



**Second Health Ministers' Forum**  
With the special participation of ministers of finance

*Health and Economic Development in  
South-Eastern Europe in the 21st Century*  
Skopje, The former Yugoslav Republic of Macedonia, 25–26 November 2005

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Original English

# The Skopje Pledge

Note: Any reference in this document to the terms “partner” and “partnership” does not constitute, and should not be considered as, any indication of a separate legal entity.

We, the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, the Republic of Moldova, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia, have gathered for the Second Health Ministers' Forum for health and economic development in South-eastern Europe in Skopje, The former Yugoslav Republic of Macedonia on 25 and 26 November 2005 with the purpose of discussing progress achieved towards the goals of the Dubrovnik Pledge.

### **Current situation**

We acknowledge the importance of the role of the South-eastern Europe (SEE) Health Network - in partnership with the World Health Organization (WHO) Regional Office for Europe and the Council of Europe, supported by the Council of Europe Development Bank and in the framework of the Social Cohesion Initiative of the Stability Pact – in meeting the challenges related to the health needs of vulnerable populations in the SEE region.

We:

- recognize that health, as an integral determinant of social cohesion, and an investment and a major factor in development, is essential to lasting peace, stability and economic progress;
- recognize that regional cooperation in the field of health is a vital part of the European Union (EU) integration process;
- recognize that health and the health systems in the SEE region are facing important challenges;
- recognize that there is a need to continue to develop, strengthen and support work being carried out in this area in general and, in particular, to improve the access of vulnerable populations in society to the health services of the region;
- recognize that there is a need to promote the exchange of experiences within the area of health systems and health system reform, at international, regional and national levels;
- express our gratitude for the support received from international and bilateral institutions and governments, and particularly the important analytical and policy development work of the Council of Europe, the Council of Europe Development Bank and the WHO Regional Office for Europe.

### **Looking forward**

Having reviewed the concerted action taken over the last five years in health development as a bridge to reconciliation, peace and development, we accept the challenge of reforming the health systems in the region and thus contributing to its economic development in the twenty-first century.

WE UNANIMOUSLY AGREE:

- to continue to cooperate beyond 2005 on the initiative: "Health development action for south-eastern Europe: the South-Eastern Europe Health Network" (hereinafter referred to as the SEE Health Network);
- to further consolidate the SEE Health Network alliance at regional level, according to its agreed Statutes, which form an integral part of this Pledge (Annex);

- to assume full responsibility for regional cooperation on health and health-related projects;
- to continue regional cooperation and concerted efforts to improve the health systems of the countries in the SEE region in order to secure universal access to high-quality public health services for the populations of the region, based on sustainable financing;
- to confirm our commitment to implement action in the thematic areas identified in the Dubrovnik Pledge and, in doing so, to develop and apply the common criteria and procedures outlined in the Statutes;
- to demonstrate the economic potential of health as a means to increase productivity and decrease public expenditure on illness: a healthy population works better and produces more;
- to strengthen regional collaboration and coordination on preparedness planning for emerging priorities and to put this forward as a priority for action within the SEE Health Network;
- to advocate that national governments should put health higher on the political agenda and ensure that health is reflected in the policies and strategies of other sectors;
- to empower health professionals to ensure a sustainable long-term improvement in public health.

WE COMMIT OURSELVES to transparency and dedication in the implementation and reporting of all project activities and their results.

### **Plea to international stakeholders**

The Second Health Ministers' Forum on Health and Economic Development in South-Eastern Europe recognizes the need for assistance from international stakeholders to achieve the goals of this Pledge.

WE LOOK TO the Council of Europe and the WHO Regional Office for Europe for strategic guidance in further consolidating regional cooperation through concerted action to improve the health systems in the region and provide its populations with universal access to high quality health services. We also request their support in the further implementation of action related to the thematic areas outlined in the Dubrovnik Pledge and in fulfilling the commitments of this Pledge.

WE ASK THAT the international community assist by providing resources to support the implementation of urgent action for health and economic development in the above-mentioned areas. In doing so, we commit ourselves to transparency and dedication in the implementation and reporting of all project activities and their results, in accordance with the Statutes of the SEE Health Network.

WE REQUEST THAT the WHO Regional Office for Europe and the Council of Europe report to their governing bodies on this Pledge and the progress achieved towards its goals.

## SIGNATORIES

### Ministers of Health of the SEE Member States

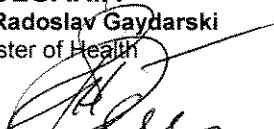
#### ALBANIA

Dr Maksim Cikuli  
Minister of Health



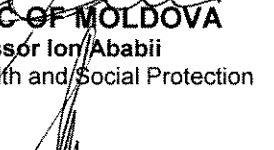
#### BULGARIA

Professor Radoslav Gaydarski  
Minister of Health



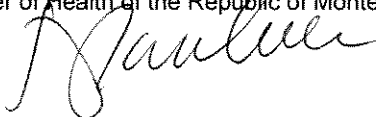
#### REPUBLIC OF MOLDOVA

Professor Ion Ababii  
Minister of Health and Social Protection



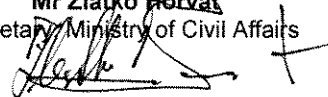
#### SERBIA and MONTENEGRO

Professor Miodrag Pavlicic  
Minister of Health of the Republic of Montenegro



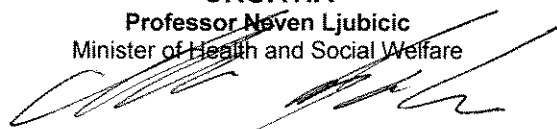
#### BOSNIA AND HERZEGOVINA

Mr Zlatko Horvat  
Secretary, Ministry of Civil Affairs



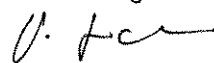
#### CROATIA

Professor Neven Ljubicic  
Minister of Health and Social Welfare



#### ROMANIA

Mr Vasile Leca, Charge d'Affaires a.i., Embassy of  
Romania to The former Yugoslav Republic of Macedonia



#### THE FORMER YUGOSLAV REPUBLIC OF MACEDONIA

Professor Vladimir Dimov  
Minister of Health

### Witnessed in the presence of:

#### Partner States

#### BELGIUM

Ms Leen Meulenbergs  
Advisor, Ministry of Health



#### NORWAY

Mr Wegard Harsvik  
State Secretary, Ministry of Health and Care Services



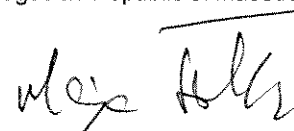
#### GREECE

Dr Pavlos Theodorakis, SEE National Health  
Coordinator, Ministry of Health and Social Solidarity



#### SLOVENIA

H.E. Mr Marjan Siftar, Ambassador of Slovenia to The  
former Yugoslav Republic of Macedonia



#### SWITZERLAND

Mr Romain Darbellay,  
Deputy Chief of Mission, Embassy of Switzerland to The former Yugoslav Republic of Macedonia



#### Partner Organizations

#### Council of Europe

Mr Alexander Vladychenko  
Director General, Directorate General III-Social Cohesion



#### Social Cohesion Initiative of the Stability Pact for South Eastern Europe

Mr Laurent Guye, Director of Working Table II-Economy



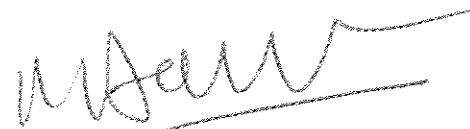
#### Council of Europe Development Bank

Mr Krzysztof Ners  
Vice-Governor



#### WHO Regional Office for Europe

Dr Marc Danzon  
Regional Director for Europe



Skopje, The former Yugoslav Republic of Macedonia, 26 November 2005



**REPUBLIC OF MACEDONIA  
MINISTRY OF HEALTH**

No.07-12460  
25.11.2005  
Skopje

**Skopje, 25 November 2005**

Der Mr. Danzon,

I hereby acknowledge receipt of your letter from November, 2005 referring to the Skopje Pledge.

I have the honour to confirm that the above-mentioned Skopje Pledge is acceptable . Therefore, please consider this letter as equivalent to signature of the Skopje Pledge on the part of the Republic of Macedonia.

With regard to the provisional reference to my country as used in the Skopje Pledge I hereby reiterate that its constitutional name is the Republic of Macedonia.

Accept, Sir, the assurances of my highest consideration.

**MINISTER OF HEALTH  
Prof. Vladimir DIMOV, MD, PhD**

**TO:Mr. Marc Danzon, M.D.  
Regional Director  
Regional Office for Europe  
Of the World Health Organisation**

**COPENHAGEN**

*Annex 1*

**Statutes of the  
South-Eastern Europe  
Health Network**

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## **Title I – General provisions**

### **Article 1 – Composition**

1. The South-Eastern Europe (SEE) Health Network is a joint initiative, under the auspices of the Stability Pact Initiative for Social Cohesion (SP ISC), of the ministries of health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro, and The former Yugoslav Republic of Macedonia, (hereinafter referred to as the SEE member states).
2. The SEE Health Network works in collaboration with a number of European countries (Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden, and Switzerland – hereinafter referred to as the partner states), and the Council of Europe, the Council of Europe Development Bank and the World Health Organization Regional Office for Europe (hereinafter collectively referred to as the partner organizations).
3. Other countries or international governmental organizations wishing to join the SEE Health Network may become partners on accepting the relevant decisions and statutes of the SP ISC and signing this Pledge.

### **Article 2 – Mandate**

The SEE Health Network is a regional initiative providing and sustaining the ownership and leadership of the countries in the region in implementing concerted action in the health priority areas defined by the ministers of health of the SEE member states

### **Article 3 – Principles**

Collaboration within the SEE Health Network is guided by the following principles:

- regional ownership
- partnership
- transparency and accountability
- complementarity
- sustainability
- equal and active involvement of all SEE member states
- distribution of activities and resources based on a country needs assessment
- decentralization of activities and resources
- efficiency.

### **Article 4 – Objectives**

The objectives and tasks of the SEE Health Network are:

- (a) to provide a regional health policy forum, based on the common understanding that health development is an essential prerequisite to further socioeconomic progress in the region;

- (b) to provide a framework for exchange of information, knowledge and experience, as well as coordination, guidance and provision of technical assistance to health-related actions initiated by the ministers of health of the SEE member states at their regional meetings;
- (c) to steer, monitor and evaluate the implementation of health-related actions initiated by the ministers of health of the SEE member states at their regional meetings and all regional projects within their framework;
- (d) to stimulate and foster partnerships with other countries and international governmental organizations for regional health efforts in south-eastern Europe;
- (e) to promote cooperation with other national and international public, nongovernmental and private organizations, institutions and bodies which are active in the fields that are of interest to the SEE Health Network in order to fulfil its objectives, within the limits imposed by these Statutes and within the rules and regulations of the partner organizations.

## **Title II – Priorities for cooperation**

### **Article 5 – General provisions**

1. The ministers of health of the SEE member states agree to continue their regional collaboration and concerted efforts to improve the health systems in the region to ensure universal access to high quality health services for their populations (hereinafter referred to as the global area of action).
2. The ministers of health of the SEE member states reconfirm their commitment to the implementation of the actions in the priority public health areas identified in the Dubrovnik Pledge.
3. The ministers of health of the SEE member states agree to apply common criteria and procedures, as identified in articles 6 and 7 of these Statutes, needed for establishing new priorities and cancelling or terminating projects.

### **Article 6 – Priority setting**

New priorities for collaboration and regional projects within the global area of action referred to in paragraph 1 of Article 5, will be selected using the following criteria:

- (a) they must be national priorities of each SEE ministry of health according to their national health strategies
- (b) they must respond to regional needs and contribute to regional and trans-border development
- (c) they must contribute to the European Union integration process.

### **Article 7 – Cancellation**

The cancellation and termination of priorities for collaboration and regional projects within the global area of action referred to in paragraph 1 of Article 5 will be based on the following criteria:

- (a) failure to raise funds for implementation of the priority project within two years from the date on which the proposal was agreed to by the SEE Health Network;
- (b) any change in the overall circumstances that renders obsolete the need for implementation of the project activities within the countries of the SEE Health Network;

- (c) any change in the overall circumstances of the countries of the region that hinders the implementation of project activities.

## **Title III – Organizational structure**

### **Article 8 – General structure**

The organizational structure of the SEE Health Network shall be the following: (a) the Presidency and Regional Meeting of the SEE Health Network, (b) the SEE Health Network Executive Committee, (c) the SEE Health Network Secretariat, (d) regional project managers, and (e) country project managers.

### **Article 9 – Presidency and Regional Meeting of the SEE Health Network**

1. The Presidency will be held by a ministry of health of one of the SEE countries. It will rotate once every six months following the alphabetical order of the countries and the “troika” principle (past, current and future presidents forming a team). The SEE country that holds the Presidency of the SEE Health Network will host one meeting of the SEE Health Network and its Executive Committee and provide secretarial support during the six-month period of its Presidency.
2. The Regional Meeting of the SEE Health Network shall comprise one high-level representative hereafter referred to as “National Health Coordinator”, and an alternate nominated by the ministry of health of each country, whether an SEE member state or a partner country, as well as one representative from each partner organization. The national health coordinators and alternates will either be professionals from the international relations departments of the ministries of health, or will be supported by these departments in the respective countries.
3. The role and responsibilities of the SEE Health Network are contained in Appendix 1 of these Statutes.
4. The SEE Health Network shall operate on the basis of consensus and its decisions shall be taken in accordance with the relevant decisions and statutes of the SP ISC and of these Statutes.
5. The SEE Health Network shall meet twice a year. Additional meetings may be called by any member of the SEE Health Network and shall be held if a majority of the members agree.
6. The SEE Health Network shall receive technical and financial progress reports, prepared by the Secretariat, at least four weeks before its meetings. One of the meetings shall take place at least one month before the end of the operational year and shall be devoted to discussion of the proposed work plan and budget for the following operational year.

### **Article 10 – Executive Committee**

1. The Executive Committee shall be composed of five members, three of them representing the SEE member states, one representing the partner states and one member jointly nominated by the SP ISC, the Council of Europe, the Council of Europe Development Bank, and the WHO Regional Office for Europe. The members of the Executive Committee shall be elected by the SEE Health Network on their personal merit for a period of two years. Should a member withdraw or be withdrawn before completing the Committee’s term of office, the SEE Health Network shall be responsible for appointing a replacement following established procedures. Representatives of the Council of Europe, the Council of Europe Development Bank, the SP ISC Secretariat, and the WHO Regional Office for Europe may participate in the meetings as observers with the right to contribute to the discussions.

2. The Executive Committee shall appoint a chairperson, an alternate and a rapporteur for its term of two years.
3. The roles and responsibilities of the Executive Committee are contained in Appendix 1 of these Statutes.

### **Article 11 – Secretariat**

1. The Secretariat shall be provided on a rotational basis by the ministry of health of the SEE country that holds the Presidency of the SEE Health Network. For this purpose, the respective minister of health shall secure the necessary resources and support for the regional meetings.
2. The Secretariat shall provide administrative support to the SEE Health Network and the Executive Committee.
3. The roles and responsibilities of the Secretariat are contained in Appendix 1 of these Statutes.

## **Title IV – Regional projects: Organizational Structure**

### **Article 12 – Regional project managers**

1. The projects developed under the SEE Health Network shall be implemented according to the project documentation agreed by the Network.
2. Each regional health project developed by the SEE Health Network shall have a regional focal point, referred to as the “regional project managers”, responsible for the overall implementation and management of the project.
3. The regional project manager shall be recruited by the ministry of health of the country regionally responsible for the health project on the basis of a proposal by the Executive Committee, according to the specific procedures established by the SEE Health Network and respecting national regulations.
4. The roles and responsibilities of the regional project manager are contained in Appendix 1 of these Statutes.

### **Article 13 – Country project managers**

1. In order to sustain implementation of activities, the SEE Health Network shall be supported by national core teams comprising the national health coordinator and one expert within each project area, referred to as the “country project managers”.
2. The country project manager shall be recruited by the ministry of health of the country in which the project is to be implemented, according to specific procedures set by the SEE Health Network based on a proposal of the project executive committee and according to the respective national regulations.
3. The roles and responsibilities of the country project manager are contained in Appendix 1 of these Statutes.

## **Title V – Funding**

### **Article 14**

1. At the political level the SEE ministry of health of the member state that holds the presidency of the SEE Health Network shall during its presidency, provide funds for:
  - (a) secretarial support to the SEE Health Network and the Executive Committee;
  - (b) hosting, organizing and covering the local costs (local transportation, meeting facilities and equipment, interpretation if needed, and the travel and accommodation costs of its own representatives) of one meeting of the SEE Health Network and of the Executive Committee during its Presidency.
2. During the transitional period in 2006 and 2007, the WHO Regional Office for Europe and the Council of Europe will continue to support the participation of the SEE national health coordinators and, if appropriate, the regional project managers, except those from the host country, in the SEE Health Network meetings.
3. During the transitional period in 2006 and 2007, the WHO Regional Office for Europe and the Council of Europe will extend their support to the SEE Health Network Secretariat to strengthen the capacities of the ministries of health to allow them to operate independently and lead the regional health cooperation process beyond 2007.
4. During the transitional period in 2006 and 2007, the SP ISC will support the SEE Health Network by providing additional resources to strengthening regional capacities to assume full ownership of the Network.
5. After the two-year transitional period, all SEE member states will cover the participation costs of their representatives on the SEE Health Network and the Executive Committee.
6. At the technical level, each SEE Ministry of Health will delegate, authorize and provide funds for an existing or a newly established public health institution to serve as the thematic regional centre coordinating collaboration in a specific technical area. Technical cooperation within the SEE Health Network shall be based on projects developed in agreement with the SEE Health Network.
7. Partner states and partner organizations shall provide funds for the participation of their representatives in the meetings of the SEE Health Network and the Executive Committee, as well as for the development and implementation of projects, unless otherwise agreed.

## **Title VI – Use of Outputs**

### **Article 15**

1. After approval from the WHO Regional Office for Europe, the use of the name and the logo of the SEE Health Network shall be determined by the Executive Committee, having regard to general advice on the issue by the SEE Health Network. This requirement applies to all fields related to the mandate of the SEE Health Network, including meetings, initiatives and publications.
2. The outputs of the SEE Health Network shall be credited to the members. Any dissemination activities such as presentations in public fora and dissemination of products such as publications shall acknowledge all members.
3. Written outputs of the SEE Health Network shall be reviewed internally by the Secretariat, in collaboration with the Executive Committee, for technical and scientific quality. All publications

shall include the following disclaimer: “The views and opinions expressed in South-eastern Europe Health Network publications do not necessarily reflect the official policy of the members”.

## **Title VII – Transitional provisions**

### **Article 16**

1. On the entry into force of these Statutes, the Statutes of the SEE Health Network from November 2004 will cease to be valid.

*26 November 2005*  
*Skopje*

## Appendix 1 to the Statutes

### Roles and responsibilities

1. The roles and responsibilities of the SEE Health Network are:
  - (a) to promote international and national exchange of experiences in the areas of public health, health systems and their reform;
  - (b) to develop, strengthen and support work in the area of health in general and, in particular, to improve the access of vulnerable populations to health services;
  - (c) to promote and facilitate the strengthening of national coordination between government sectors, who are stakeholders in the health development process, including the exchange and dissemination of information;
  - (d) to provide a focal point for the national coordination of all regional health projects;
  - (e) to report to and share experiences within the SEE Health Network on the national implementation of the regional health projects;
  - (f) to assist in identifying emerging health issues and contribute to the technical development of existing and new regional health projects;
  - (g) to promote the values, principles, activities, achievements and experiences of and lessons learnt by the SEE Health Network and the implementation of the Dubrovnik Pledge and the Skopje Pledge at both international and national levels;
  - (h) to contribute to the development of partnerships with countries and other relevant organizations;
  - (i) to ensure the commitment of all present and potential partners to this initiative.
2. The roles and responsibilities of the Executive Committee of the SEE Health Network are:
  - (a) to work in coordination with the Secretariat of the SEE Health Network in securing the implementation of all follow-up actions to the decisions taken by the ministers of health of SEE member states at their regional meetings;
  - (b) to cooperate with the Secretariat of the SEE Health Network in preparing for successful outcomes of the SEE Health Network meetings and the regional meetings of the ministers of health of SEE Member States, including in the drafting of regional policy and strategy papers;
  - (c) to approve, after thorough consultation in the SEE Health Network, all reports of its meetings.
3. The roles and responsibilities of the SEE Health Network Secretariat are:
  - (a) to assist the Executive Committee to prepare a proposal for a two-year strategic plan;
  - (b) to assist the Executive Committee to prepare a proposal for the annual work plan and the budget;
  - (c) to support the implementation of the work plan and to manage the activities of the SEE Health Network;
  - (d) to support the fundraising efforts of the SEE Health Network;
  - (e) to assist the Executive Committee to prepare annual technical and financial progress reports for the regular meeting of the SEE Health Network;
  - (f) to assist the Executive Committee to prepare a short interim progress report half-way through each budget year;
  - (g) to assist the Executive Committee to ensure the appropriate utilization of resources.

### **Appendix 1 to the Statutes**

4. The roles and responsibilities of the SEE regional project managers are:
  - (a) to coordinate the work of the country project managers;
  - (b) to be in charge of the full-time and or part-time salaried staff of their regional office; to recruit and manage the staff according to national regulations;
  - (c) to be responsible for the day-to-day activities of their regional office;
  - (d) to be responsible for the organization and management of inter-country activities;
  - (e) to be responsible for the monitoring of progress of project implementation in all participating countries;
  - (f) to report every two months to the project's executive committee on the progress of project implementation, including problems faced and proposals for solutions, on the basis of country reports;
  - (g) to report and propose subjects for discussion and decision by the project's executive committee;
  - (h) to propose to the project's executive committee re-allocations and changes of outputs and activities, in consultation with the country project managers;
  - (i) to act as the Secretariat for the project's executive committee and steering committee.
5. The roles and responsibilities of the country project managers are:
  - (a) to launch the project in the recipient country;
  - (b) to prepare the specific sub-objectives, activities, tasks, work plan, timetable and budget (project logical framework) for the inception period of the project;
  - (c) to prepare the implementation framework for the recipient country;
  - (d) to coordinate the country activities for the project;
  - (e) to propose local experts for hiring under the project as appropriate;
  - (f) to liaise regularly with the regional project managers and the country project managers in each of the other recipient countries;
  - (g) to mobilize other relevant government institutions, sectors, local authorities and external partners;
  - (h) to monitor the implementation of the activities agreed;
  - (i) to report to the regional project manager and the project's executive committee in the format required;
  - (j) to build up an accounting and invoicing system according to agreed requirements;
  - (k) to prepare the financial statements and reports to the donors as agreed and submit them through the regional project manager;
  - (l) to keep records and files.
6. The roles and responsibilities of the partner states and organizations of the SEE Health Network are:
  - (a) to support the work of the SEE Health Network of the SP ISC promoting health as a bridge for peace, reconciliation, confidence building and development;
  - (b) to promote and facilitate the strengthening of health systems in SEE countries in accordance with the overall goal of the SP ISC;
  - (c) to assist in identifying emerging health issues and to contribute to the technical development of existing and new regional health projects;



**Appendix 1 to the Statutes**

- (d) to promote national and international exchange of experiences in the areas of health systems and their reform;
- (e) to promote the values, principles, activities, achievements and experiences of and the lessons learnt by the SEE Health Network and the implementation of the Dubrovnik Pledge and the Skopje Pledge at both international and national levels;
- (f) to promote and facilitate the strengthening of multisectoral and multidisciplinary partnerships in the region.