Regional Cooperation for Public Health

The South Eastern Europe Health Network: the past, the present and the future

Briefing Note
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**Summary**

The South-eastern Europe Health Network (SEEHN) is a forum of high level officials of the Ministries of Health (MoH) of South-eastern Europe (SEE). It was established in 2001, originally under the auspices of the Stability Pact for SEE, with the aims of fostering regional cooperation and stability of the SEE countries and preparing them for eventual integration into the European Union (EU). In 2008, the Stability Pact for SEE was handed over to the Regional Cooperation Council (RCC), based in Sarajevo, Bosnia and Herzegovina, that provides the political umbrella and leadership for all regional cooperation in the SEE. The SEEHN has a rotating presidency (every 6 months), currently held by Albania. Until the end of 2009, the SEEHN Secretariat was jointly composed of the WHO Regional Office for Europe and the Council of Europe (CoE), when the SEE countries were expected to establish a new Secretariat in the region. The SEEHN implements 10 regional projects, based on political commitments expressed by the countries in three major, political signed documents: the Dubrovnik (2001) and Skopje (2005) Pledges, as well as the Memorandum of Understanding on the future of the SEEHN (2009), signed by the Ministers of Health of the SEE countries.

The WHO Regional Office for Europe has been the driving force of the cooperation in health in the SEE, through the SEEHN, by providing political, managerial and technical support since early 2001. Together with the CoE, it has also provided secretarial support to the network on two levels, both political and regional. For the past nine years, the estimated financial and in-kind contribution to the SEEHN by the 10 partner countries, the Council of Europe, the Council of Europe Development Bank (CEB) and the WHO Regional Office for Europe, exceeds 8 million Euros. The Regional Office is regarded by the SEE countries as the engine of this cooperation that has been guiding and providing advice on the technical cooperation because of its attributes as a specialized UN agency on public health. Its continued contribution and technical support is expected by the SEE countries in their future efforts in transforming the current 10 regional technical projects into long-term programmes of cooperation.

Currently, the SEE countries are expected to complete the procedures for establishing a new Secretariat in Skopje, The former Yugoslav Republic of Macedonia, to take over from the Regional Office and CoE. The new Secretariat will be established once the countries have signed and ratified a Host Country Agreement (sent out for signatures in December 2009). While it is difficult to estimate the time necessary for the ratification of this agreement, it is expected that efforts for preparations for setting up the Secretariat will intensify in the next few months. At the same time, a series of new Regional Health Development Centres (RHDCs) are being established to complete the transformation of the technical projects into long-term programs of cooperation in public health. Each of these RHDCs will cover a technical area as agreed by the SEEHN, based on a proposal submitted by the interested country. At the moment, four RHDCs have been established: Public Health Services (Skopje, The former Yugoslav Republic of Macedonia), Mental Health Services (Sarajevo, Bosnia and Herzegovina), Blood Safety (Oradea, Romania) and Human Organ and Tissue Transplantation (Zagreb, Croatia). Several new proposals are expected before the end of 2010. All the established RHDCs have requested that the Regional Office assist them by providing technical support in establishing the centres, drafting their plans and implementing actions during the first year of activity.
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1. Background and History

The SEE Health Network is a political forum set up to coordinate, implement and evaluate the commitments of the Dubrovnik Pledge and its regional projects for developing health policy and services. The main purpose of the Network is to provide leadership and to sustain project ownership by the countries in the region.

The Network was founded in Sofia, Bulgaria, in April 2001, by the signatories of the Dubrovnik Pledge:\(^1\): Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, Serbia and Montenegro (as named at the time of signing), and The former Yugoslav Republic of Macedonia. At its fourth meeting in May 2002, the Network was further strengthened when joined by the Republic of Moldova and three neighbouring and donor countries: Greece, Hungary and Slovenia.

The Network operated until March 2008, under the auspices of the Social Cohesion Initiative of the Stability Pact, and since then under the auspices of the Regional Cooperation Council. Network meetings are held twice a year and decisions are based on the agreed principles of cooperation.

The projects developed by the Network are coordinated by regional project managers and implemented by country project managers. In addition, technical advisers and other experts are connected to each project. This means that more than 150 professionals are involved in the Network at different political and technical levels.

The Network is supported by a Secretariat run jointly by the Council of Europe and the WHO Regional Office for Europe.

1.1. Principles of cooperation

As agreed at the 4th meeting of the South East Europe Health Network, 26-28 May 2002, in Hillerød, Denmark, the following principles apply to all cooperation within the Network:

- Ownership by countries of South-Eastern Europe (SEE);
- Partnership approach;
- Equal involvement of SEE countries;
- Equal distribution of activities and resources;
- Sustainability (commitment by SEE ministries of health to project implementation at national level, capacity-building and mobilizing of resources for further expansion);
- Complementary and continuity (which implies building up ongoing plans, project, investment through WHO biennial collaborative agreements);
- Up to 30% of funds allocated to management;
- Decentralization of resources;
- Transparency and accountability;
- Project management by a multi-country project Steering Committee; and
- Regular reporting by the Steering Committee of each project to the Network.

\(^1\) The Dubrovnik Pledge: Meeting the health needs for vulnerable populations in South East Europehttp://www.euro.who.int/__data/assets/pdf_file/0009/99738/SEEpledge.pdf
1.2. SEE Health Network Members and Partners

SEEHN is a political and institutional forum set up by the governments of nine countries to promote peace, reconciliation and health in the region, as: Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, the Republic of Moldova, Romania, Serbia and The former Yugoslav Republic of Macedonia.

The unprecedented high political commitment was recognized by a number of partner countries and international organizations. Namely, today the nine SEE countries are strongly supported and work hand in hand with:

- 10 partner countries: Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden, Switzerland, and United Kingdom; and
- 5 partner international organizations: CoE, CEB, International Organization for Migration (IOM), RCC and the WHO Regional Office for Europe.

The transition of the Stability Pact process to the new form of regional cooperation with the establishment of the Regional Cooperation Council, and the perspective for further EU enlargement, created an environment for developing a closer cooperation between the European Commission/DG SANCO and the Network. Therefore, after 2005, the European Commission became an observer with continuously increasing support.

1.3. Organizational structure of the SEEHN

The organizational structure of the SEE Health Network, as stipulated in its statutes, consists of governance and leadership (Presidency, Executive Committee, regional meetings), administration (Secretariat) and technical structures (steering committees of the regional projects in areas of public health, regional management offices and managers, country project offices and managers).

Regional cooperation in public health in the SEE has a political and a technical level. (Annex 3)
2. Major political documents

2.1. The Dubrovnik Pledge

The Dubrovnik Pledge\(^2\), Meeting the health needs of vulnerable populations in South-eastern Europe, is a cornerstone agreement for cooperation and action on health. This is the first-ever political document on cross-border health development in the SEE region. It was signed by the ministers of health on 2 September 2001 at their first SEE ministerial forum\(^3\).

The Dubrovnik Pledge commits the governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Serbia and Montenegro (as named at the time of signing), Romania and The former Yugoslav Republic of Macedonia to modernizing seven areas of common interest in public health.

Seven regional projects, budgeted at over €8 million, were therefore designed to put into effect the political commitments of the Pledge. The governments of Belgium, France, Greece, Hungary, Italy, Norway, Slovenia, Sweden and Switzerland support the projects both technically and financially.

2.2. The Skopje Pledge

The Skopje Pledge\(^4\) is a new cornerstone agreement for cooperation and action on health. This is the second political document on cross-border health development in the SEE region. It was signed by the Ministers of Health of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Republic of Moldova, Romania, Serbia and Montenegro (as named at the time of signing) and The former Yugoslav Republic of Macedonia on 27 November 2005 at their Second Health Ministers Forum with special participation of ministers of finance.

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\(^2\) The Dubrovnik Pledge: Meeting the health needs of vulnerable populations in South East Europe http://www.euro.who.int/__data/assets/pdf_file/0009/99738/SEEplegde.pdf

\(^3\) Health Ministers’ Forum “Health Development Action for South East Europe” held in Dubrovnik, Croatia, 31 August–2 September 2001

Five partner countries, Belgium, Greece, Norway, Slovenia and Switzerland, and the four partner organizations, the Council of Europe, the Council of Europe Development Bank, the WHO Regional Office for Europe and the Stability Pact Secretariat, co-signed the Skopje Pledge and witnessed it.

The Skopje Pledge confirmed the commitment of the governments of the eight SEE countries 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);
- further consolidate the SEE Health Network alliance at a regional level, according to its agreed statutes, which form an integral part of this Pledge;
- assume full responsibility for regional cooperation on health and health-related projects;
- 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;
- 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;
- 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;
- 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;
- 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;
- empower health professionals to ensure a sustainable long-term improvement in public health.

2.3. Second Health Ministers’ Forum Report

The Second Health Ministers’ Forum on “Health and economic development in south-eastern Europe in the twenty-first century”, held in Skopje on 25 and 26 November 2005, was attended by ministers of health and finance of the countries of South-eastern Europe, representatives of partner organizations and institutions, and partner states as well as over 100 other participants.

The Second Health Ministers’ Forum had three objectives:

a) to consolidate the SEE Health Network alliance at regional level by increasing crossborder opportunities for local partners to work together to improve health and strengthen health systems;
b) to support the ministries of health in assuming ownership of the regional health projects and to assist them in inspiring and empowering health professionals to ensure sustainable long-term improvements in public health;
c) to demonstrate the economic potential of health as a way of increasing productivity and decreasing public expenditure on illness: a healthy population works better and produces more.
2.4. Ministerial Declarations

“Long-term Programme for Regional Collaboration and Development on Mental Health” and “Strengthening national and regional capacities for epidemic preparedness and response to implement the International Health Regulations”

The two ministerial declarations are currently being signed by the ministers of health of the SEE region. These declarations are the materialization of the SEE Ministers of Health commitment, expressed during the Second Health Ministers’ Forum in Skopje, 2005, to move to long-term programmes of collaboration in public health in SEE, and more specifically on the epidemic preparedness and the implementation of the International Health Regulations, and Mental Health.

2.5. Memorandum of Understanding

Future of the South-eastern Europe Health Network in the framework of the South East European Co-operation Process (2008 and beyond)

The process of regional ownership, as defined by the Ministers of Health of the SEE region during the Skopje Ministerial Forum, made a series of important steps in 2008. The MoU stipulates that a regional secretariat will be established in the SEE region and functional by 2009. The MoU also outlines the steps for establishing the Regional Health Development Centres in SEE.

The MoU is a major political document of the SEE Health Network. The signing of this MoU, the establishing of the regional secretariat and of the regional health development centres, marks the end of the transfer of ownership process, agreed upon by the SEE countries during the Second Health Ministers’ Forum in Skopje, 2005.

3. SEE Health Network Meetings Reports

For every SEE Health Network meeting the Executive Committee and its Secretariat are responsible for giving reports of those meetings. So far, there have been 23 meetings realized in different places, depending on the country of the presidency. This means that 23 meeting reports are already written and published on the WHO web site regarding SEEHN. (Annex 2)

4. Political and managerial structure

4.1. National Health coordinators

The national health coordinators and alternates are decision-making and/or decision-influencing professionals at the level of deputy minister and/or as designated by the respective minister of health. They are officially nominated by the minister of health of each of the nine SEE countries and they regularly participate at the regional meetings of the SEE Health Network.

4.2. Executive Committee

The SEE Health Network set up the Operational Task Force (OTF) in 2004 to help them work more effectively as health development activities expanded in the region. In 2005, as endorsed by the Second Health Ministers’ Forum, the OTF was transformed into the Executive Committee (EC). The mandate of the Executive Committee is to monitor progress in the health projects and facilitate health reform in the SEE region. Executive Committee members communicate constantly and meet regularly.

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4.3 Presidency

The Presidency of the SEEHN is held by the ministry of health of one of the SEE members. It rotates once every six months following the alphabetical order of the countries and operates on the “troika/triple” principle (past, current and future presidents forming a team).

The SEE member country that holds the Presidency of the SEE Health Network hosts one regional meeting of the Network, together with one meeting of its Executive Committee. The SEEHN presidency is currently held by Albania, for the period of July 2010–31 December 2010. The prior president was The former Yugoslav Republic of Macedonia (1 January 2010–30 June 2010), and the next one will be Bosnia and Herzegovina (1 January 2011–30 June 2011).

5. Current developments

5.1. Host Agreement

The objective of the Host Agreement is to enable the Secretariat of SEEHN to discharge its duties and functions efficiently through the fully operational Seat of the Secretariat. The Seat of the Secretariat is in Skopje. As of August 2010, five countries have completed the procedures for signing the host agreement: Albania, Bulgaria, Republic of Moldova, Serbia and The former Yugoslav Republic of Macedonia. According to Article 31 of this host agreement, it enters provisionally into force, allowing for the host country to complete all the necessary preparations for making the Secretariat operational. The official ceremony of signing the host agreement will take place during the 24th meeting of the SEE Health Network in Albania in November 2010. The official signing ceremony will allow the host country to complete the ratification and provide the financial contributions to the Secretariat, as well as allow the Secretariat to register in local court in Skopje and to open bank accounts.

5.2. Seat of the Secretariat

With a decision of the SEEHN, as stipulated in the Skopje Pledge (2005) and the Memorandum of Understanding (2009) on the future of the SEEHN, from January 2011 the international secretarial support to the SEEHN comes to an end. The countries have agreed to establish and financially and technically support a new Secretariat in Skopje, The former Yugoslav Republic of Macedonia. The decision to establish the new Secretariat in Skopje was taken during the 21st meeting of the network in Bucharest, Romania in June 2009. Once the Secretariat is registered as a legal entity in the host country, the rest of the member countries of the SEE Health Network will be able to send their financial contributions as specified in the MoU on the future of the SEE Health Network signed in 2009.

5.3. Regional Health Development centres

The establishment of Regional Health Development Centres is outlined in the MoU. A series of Regional Health Development Centres are being established in the region to complete the transformation of the technical projects into long-term programmes of cooperation in public health in the SEE. Currently, four RHDCs have been established - on Public Health Services (Skopje, The former Yugoslav Republic of Macedonia), Mental Health Services (Sarajevo, Bosnia and Herzegovina), Blood Safety (Oradea, Romania) and Human Organ and Tissue Transplantation (Zagreb, Croatia). Several new proposals are expected before the end of 2010.
6. Technical cooperation

6.1. Projects

The major outcome of the political commitment to health in the Dubrovnik Pledge was the development of seven technical health projects. Each project is implemented in each SEE country at roughly the same time. The projects take effect at local and national level, strongly supported at regional level by close cross-border cooperation.

The purpose of the projects is to modernize and strengthen the national health policies, systems and services in each project area.

By mid-2005, six projects had been started, guided by three years of experience with the first project (on mental health). In 2006, a new project on maternal and neonatal health, in 2007, a new project on strengthening public health services and in 2009, a new project on children with disabilities, were implemented. The project areas are presented in Annex 4:

- mental health
- communicable diseases surveillance and response
- food safety and nutrition
- tobacco control
- blood safety and blood components
- social and health information systems
- maternal and neonatal health
- strengthening public health services

7. Achievements of the SEEHN and added value of the regional cooperation

The SEE Health Network is one of the most successful health initiatives in the SEE region, formerly under the political umbrella of the Stability Pact Initiative for Social Cohesion. The health regional cooperation now falls under the Regional Cooperation Council’s priority area ‘Economic and Social Development’. The handover from the Stability Pact for SEE to the Regional Cooperation Council took place on 28 February 2008. The Regional Cooperation Council now has the mandate to politically support the regional cooperation in SEE, following the activities and achievements of the Stability Pact for SEE.
The achievements of the network are categorized in:

1. **Peace building and stabilization** – through creating a wide network of experts at all levels as well as of political representatives:
   - Over 250 people are contributing to the cooperation
   - Partnerships with several political and international organizations including the European Union, Regional Cooperation Council (MoU signed), Northern Dimension Partnership for Public Health and Social Well-being (MoU signed)

2. **Development, improvement and alignment of health legislation** with WHO and European legislation, including national strategies and workplans:
   - Support to the implementation of the IHRs, surveillance of communicable diseases
   - Ratification of the FCTC and approval of tobacco control laws
   - Orienting health strategy of caring for mental health and disabled children at community level
   - Establishment of 10 Community Mental Health centres in the 9 countries with a catchment area on over one million citizens
   - Approval of food safety laws and regulations in support to consumer protection
   - Developing and updating national strategies for improving maternal and neonatal health

3. **Capacity-building** through experience exchange and training for experts of 9 technical areas at different levels
   - Numerous project meetings at regional and country level on all projects
   - Six regional publications on the thematic areas of work
   - Regional and national level assessments

4. **A strong feeling of ownership, trust and confidence** was attained by the countries as a result of the delegation and empowerment principles applied which led to their increased responsibility for and participation in various roles and structures in the project.

5. **Spirit of openness, transparency and accountability** in both the dialogue and actions was developed and sustained which increased the trust and confidence and led to

6. **Establishment of strong partnerships** among the nine SEE countries on one side and with six donor and neighboring counties on the other.

8. **Urgent actions and the next steps**

The WHO Regional Office for Europe and the Council of Europe are currently providing secretarial support to the SEE Health Network, until the new regional SEE Health Network Secretariat is fully operational. While it is expected that the transfer of ownership in the regional cooperation in health is completed by the end of this year, it is crucial that the Regional Office is present and strongly active in supporting the process in the meantime.

It is essential that the Regional Office coordinates with the newly formed RCC, when it comes to providing the necessary political support, and also during potential fundraising opportunities that will be numerous for the RCC as a newly formed organization. While the RCC secretariat has no funds for projects or initiative activities, they could prove a useful instrument in generating funds from other possible donors and partners both in and out of the European region.
Due to the fact that the WHO Regional Office for Europe and partners of the SEE Health Network have, since 2001, raised and contributed up to eight million Euros to the regional cooperation in public health in the SEE region, continued support is pledged by interested partners of the SEE Health Network, and the Regional Office could do the same.

The WHO Regional Office for Europe will continue its full fledged support to the SEE Health Network, in line with its long-term commitment to the public health cooperation in the SEE region. While important steps are expected during 2010 in the regional cooperation in health in SEE, the Regional Office could continue to lead the process, as it has done so far, both in the political and technical aspects.

The SEE Health Network is gradually moving away from vertical public health projects into long-term collaboration programmes focused in strengthening health systems and public health services.
Annex 1. Partners of the SEEHN

Partners of the South-East Europe are as followed:

- Belgium
- Council of Europe
- Council of Europe Development Bank
- European Trade Union Confederation (ETUC)
- Food and Agricultural Organization of the United Nations (FAO)
- France
- Greece
- Hungary
- International Labour Organization (ILO)
- Italy
- Stability Pact Initiative for Social Cohesion
- Norway
- Slovenia
- Sweden
- Swiss Agency for Development and Cooperation
- World Health Organization Regional Office for Europe
Annex 2. SEE Health Network Meetings Reports

- **19th Meeting of the SEE Health Network, Brussels**
  http://www.euro.who.int/__data/assets/pdf_file/0006/99654/18th_19th_mtgs_chisinau_brussels.pdf

- **18th Meeting of the SEE Health Network, Chisinau**
  http://www.euro.who.int/__data/assets/pdf_file/0006/99654/18th_19th_mtgs_chisinau_brussels.pdf

- **17th Meeting of the SEE Health Network, Zagreb**

- **16th Meeting of the SEE Health Network, Sofia**

- **15th meeting of the SEE Health Network, Sofia**

- **14th meeting of the SEE Health Network, Durres**

- **13th meeting of the SEE Health Network, Sarajevo**
  http://www.euro.who.int/__data/assets/pdf_file/0003/99705/13th_mtg-Bosnia_SEE.pdf

- **12th meeting of the SEE Health Network, Skopje**
  http://www.euro.who.int/__data/assets/pdf_file/0005/99707/12th_mtg-Skopje_SEE.pdf

- **11th meeting of the SEE Health Network, Sofia**

- **10th meeting of the SEE Health Network, Banja Luka**

- **9th meeting of the SEE Health Network, Chisinau**

- **8th Meeting of the SEE Health Network, Ohrid**

- **7th meeting of the SEE Health Network, Tirana**

- **6th meeting of the SEE Health Network, Sarajevo**

- **4th Meeting of the SEE Health Network, Hillerod**
Annex 3. Structure of the SEE Health Network

The regional cooperation in public health in the SEE has a political and a technical level:

1. Political level
   a. Regional meeting
      i. Highest decision making forum, all decisions made by consensus
      ii. Regular every 6 months
      iii. Additional pending on issues to be discussed
   b. Presidency of the SEE Health Network
      i. rotating every 6 months alphabetically
      ii. current presidency Serbia (Jun-Dec 09)
      iii. Minister of health is the President of the SEEHN
   c. SEE Health Network Executive Committee
      i. Deals with issues in between two meetings
      ii. Deals with issues in between two meetings
      iii. Consists of 3 members from SEE and 2 international
   d. National health coordinators
      i. Political representatives from each SEE country
      ii. Represent the countries during all meetings
      iii. Selected by the ministers of health at deputy or assistant minister of health
      iv. SEE Health Network secretariat
      v. WHO/Europe and the CoE

2. Technical level
   a. Regional projects
      i. mental health – inactive
      ii. communicable disease surveillance – inactive
      iii. blood safety – active
      iv. tobacco control – inactive
      v. food safety – active (closing)
      vi. health information systems – inactive
      vii. maternal and neonatal health – active (closing)
      viii. evaluation of public health services – active
      ix. long-term care for children with disabilities – active
   b. Regional project managers
      i. One per country
      ii. Each country leads a project
      iii. Selected internationally
   c. Country project managers
      i. One per country per project
      ii. Selected internationally after country proposals
   d. Regional Health Development Centers
      i. Croatia – Human organ and tissue transplantation
      ii. Romania – Blood safety
      iii. The former Yugoslav Republic of Macedonia – Public health services
Annex 4. SEEHN Projects

- Mental health (Annex 4.1)
- Communicable diseases surveillance and response project (Annex 4.2)
- Food safety and nutrition project (Annex 4.3)
- Tobacco control project (Annex 4.4)
- Blood safety (Annex 4.5)
- Social and health information systems (Annex 4.6)
- Maternal and neonatal health (Annex 4.7)
- Strengthening public health services (Annex 4.8)