, including Croatia becoming an EU accession country, requiring the SEEHN to adapt to new realities and develop a more regionally oriented owned and led framework for cooperation.

The 3<sup>rd</sup> Health Ministers' Forum in Banja Luka (October 2011) has introduced the values, priority areas and actions contained in the new European Policy for Health, Health 2020, and the Health in All Policies (HiAP) approach, with the aim of achieving better health, equity and accountability that will result in a renewed sub-regional commitment to public health in South-eastern Europe.

A key commitment achieved at the Third Ministerial Forum, by the signing of the Banja Luka Pledge is the political commitment of all the South-eastern European governments to an extended sub-regional cooperation; however the commitments made cannot be put into practice unless existing partnerships are further strengthened and new ones continually built. The MoU between the SEEHN and EuroHealthNet to be signed at this meeting is a testimony of this continually developing cooperation.

Dr Voncina concluded by expressing the sincere thanks of the SEEHN to the European Commission (DG SANCO & ENLARG) for their active participation and support. The SEEHN and its Regional Health Development Centres (RHDC) will do their utmost to implement the commitments of the Banja Luka Pledge and this despite the severe lack of financial resources further enhanced by the economic crisis.

The Representative of the RCC, Mr. Nand Shani, stressed the efforts made by the Council, since its establishment 3 years ago to mainstream social development, including health, among the close to 50 Regional initiatives, as well as its special continued interest and support of the RCC for the SEEHN; he recalled the Social vision for the Region which is aligned with the EU strategies (Europe 20/20); he expressed the satisfaction of the RCC for the active participation of a number of RCC Regional initiatives in the Banja Luka Ministerial Forum, and the hope that this participation will lead to the establishment of closer links. He also stressed that the Social Platform Agenda (social Acquis) includes a number of health issues, such as health and safety at work.

Dr. Andrej Rys, Director, DG SANCO, expressed the satisfaction of the European Commission that the 28<sup>th</sup> meeting of the SEEHN is taking place in Brussels. He welcomed the participants and assured them that the SEEHN is on the EU screen.

Mr. K. Björnsson, European Commission, DG ENLARG stressed that while Health issues are important at EU level, this importance is not always reflected by Member States representatives in the discussions of priorities for collaboration and financing in the structures of the various financial programmes aimed at supporting the enlargement process. DG ENLARG is pleased to note that the support it provided around the Banja Luka Ministerial Forum contributed towards the self-sufficiency of the SEEHN – the Banja Luka Forum was a very important step in this direction; now concrete

implementation steps are to follow – DG ENLARG is ready to continue to develop appropriate collaboration with the SEEHN in the future.

The IOM Representative (Dr. Roumyana Petrova-Benedict), congratulated the SEEHN on the continued outstanding achievements over the past years and stressed the long standing collaboration of IOM with the SEEHN. We are particularly happy to be with you at this meeting to further the Banja Luka Pledge commitments on achieving equity and accountability in health. Since the Banja Luka Forum a number of developments of relevance to both the SEEHN and IOM for the planning of SEEHN action plan have taken place. They include:

- In November 2011, the Committee of Ministers of the Council of Europe 47 MS adopted the recommendations of the Committee on mobility, migration and access to health care in which we participated, calling inter alia for review of policies and practices, adaptation of health services, harmonize efforts to promote the health of migrants at European level. Extensive guidelines are also outlined;
- IOM worked with WHO Euro TB, and partner TB organizations and National TB programmers to develop a *Consensus paper on The Minimum Package for Cross Border TB Control and Care in the WHO European Region* to be soon published;
- On the topic of Human resources for health and mobility, in addition to the study done with your kind collaboration, IOM organized the International Conference “Ensuring tomorrows health: workforce planning and mobility(<http://hrh2011.belgium.iom.int/>) and invited the SEEHN to continue to provide inputs in the Recommendations( as well as to peruse the country reports(<http://www.mohprof.eu/LIVE/>);
- IOM is founding member of the NDPHS (also a partner of the SEEHN), and can report that Migrant Health is now formally included in the 2012-2013 NDPHS workplan as well as indicated in the NDPHS Action Statement for implementation of the European Strategy for the Prevention and Control of Non-communicable Diseases in the Northern Dimension area in 2012-2016, both approved at the Approved during the 8th Partnership Annual Conference 25 November 2011, Saint Petersburg, Russia.
- IOM is part of the Interagency WG on health related MDGs led by WHO Euro and a partner in the *coordination initiative on Roma health* organized under the umbrella of the UN Regional Coordination Mechanism (RCM)
- Finally, IOM was awarded by the EC a direct grant under the Public Health Programme to contribute to fostering health provision for migrants, the Roma and other vulnerable groups([http://ec.europa.eu/health/programme/docs/wp2012\\_en.pdf](http://ec.europa.eu/health/programme/docs/wp2012_en.pdf)).
- IOM is developing with DG Sanco the full proposal in the next 2 months and look forward suggestions and to continuing collaboration with SEEHN Partners.

The WHO/EURO representative, Dr. KLUGE congratulated the SEEHN with the result of the Banja Luka Ministerial Forum, and the Banja Luka Pledge a major milestone for the SEEHN. The WHO/ERO Regional Director considers the SEEHN an example of “good practice” and promoted the implementation of similar networks in other regions of

WHO/EURO. The accent placed at this meeting on the development of a Plan of Action is an essential step following Banja Luka. Similarly WHO/EURO will present a plan of action at the forthcoming Regional Committee meeting in Malta which will also address the issue of the financial crisis and the health policy responses. WHO/EURO looks forward to the SEEHN achieving sustainability and it continues to be willing to provide its support in the process.

Dr. Goran CERKEZ, on behalf of the SEEHN Executive Committee thanked both the members of the SEEHN and their many supporters – partner countries and institutions for their dedication and commitment to the SEEHN for the past 10 years, without them the SEEHN could not have achieved the status that it has reached at present, even to be cited as an example and be used as a model by WHO/EURO as a model for other regions of Europe. Confidence building between the countries of the Network has been the initial and successful task, as well as learning to work together and beginning to have an impact on public health in the Region. The SEEHN is now ready for its next phase, systems building and partnership cooperation with other networks.

## **2.2 KEYNOTE PRESENTATION (DR. RYS, EUROPEAN COMMISSION, DG SANCO)**

Dr Andrzej RYS, Director, DG SANCO (European Commission) addressed the SEEHN on the topic “Health policies of the European Union: EU enlargement, challenges and opportunities.

He initiated his presentation by stressing the issue of Enlargement - stressing that currently most SEEHN countries are EU members, candidates or potential candidates for EU memberships, and that Health is an important part of the Enlargement process. Candidates and potential candidates should adopt the EU legislation and policies, EU health policies should be of key importance to the members of the Network.

Regarding the EU Health Policy, Dr. Rys recalled the major health challenges across Europe that call for an EU approach: ageing population, financial sustainability of health systems, health workforce shortages, control and prevention of chronic diseases, increasing inequalities in health throughout Europe, global and cross-border threats, and the rapid development of health technologies.

In terms of EU Health Policy, the EU Health Strategy “Together for Health: a strategic approach for the EU” was adopted in 2007. The provisions of the EU Treaty (Lisbon) – Article 168 – call for “A high level of health as an objective of all EU policies.

According to Article 168 the EU shall:

- complement national policies;
- encourage cooperation between Member States and promote coordination as appropriate;
- foster cooperation with third countries;

- adopt legislation to meet common safety concerns.

Furthermore, the EU may adopt:

- incentive measures related to public health;
- measures related to serious cross-border threats;
- non-legislative measures to protect public health regarding tobacco and the abuse of alcohol.

Dr Rys summarized the overarching policy framework of the EU Health Strategy in terms of 4 principles ( shared EU health values, health as the greatest wealth, health in all policies, and strong EU voice in global health ) as well as three objectives. The implementation of this strategy uses an integrated approach, using as instruments legislation, cooperation and financing. The involvement of health stake holders is essential.

Dr. Rys described a number of EU legislative measures already adopted, such as Cross-border Healthcare, pharmaceutical and medical devices, organs, blood, tissues and cells, health threats, tobacco. He also described a long list of Council Recommendations based on proposals by the European Commission, as well as a series of cooperation initiatives, including cooperation with WHO. He finally described the financial instruments available for this policy, the “Health for Growth Programme 2014-2020” proposal of the Commission with a budget of 446 million euros, the research budget and in particular the Structural Funds (ERDF and ESF). The post-2013 proposals include investment in health infrastructures, innovation, cross-border cooperation, health workforce training, etc.

Dr. Rys concluded that the EU health policies and legislation are of great importance for the SEEHN and thus that the SEEHN activities should have an enlargement focus.

Following the presentation by Dr. Rys, Dr. Ruseva thanked Dr. Rys for his wide scope presentation and the willingness of the European Commission to bring the SEEHN closer to the EU. Dr. Cerkez on behalf of the Executive Committee also expressed its appreciation for the positive outlook presented by Dr. Rys regarding the strengthening of links between the European Commission and the SEEHN. Dr. Rys indicated that DG SANCO will provide rapidly a list of Committee that can be open to the participation (as observers) of the SEEHN as such and its Member countries (in addition to Romania and Bulgaria).

### **3. THE EXECUTIVE COMMITTEE AND SECRETARIAT OF THE SEEHN**

It was agreed that the election of the new Executive Committee will take place at the next SEEHN meeting; however in the meantime it was agreed that Dr Petar Bulat will replace Dr. Elizabet Paunovic due to her leaving the Croatian administration. The SEEHN expressed its sincere thanks for her contribution to the SEEHN.

The Secretariat, and cooperation with the Executive Committee will also prepare the procedure for the renewal of the Executive Committee – including nominations – so that a new Executive Committee can be agreed at the next SEEHN meeting. Letters for the nomination of candidates for the Executive Committee will be sent to the Member countries of the SEEHN.

Furthermore it was agreed that the mandate of the Executive Committee need to be strengthened and its status and independency more firmly established – it should have a strategic mandate. An amendment to the MoU must be drafted– to be prepared by the Executive Committee and the Secretariat and submitted for approval to the next SEEHN meeting.

The Network reviewed the current situation of the Secretariat of the Network in Skopje and expressed its serious concern with the slowness with the practical implementation of the Secretariat, a real impediment for achieving the objective of the SEEHN – a fully independent Network with an international status owned by the countries members of the Network . It stressed again the urgency for the establishment on an operational Secretariat for the Network as agreed in the Memorandum of Understanding (MoU) signed between the Network and the Government of Macedonia. The legal basis of the Secretariat must be finalized and the Secretariat must become operational as soon as possible. It must open urgently a bank account so that Member countries of the SEEHN may send their contributions to the Network budget, as agreed. Macedonia must also provide the manpower assistance to the Secretariat as agreed in the MoU. The Network recommended that an appropriate letter be sent urgently to that effect to the Government of Macedonia by the Presidency of the Network.

## **4. PUTTING THE BANJA LUKA PLEDGE IN ACTION.**

### **4.1 IMPLEMENTATION OF THE BANJA LUKA PLEDGE BY THE SEEHN**

Ms. Frederiek Mantingh, Technical Officer, Division of Noncommunicable Diseases and Health Promotion, WHO Regional Office for Europe presented a brief analysis of the SEE commitments of the Banja Luka Pledge in relation to the expected results and products agreed and stated in the SEE countries BCAs for 2012-2013 as well as the global and European policies. As a result, WHO Europe suggested a number of concerted actions to be implemented by the SEE Health Network with its political, technical and financial support including through the newly established RHDC for NCD in Podgoritsa, Montenegro. Amongst all, the following actions were decided to be considered and included in both the long term strategy and short-term work plan of the SEEHN:

1. **Banja Luka Pledge, Article III.1:** Accepting, adhering to and implementing and national levels the vision, values, principles, strategies and actions of
  - European strategies



- Follow-up meeting for SEEHN on the Technical Consultation on NCD Surveillance Oslo 2012
  - Preparation meeting for 8GCHP Helsinki 2013
2. **Banja Luka Pledge, Article III.2:** Committing ourselves to securing and expanding universal, individual and population-based preventive and health-promoting services for all our populations
    - Series of exchanges on the Best Buys and interventions of the European NCD Action Plan for WHO Counterparts of different programmes
  3. **Banja Luka Pledge, Article III.3:** Developing and implementing national action plans for controlling and preventing noncommunicable diseases
    - RHDC to support the project on health system strengthening for better NCD outcomes
  4. **Banja Luka Pledge, Article III.6:** Fostering and sustaining collaboration to ensure full utilization of knowledge and experience in the fields of public health and health care
    - Website to exchange experiences
    - Organize training for strengthening negotiating and networking skills
    - Joint fundraising activities

The SEEHN meeting considered various approaches on how to develop rapidly an action plan for the short term (1 to 2 years) implementation of the Banja Luka Pledge and to develop a medium term (5 years) strategy.

It was agreed to establish a small working group to be lead by Montenegro (with possibly a meeting in Podgornica) which could also propose concrete projects for possible EC and WHO funding in particular. The European Commission, WHO and the Executive Committee must be fully involved in this working group. The meeting could be taking place within the framework of the RHDC in Macedonia – adequate support is to be provided.

Dr. Petrova-Benedict (IOM) suggested as a possible topic for consideration “Roma Migration and Health” of political relevance (for the Network, the European Commission and WHO). As IOM is already involved in this sector it will also strengthen the links between the SEEHN and IOM

#### **4.2 COOPERATION WITH THE EUROPEAN COMMISSION**

The development of this cooperation was considered essential by the Network and welcomed by the European Commission; it should be fully integrated in the development of the Plan of Action for the SEEHN currently being developed.

Based on a proposal from the European Commission (DG SANCO) the first practical steps of this cooperation were established. DG SANCO offered to inform the SEEHN of the Committees and Working Groups meetings of DG SANCO on Health related activities which could be opened to the participation of some observers from the SEEHN ( in addition to the ex-officio participation of the EU Member States members of the SEEHN). The SEEHN welcomed warmly this offer and the Executive Committee was directed to explore and firm-up the practical implementation of this offer from DG SANCO.

To further strengthen the links (and information exchange) between DG SANCO and the SEEHN it was agreed that the experts from the EU Member States also members of the SEEHN will be invited to regularly inform the Executive Committee of the “events” they attend at the European Commission and also report at the SEEHN meetings. The same hold true for the experts nominated by the SEEHN to participate in these meetings. To ensure increased coherence of the priorities of the SEEHN with those of the European Commission (when appropriate), flexibility will be introduced in the Work Programmes (2012 and beyond) of the SEEHN so that the SEEHN be able to incorporate (as necessary) the priorities identified by DG SANCO in its own programme. DG ENLARG indicated that such an approach should facilitate also the practical collaboration with DG ENLARG. In this context the non-EU countries members of the SEEHN must convince their representatives at the Regional Cooperation Council of the importance of health as a priority for support in the regional assistance programmes. The DG ENLARG Representative (Mrs. Daniela Topirceanu) recalled that support funds are available in relation to the EU accession process, including the multi beneficiary dimension, to address common needs as well as for strengthening regional cooperation. Some support could be provided for the development of a strategic plan to put the Banja Luka Pledge into action at the Regional level. She concluded by giving some of health related topics already funded, such as disaster risk reduction and prevention of hazards.

The discussion focused on the need to influence the strategic decisions of the RCC for the period 2014-2020. The strategic concept of Health in all Policies should be kept in mind by strengthening the health component in the other policies. Slovenia and Croatia presented some examples on how they used already these funds, at least at the national level.

## **5. EXTENDING THE SEEHN PARTNERSHIP NETWORK: SIGNING MEMORANDA OF UNDERSTANDING**

This 28<sup>th</sup> meeting of the SEEHN extended significantly the partnership of the SEEHN with two key partners in the health field in Europe – *EuroHealthNet* and the *European Health Forum Gastein*. Dr. Maria Ruseva, on behalf of the WHO/EURO Regional Director stressed that the visible recognition of the active cooperation between health networks is an essential WHO/EURO goal.

The MoU on cooperation in Public Health between the SEEHN and the European Health Forum Gastein was signed respectively by Professor Rajko Ostojic, President of the SEEHN – Minister of Health of the Republic of Croatia and Prof. Dr. Günter Leiner, President of the International Forum Gastein. It provides for a broad range of areas of cooperation in the public health field. As a first joint action the European Health Forum Gastein proposed the holding of a SEE High-Level Health Forum on 2 October 2012 in Bad Gastein in the framework of the 15<sup>th</sup> European Health Framework Gastein, and submitted a concept paper to that effect. The SEEHN responded favorably to this proposal and an initial exchange of views as to scope and topics of this Forum took place. It was agreed that a small questionnaire to the member countries is to be prepared by the secretariat/executive committee to consider the title and topics to be covered and a short paper prepared for the 29<sup>th</sup> meeting of the SEEHN in Zagreb. There is the further need to consider the financial implications of the Forum.

The MoU on cooperation in Public Health between the SEEHN and EuroHealthNet was signed respectively by Professor Rajko Ostojic, President of the SEEHN – Minister of Health of the Republic of Croatia and by Prof. David Pattison, President of EuroHealthNet. It follows the signing of the Banja Luka Pledge by EuroHealthNet.

Prof. Pattison stressed the close links between DG SANCO and EuroHealthNet, and stressed that the European Commission encourages EuroHealthNet to extend its membership beyond the EU, opened since 2011 (Institutions are members and not countries) . The mutual participation of EuroHealthNet and SEEHN in each other's meetings and possibly activities will be particularly beneficial to the SEEHN as it will provide the SEEHN with better insight into the Health priority areas of the European Union, and might lead eventually to the submission of joint proposals for support from the European Commission. The considerable knowledge acquired by EuroHealthNet as to the availability of EU structural funds in the health area will be of considerable value to the SEEHN. The establishment of a joint committee to promote the cooperation between the two organizations has been agreed, and as a first step an exchange of calendar of events will take place to be updated regularly. The health workforce capacity building project will also be given priority consideration.

## **6. PUBLIC HEALTH WORKFORCE CAPACITY BUILDING FOR HIAP IMPLEMENTATION TO PREVENT AND CONTROL NCD IN THE SEE REGION**

### **STRENGTHENING CAPACITY IN HIAP -SUPPORT TO IMPLEMENTATION OF COMMITMENTS IN THE BANJA LUKA DECLARATION.**

An overview was presented of a new European-wide capacity building initiative which is being established in partnership with member states and European organizations and institutions to strengthen policies and governance of the underlying causes of ill health and health inequities. The initiative being coordinated through the WHO EURO Office for Investment for Health & Development, has a major focus on strengthening application

of best evidence, new thinking and promising practices in health in all policies (HiAP) and equity in health in all policies. (EHiP) approaches within government and between government and other actors in society including local communities & third sector organizations. Focus is on practical problem solving and generation and implementation of sustainable solutions to improve health and address underlying determinants of health equity/inequities

The capacity building initiative, known as the *Governance for Social Determinants of Health & Equity Solutions Laboratory* will include

- structured learning exchanges between countries to address common challenges, cross-fertilize learning and enrich national and local policy to address the social determinants of health and reduce inequities;
- an ‘open-source’ approach to accelerate capacity in applying governance solutions through multicounty and regional policy dialogues, workshops and online communities of learning;
- techniques for surfacing new and emerging issues that impact on performance to address the social determinants of health and generating most promising responses, through policy simulations, partnership panels and evidence consortia.

Thematic Areas for capacity building include

- Tackling social inequities using multistakeholder approaches - *lessons learned and promising practices*
- Building resilient and cohesive communities - *Assets based policies & approaches*
- The contribution of health (for all) to achieving fair and sustainable society
- Investing for health & health equity in broader development agendas –*options and mechanisms*
- Making the economic case for investing in /safeguarding (universal) policies for health and well being
- Sustaining action to improve health and reduce social inequities - *Adaptive Governance solutions.*
- Equity Analysis and Assessment Techniques
- Governance beyond national borders – *instruments and approaches to shaping external agendas for fair and sustainable societies.*

**Proposal to develop a special capacity building program for SEE Health Network on HiAP & eHiAP linked to the Governance for SDH Solutions Laboratory.**

The opportunity to develop a special program to build capacity among SEEHealth Network Members in implementing HiAP & eHiAP was put forward and described. The main aim would be to support implementation of the commitments in the Banja Luka Declaration, set out below.

Proposed Aims

1. Support members of the SEE Health Network to advance National priorities & opportunities to implement eHiAP- *country specific capacity building*

2. Contribute to strengthening capacity in eHiAP across the Network - *Network based learning exchanges and with other European and Global Initiatives*
3. Contribute to implementing commitments in the Banja Luka Declaration on HiAP

#### Proposed Capacity Building Content & Approach

Content would be designed around needs assessment of countries and other partners. The main HiAP/ eHiAP capacity building priorities that were identified in the National HiAP studies and the Cross Country Synthesis Report on *Opportunities for scaling up and strengthening Health in All Policies in South-Eastern Europe* (2011) are shown in Figure 1 below. These could provide the main areas for content development

#### **Common HiAP/ eHiAP challenges identified by SEEHealth Network in 2011**

1. Positioning/Securing support & commitment for health and health equity as government priorities
2. Building and sustaining cooperation with other sectors (particularly finance, economy and development sectors) to pool investments and develop policies that impact on the social and economic determinants of health and health inequities
3. Strengthening monitoring and analysis of health by social and economic status (e.g. income, employment status and education) in order to show i) the contribution health makes to other policies and development goals ii) how other sectoral policies /investments benefit or undermine underlying social and economic causes of health and health inequities
4. Strengthening community capacity and resilience to be healthy

#### Methods & Approaches

- Topic/issue specific training and seminars that focus on problem solving and development of specific solutions to advance HIAP within member countries
- On going Courses, including e-learning & exchanges, policy dialogues, simulation exercises & workshops to build know how, evidence and skills to scale up HiAP across the Network.
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The program would be delivered in partnership with WHO CCs & Centers of Excellence, PH faculties in Universities, other networks and including Regional Health and Development Centers and partners to the Governance for Social Determinants of Health & Equity Solutions Laboratory (see attached short PPP outlining the proposed capacity building program on HiAP/eHiAP)

The rationale for developing a special program for the SEE Health network and inking this to the Governance for Social Determinants of Health & Equity Solutions Laboratory is because many of the priorities identified by SEE Network members for HiAP & eHiAP are being addressed through the laboratory and there would be opportunity for the Network to draw on learning, resources and partners from other programs within the

laboratory. This would further support capacity and resource mobilization of the Network. It would also provide one vehicle through which the Network as a whole and as individual could share learning and increase their support and profile with other partners and institutions in the region.

The meeting agreed that capacity building is an important issue for the network and a proposal to hold a follow up meeting specifically to discuss Capacity Building options, priorities and partnerships was put forward and agreed. .

## **7. MAIN OUTCOMES, CONCLUSIONS AND DECISIONS**

1. The meeting benefited from a large participation – member countries and partner countries of the SEEHN, and a number of partner and interested organizations: European Commission (DG SANCO & DG ENLARG), WHO/EURO, IOM, EUROHEALTH, BAD-GASTEIN FORUM).
2. The main objective of this exceptional meeting under the chairmanship of Croatia, to establish, start and develop the process of the implementation of the BANJA LUKA (2011) Ministerial Pledge was achieved.
3. The high level participation of the European Commission (DG SANCO and DG ENLARG) was very much appreciated by the Network.
4. The Network stressed again the urgency for the establishment on an operational Secretariat for the Network as agreed in the Memorandum of Understanding (MoU) signed between the Network and the Government of Macedonia. The legal basis of the Secretariat must be finalized and the Secretariat must open urgently a bank account so that Member countries of the SEEHN may send their contributions. Macedonia must also provide the manpower assistance to the Secretariat as agreed in the MoU. The Network recommended that an appropriate letter be sent to that effect to the Government of Macedonia by the Presidency of the Network.
5. The Executive Committee: it was agreed that the mandate of the Executive Committee need to be strengthened and its status and independency more firmly established – an amendment to the MoU must be drafted – a draft will be prepared by the Executive Committee and the Secretariat and submitted for approval to the next SEEHN meeting. The Secretariat, and cooperation with the Executive Committee will also prepare the procedure for the renewal of the Executive Committee – including nominations – so that a new Executive Committee can be agreed at the next SEEHN meeting. In the meantime the replacement of Dr Elizabet Paunovic (Serbia) with Dr Petar Bulat (Serbia).was agreed.

6. Cooperation with the European Commission. The development of this cooperation was considered essential by the Network and welcomed by the European Commission.
  - a. Based on a proposal from the European Commission (DG SANCO) the first practical steps of this cooperation were established. DG SANCO offered to inform the SEEHN of the Committees and Working Groups meetings of DG SANCO on Health related activities which could be opened to the participation of some observers from the SEEHN ( in addition to the ex-officio participation of the EU Member States members of the SEEHN). The SEEHN welcomed warmly this offer and the Executive Committee was directed to explore and firm-up the practical implementation of this offer from DG SANCO.
  - b. To further strengthen the links (and information exchange) between DG SANCO and the SEEHN it was agreed that:
  - c. -the experts from the EU Member States also members of the SEEHN will be invited to regularly inform the Executive Committee of the “events” they attend at the European Commission and also report at the SEEHN meetings. The same hold true for the experts nominated by the SEEHN to participate in these meetings. To ensure increased coherence of the priorities of the SEEHN with those of the European Commission (when appropriate), flexibility will be introduced in the Work Programmes (2012 and beyond) of the SEEHN so that the SEEHN be able to incorporate, as necessary) the priorities identified by DG SANCO in its own programme. DG ENLARG indicated that such an approach should facilitate also the practical collaboration with DG ENLARG.
7. The SEEHN recognized the urgent need for a more proactive approach towards health by the Ministries of Health within the framework of the Regional Cooperation Council (RCC); the importance of this demarche was also stressed by the representative of the RCC at the meeting.
8. 8. A Memorandum of Understanding (MoU) was signed by the EuroHealthNet of (EHN) and the SEEHN establishing a working cooperation of mutual benefit in view of the similarity of some of the activities between the two entities and the long-standing experience of the EHN in its relations with the European Commission; an initial discussion was held regarding the steps to be taken for the practical implantation of this agreement, such as mutual participation in the meetings of both organizations and the opening of EHN membership to SEEHN countries and possibly to the Network itself.
9. A Memorandum of Understanding (MoU) was signed by the European Health Forum Gastein (EHFG) and the SEEHN, with the aim in particular to organize a an SEE High Level Forum in Bad-Gastein in October 2012; the draft components of the Programme were discussed – with the focus on the implementation of Aquis Coomunauaire, depending on the nature of the meeting and funding of the meeting . The issues of participation and funding were also discussed. The urgency of resolving these issues was stressed.

10. Know how and capacity building in support of the Banja Luka Pledge. Preliminary ideas and practical possibilities were presented by experts ( WHO/EURO -European Office for Investment for Health and development) focusing on distance learning. The Network agreed to devote further its attention to this crucial topic by organizing a special meeting in advance of the next SEEHN meeting and to highlight it at that meeting.



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