



STABILITY PACT
FOR SOUTH EASTERN EUROPE



South-eastern Europe Health Network

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For the preparation of a

MEMORANDUM OF UNDERSTANDING
Of the Ministers of Health of South-eastern Europe
On the long-term regional collaboration for health and
economic development

Issue Paper
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I. Introduction

The SEE Health Network was established in April 2001 in the framework of the Social Cohesion Initiative of the Stability Pact process for the region. Its main objective is through regional collaboration in the area of health to contribute to the processes of reconciliation, democracy and peace building, reconstruction and economic development of the region towards its future full integration into the European Union structures.

To achieve this main goal - since 2001 after the signing of the Dubrovnik Pledge¹ - the SEE Health Network has been implementing concerted actions at political level and in seven public health areas.

In doing so, the Health Network has strictly followed a number of principles which have been embodied in its STATUTES, signed by the eight SEE countries at their 9th Regional Meeting in Chisinau, November 2004 (presented as a separated background document). Amongst all, the underlining and crucial principles are the ownership and the leadership of the SEE countries in the process of regional collaboration and in the implementation of concrete projects and actions.

The SEE countries and the SEE Health Network were strongly supported politically, technically and financially by a number of partners, both donor countries and international organizations: Belgium, Council of Europe, Council of Europe Development Bank, Greece, France, Hungary, Italy, Norway, Slovenia, Sweden, Switzerland and the WHO Regional Office for Europe. The CoE and the WHO EURO provided the political and technical leadership as well as the joint Secretariat to the network for the past five years. However, the main responsibility for implementation has fallen on the countries themselves and a well working organizational structures have been established.

II. Purpose

To ensure sustainability of the process, there is a need of *a step-wise but full take-over of the ownership and the leadership of the SEE Health Network by the SEE countries*. This will be one of the main themes of discussion and decision of the ministers of health at their forthcoming Second Health Ministers Forum to be held on 25-26 November 2005 in Skopje.

The purpose of this paper is to:

- provide insight into the existing and proposed mechanisms for enhancing the regional ownership of the SEE Health Network activities based on the current experiences and lessons learned
- propose to the SEE ministries of health logistics mechanisms for transfer of ownership and strengthening their leadership, for their long-term regional health collaboration and the implementation of concrete activities beyond 2005

Based on the options, discussed and agreed by the SEE Health Network at its 10th Meeting held in Banja Luka, BIH on 27-29 June 2005 and the deliberations of the 10th Meeting of the Stability Pact Regional Table, a draft Memorandum of Understanding has been designed to be endorsed by the ministers of health at their Second Forum in Skopje after formal intergovernmental consultations (Annex 2).

¹ The *Dubrovnik Pledge* was signed on 02 September 2001 by the ministers of health of AlBanja, Bosnia and Herzegovina, Bulgaria, Croatia, Romania, The Former Yugoslav Republic of Macedonia and Serbia and Montenegro at the First Health Ministers Forum held in Dubrovnik, Croatia. A year after, in 2002, the Dubrovnik Pledge was formally accepted by the Republic of Moldova and Slovenia in her capacity of a neighbouring and donor country

III. Enhancing Regional Ownership of Stability Pact activities

Apart from stabilising South Eastern Europe after the conflicts of the 1990s and supporting the countries of the region on their path towards European and Euro-Atlantic integration, one of the key tasks of the Stability Pact has always been that of enhancing regional cooperation. Considering the limited interaction between the countries of the region at the outset of the Stability Pact in 1999, much has been achieved since then. Today contacts between countries at all levels of government and society are a matter of everyday life.

However, to ensure sustainability of the existing regional co-operation processes it is crucial to enhance regional ownership. The Stability Pact, the European Union and other international partners will certainly continue to support the region; the degree of ownership of the co-operation process on the side of the countries of the region needs to increase if the progress and achievements to date are to be maintained and further developed.

State of the play

Over the past years two processes have been used to enhance regional ownership of activities under the Stability Pact: the establishment of regional centres in charge of coordinating activities in specific thematic areas; and close cooperation with, and strengthening of, the South East European Cooperation Process (SEECP).

An increasing number of Stability Pact activities has been moved to the region by now, with regional centres being established to coordinate activities in a broad range of thematic areas (see list attached in Annex 1).

While the establishment of regional centres in itself has been an important development, there are clear limitations: it has to be noted that staffing of these centres, in particular the leadership, has in many cases remained international. Similarly, the centres are mostly financed through international contributions and only to a limited degree by the countries of the region. Most importantly, the political guidance of the centres is still primarily with international partners and not with the region.

Challenges in Enhancing Regional Ownership

Enhancing regional ownership is a process, which has started – but of course cannot end – with the transfer of centres to the region. This process has to be continued by making the centres operational and subsequently handing over operational and political responsibility to executives and experts from the region in the centres. In order to make this process of enhancing regional ownership successful a number of key challenges need to be met:

Political commitment – Regional ownership requires that the SEE countries invest a degree of political and financial capital into the process. This requires a certain degree of political commitment to the cause at stake. It has to be understood that regional co-operation is a precondition for European integration and that it is to the benefit of all the countries, but particularly to the one hosting the regional centre in question, to take greater ownership and turn it into a success.

Personnel – While it is often an advantage to have international personnel to set up a regional centre and make it operational in the start-up phase, there is by now a cadre of qualified personnel within the region. To date, the staff of regional centres is mostly employed with donor money; secondment by the governments of the region is only used in rare cases. The latter would ensure closer links to the relevant governments and should also be seen as a means for capacity building on the regional level.

Administrative capacities – This issue is most relevant in regards to the political leadership of policy formulation for regional centres. This political leadership is provided mostly through boards or steering committees of the relevant initiative/centre. In many cases the governments, in particular if the responsibility is not with the Foreign Ministry but other line ministries, are not staffed appropriately to take up this responsibility and provide political leadership and guidance to the regional centre.

Financing – Most of the existing regional centres are currently exclusively or to a large degree financed by international contributions. While this is understandable considering the budgetary situation in most of the countries of the region, political commitment only comes with at least a limited degree of financial contribution.

In particular regard to the question of financing regional ownership, as well as overall, there is a need for the development of strategies on how to guide the process of increased participation of the region and decreased involvement of the international partners and donors.

IV. Stability Pact Regional Table conclusions on regional ownership, Sofia, May 17-18 2005

Considering the importance of regional ownership for the sustainability of Stability Pact initiatives, the debate at the Regional Table in Sofia, 18 May 2005 focused on this issue and provided an opportunity to address some of the questions.

The Special Coordinator of the Stability Pact Mr. E. Busek concluded that: “it would be crucial to begin a focused debate about the priorities and modalities of regional ownership of Stability Pact-induced initiatives”. He added that while the region needs to increase its political and financial commitment, it is also crucial that donors do not pull out of the region prematurely. He stressed the importance of concrete resource commitments by the region, and advocated that in a long-term perspective, the governments assume “regional leadership” as regards the formulation of priorities and the management of existing initiatives. Only through such a shift can the regional cooperation process become sustainable in the long run.

The Stability Pact Secretariat would work with the beneficiary governments, and also with its international partners over the next six months in identifying and clarifying priorities, in order to obtain a comprehensive assessment and a roadmap on regional ownership at the next Regional Table in Prague, the Czech Republic in November 2005”.

The full text of the interim *REPORT ON THE REGIONAL TABLE DISCUSSIONS ON REGIONAL OWNERSHIP OF STABILITY PACT INITIATIVES, SOFIA, MAY 17-18 2005* is enclosed in Annex 2.

V. SEE Health Network: considerations and options

Extensive discussions took place during the 10th Meeting of the SEE Health Network as to the scope and form of the “**Memorandum of Understanding**” in the light of the experience of the other initiatives under the Stability Pact, particularly their experience with Regional Centres in terms of regional ownership.

The following are the main considerations and options discussed by the National Health Coordinators at their 10th Meeting, Banja Luka, 27-29 June 2005:

1. Political commitment of SEE ministries of health

The process of the regional cooperation, ownership and leadership require a firm political commitment and allocation of resources from the SEE Governments.

It is therefore crucial that ministers of health make a new and firm decision about the stable continuation of the regional health collaboration and the existence of the SEE Health Network. This is expected to happen at their Second Forum in November 2005 based on review of the process, the progress and its added value to the developments in the health sectors and systems at national and inter-country levels respectively.

2. Immediate versus gradual transfer of ownership

The SEE Health Network considered the positive and negative impacts of an immediate transfer of activities from the joint CoE & WHO EURO Secretariat. It was concluded that the **SEE Health Network and the SEE ministries of health are not yet ready to take this obligation to its full extent**. A premature action in this respect might have a negative impact on the achievements so far as the SEE countries do need a transitional period to put in place the necessary resources.

The full transfer of ownership of the SEE Health Network to the Region should be a **gradual process with a transition period of 2 years**. The Council of Europe and WHO Regional Office for Europe are invited to consider options for a **step-wise** phasing out of their Secretariat support, taking into consideration the deliberations of the Stability Pact process and the road map to be agreed at the highest political level at the next Meeting of the SP Regional Table in November 2005.

This transition could take the form of a gradual administrative and financial involvement of the countries of the region in the running of the political and technical structure of the Health Network. This will lead to increased responsibility by the countries for the Network activities, and to the transfer of ownership over the next two years.

There is a need to **strengthen the political coordination, provide continuity, and further increase the political visibility** of the Network. This could take the following forms:

- Mainstream the mandate, responsibilities and activities of the national health coordinators into the regular mandates, responsibilities and activities of the Departments for International Cooperation of the SEE ministries of health
- Appoint the national health coordinator at the highest level, namely persons in charge of the international cooperation. If otherwise decided by the ministers of health, persons in charge of international cooperation should be appointed as alternates to the national health coordinator in order to secure continuity
- Transform the SEE Operational Task Force into Executive Committee of the SEE Health Network. The Executive Committee should be composed of National Health Coordinators of three SEE countries, representatives of two donor countries, of the SP ICS, the CoE and WHO Regional Office for Europe. National Health Coordinators, members of the Executive Committee, will be elected by the SEE Health Network on their personal merit
- Introduce regular meetings of the Ministers of Health of the region on the occasion of the World Health Assembly and the Regional Committee, at the invitation of the Minister of Health of the country holding the chairmanship of the Network. These meetings could serve both the discuss issues related to the Network, but also to develop common positions on questions under discussion at the WHA and Regional Committee and to speak if possible with one voice on behalf of the SEE countries – increasing thus their visibility in these arenas.

- Hold periodical Fora of the Ministers of Health once every four years

3. *Presidency of the SEE Health Network*

Contrary to the experience of other Stability Pact Initiatives so far, where the regional collaboration is based on a single Regional Centre agreed between the SEE Governments and strongly supported by the international community, the SEE Health Network considered the introduction of a rotating Presidency as a more flexible and feasible option .

Based on its current experience the SEE Health Network is proposing the introduction of the *Troika concept – past, current and future president forming a team*. The presidency will be rotating once every six months following the alphabetical order of the countries. The SEE country exercising the role of the current President of the SEE Health Network will provide Secretarial support and will host one meeting per six months.

4. *National health coordinator*

The mandate, responsibilities and activities of the national health coordinators will be incorporated into the regular mandates, responsibilities and activities of the Departments for International Cooperation of the SEE ministries of health. The national health coordinators will be appointed at the highest level, namely persons in charge of the international cooperation. If otherwise decided by the ministers of health, persons in charge of international cooperation should be appointed as alternates to the national health coordinator in order to secure continuity

5. *Thematic Regional Centres*

Establishment of thematic Regional Centres is considered as the best option for further enhancing the technical work and collaboration in the agreed technical areas. The *current regional project offices* could serve as a good basis for that. Another option would be the existing national public health institutions that are or might be nominated as WHO Collaborating Centres.

6. *Implications*

The gradual transfer of the regional ownership to the SEE Health Network will have the following implications:

- (a) *At the political level* each SEE ministry of health, during the period of its presidency of the SEE Health Network will provide:
 - Secretarial support to the SEE Health Network and the Executive Committee through its own resources
 - 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 during its presidency;
 - In the transitional period of two years WHO Regional Office for Europe and the Council of Europe will continue to support the participation of the SEE National Health Coordinators and the Regional Project Managers in the SEE Health Network meetings
 - After the transitional period of two years all SEE countries will cover the participation costs of their representatives in the SEE Health Network and the Executive Committee
- (b) *At the technical level* each SEE ministry of health will have to delegate and authorize an existing or a newly established public health institution (centre) to serve as the thematic Regional Centre coordinating the collaboration in the respective technical area. The technical cooperation within the SEE Health Network is based on developed projects with references contained in Annex 6 of the MoU.

7. *Role of the international partners and donors*

The issue of the extended financial support by the international community to the regional collaboration, particularly to concrete actions in agreed technical areas, is crucial to the success of the medium-term collaboration process while the SEE countries manage to regain their strength to be able to self-finance it fully.

At the recent European Conference of Ministers of Health, Helsinki, January 2005 eight of the SEE Ministers of Health expressed their wish and commitment to transforming the SEE Mental Health project into a regional long-term programme for regional cooperation. They called for the extended support of the international community. The delegations of Greece and Belgium pledged their commitment to provide their further support to the process in this regard. It is estimated that the financial need for implementing the current seven projects in the coming 2-3 years is amounting up to Euros 3.5 million.

It is, therefore, crucial that the SEE Ministries of Health:

1. Defined and agreed in the best possible way on the priorities for the long-term collaboration which will definitely have to cover a minimum set of agreed criteria, for example:
 - Being a national priority of each SEE ministry of health as per their national health strategies
 - Having a regional and trans-border dimension, implications and need for development
 - Contributing to the European Union integration processes
2. Use at their maximum the forthcoming Second Health Ministers Forum to present evidence and mobilize further international support
3. Promote by all means the health cooperation process, the SEE Health Network and its achievements both nationally and internationally
4. Allocate domestic resources to the collaboration process, and
5. Develop and implement a feasible resources mobilization strategy

The following documents are prepared by the SEE Operational Task Force and the SEE Health Network Secretariat:

- an issue paper on the transfer of the regional ownership
- a draft Memorandum of Understanding
- an issue paper for cooperation priorities.

Annex 1

List of SEE regional initiatives managed through regional centres

- *SECI Regional Centre for Combating Trans-border Crime (SECI Centre)*
- *SPOC Secretariat in Bucharest* – The Secretariat of the SP Initiative to fight Organised Crime
- *SPAI Regional Centre in Sarajevo* – The Regional Centre of the SP Anti-Corruption
- *MARRI Regional Centre in Skopje* – The establishment of the MARRI Regional Forum and the MARRI Centre in Skopje
- *RACVIAC in Zagreb* – The Regional Arms Control Verification and Implementation Assistance Centre
- *SEESAC in Belgrade* – The SEE Small Arms Clearinghouse.
- *Trade Working Group Secretariat in Skopje*
- *eSEE Secretariat in Sarajevo*
- *ERI Secretariat in Zagreb* – The secretariat of the Education Reform Initiative
- *Sava River Basin Commission in Zagreb*

Annex 2

**REPORT ON THE REGIONAL TABLE DISCUSSIONS ON REGIONAL OWNERSHIP
OF STABILITY PACT INITIATIVES, SOFIA, MAY 17-18 2005**

1. The Regional Table brought together over forty governments and international organisations working in South Eastern Europe to discuss the achievements and challenges in the area of regional co-operation.
2. All key donor governments, beneficiary countries and international organisations, including the European Parliament, the European Council and the European Commission, participated in the lively debate on how to further strengthen “regional ownership” of various activities and initiatives that had been started within the Stability Pact framework.
3. SC Busek said it would be crucial to begin a focused debate about the priorities and modalities of regional ownership of Stability Pact-induced initiatives. He added that while the region needs to increase its political and financial commitment, it is also crucial that donors do not pull out of the region prematurely. He stressed the importance of concrete resource commitments by the region, and advocated that in a long-term perspective, the governments assume “regional leadership” as regards the formulation of priorities and the management of existing initiatives. Only through such a shift can the regional cooperation process become sustainable in the long run.
4. In the discussion, several donor representatives called on the region to formulate and voice their priorities and on this basis suggested to arrive at a comprehensive assessment of the existing initiatives, and a roadmap on how to prioritise among these in the future. In addition, the representative of the EU Presidency called for a consolidation of the progress that has been achieved in the past few years, and called upon the South East European Co-operation Process (SEECP) to take institutional measures and develop a more operational role. Meanwhile, the European Commission said it was imperative that the region gradually takes over the financial responsibility for regional co-operation.
5. The Greek SEECP Chairmanship pledged to deliver tangible results and increased co-operation. A central aim of the Greek chairmanship will be to institutionalise the dialogue between SEECP states and to strengthen the policy-generating aspect of this process. Among other speakers, the representative from Serbia and Montenegro emphasised the need to link the regional centres to the implementation of the Thessaloniki agenda and the EU integration process in general. Meanwhile, several representatives from beneficiary countries mentioned that taking over the financial responsibility for regional co-operation would be a strain on their budget.
6. In light of the fact that the European perspective remains the overarching driving force behind the region’s development, SC Busek reiterated that the Pact's core objectives were aimed to support the region’s EU integration efforts. SC Busek also announced that the Stability Pact Secretariat would work with the beneficiary governments, and also with its international partners over the next six months in identifying and clarifying priorities, in order to obtain a comprehensive assessment and a roadmap on regional ownership at the next Regional Table in Prague, the Czech Republic in November 2005.

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