Note

SOUTH-EASTERN EUROPE HEALTH NETWORK: POLICY DIALOG FOR EVIDENCE IN HEALTH

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The South-eastern Europe Health Network (SEEHN) is a political and institutional forum initiated by the governments of Albania, Bosnia and Herzegovina, Bulgaria, Croatia, Montenegro, Moldova, Romania, Serbia, the Republic of Macedonia, and Israel (since 2011) to promote peace, reconciliation, and health in the region. For over a decade, the SEEHN has had an important role, proving that cooperation in public health can be a driving force for peace, economic development, and health care improvement. It has also become a regional forum for the development of a modern approach to public health and a mechanism for participation in regional and European health sector processes (1-3). This network was initiated because South-eastern European (SEE) countries have very similar public health challenges, similar processes of health system and EU integration transitions, and similar challenges in collecting evidence in health (financial and collaboration with other institutions such as national statistical offices, health insurance funds, etc.) (2).

SEEHN was founded in 2001 and has since been managed by the Stability Pact and later the Regional Cooperation Council (RCC). WHO/Europe and the Council of Europe provided technical support to SEEHN's various health projects from 2001 to 2009. The main purpose of the RCC is to provide leadership, sustain ownership by the member countries and maintain the health development action launched with the Dubrovnik Pledge (2001) (4), and maintained through the Skopje Pledge (2005) (5), the Memorandum of Understanding (2008) (6), and the Banja Luka Pledge (2011) (7).

SEEHN is composed of representatives from the ministries of health of its member countries and also includes representatives of partner countries and international organizations (1). The priorities of the SEEHN have been defined through the establishment of Regional Health Development Centres (RHDCs), designated and entrusted with special mandates because of their relevant expertise. SEEHN RHDCs are a highly valued mechanism of regional cooperation through which selected institutions assist the SEEHN in implementing its mandated work. This is accomplished by supporting planned strategic objectives at the sub-regional and European region levels, enhancing the scientific validity of SEEHN's public health work and developing and strengthening the institutional capacity of SEE countries, and even beyond. RHDCs are distributed throughout South-eastern Europe: Sarajevo (mental health), Tirana (communicable diseases), Sofia (antibiotic resistance), Oradea (blood safety), Zagreb (organ donation and transplantation medicine), Skopje (strengthening public health systems and services), Chisinau (human resources for health), Podgorica (non-communicable diseases), and Belgrade (accreditation and quality improvement of health care). RHDCs provide "technical" support to the SEEHN and are a valuable and integral extension of the SEEHN in implementing its mission. The work programme of each RHDC is established in agreement with the SEEHN. RHDCs have already been the source of a number of requests for the organization of events by Technical Assistance and Information Exchange (TAIEX) and coherent "initiators" of applications for TAIEX events. The support thus far provided by the European Commission TAIEX instrument to the SEEHN and member countries has thus far amounted to €400,000, which comprised 23 events directly related to health and public health by member countries of the SEEHN, 14 workshops, and 9 expert missions (8). The TAIEX multi country policy dialog workshop on evidence in health was organized in October 2011 in Skopje opportunity for public health experts from SEE and EU to share experiences and information and build partnerships.

Data

Strengthening health data collection and analysis, as well as the standardization, international comparability, and quality of data will enable us to highlight problems in mortality causes, implementing statistics, and preparing new statistics or important changes (9).

The development of *national systems of SEE-specific indicators* that reflect the country's situation, as well as that of the entire region, and meet the needs of the population will enable comparison and benchmarking. These systems should be based on previous national and international experiences, national needs, international reporting requirements (common definitions, comparable data, avoiding overlaps, etc.), contrast between old and new EU member states and candidate countries, shifts from national to international supervisory and co-ordination and sustainability systems (9).

Reliable, timely, and comparable information is vital at country level (national, regional, and local), SEE level, and international level for setting, developing, and monitoring health system performances and public health priorities. Health data are needed for policy makers and decision makers, health-care providers, and citizens in order to provide high quality public health services to all citizens as well as equality in access to health services (10). By drafting different analytical reports, figures, leaflets, and other appropriate health data, we can influence policy makers to grasp the need and importance of public health information. The use of health data in EU integration processes and compliance with EU norms, standards, and directives should also be set as priorities (9, 10).

National legislation aimed at collecting evidence in health already exists in many SEE countries, but is yet to be updated or fully implemented. This legislation should be harmonized with EU directives and applicable to all SEE countries (9). SEE countries usually have at their disposal two main types of data sources: administrative data from national official health statistics and national reporting systems and traditional data reflecting old public health problems (2).

Methods of data collection in SEE countries vary, with country-specific administrative data based on national traditions, legislation, and collection of standard data across countries. Further training (in the methodological aspects of data collection, quality assurance, etc.) and the introduction of specific databases and standard health indicators is necessary. In addition, integrated electronic information systems with particular emphasis on public health should be developed (9).

Data ownership (which is very country-specific), *data quality*, and *protection* are crucial for data exchange and dissemination in SEE. The appropriate use of data, data quality, and scope of data collection are still a challenge in most SEE countries. Processing should start already at the preliminary stage of data collection, so that there is no need to wait for the final data. Data dissemination can be done through printed reports, publications, internet-based electronic formats, and internationally comparable data via separate SEE internet portals (similar to EU, OECD, WHO). Core public health indicators, such as European Community Health Indicators (ECHI) and other relevant data, should be translated to local languages (11).

Harmonization and cooperation within the public health system, its institutions, and the health care information system managed by the insurance institutions should be improved (12).

SEE-specific indicators should be continuously and uniformly classified as: feasible indicators traditionally used in reporting; unfeasible indicators that are insufficiently used and require significant resources (NCDs, health behaviour, the need for additional health registries and surveys), and "missing indicators" (delivery of health services, health policy) (2, 11).

Cooperation

Sharing experiences and exchanging data on international indicators through bilateral and multilateral co-operation and building partnerships and networks are of the utmost importance for SEE countries (3). The experience of new EU member states could prove very useful for the EU accession of candidate countries from the SEEHN region. SEEHN should take over the leading role in promoting knowledge and exchange of best practices in public health within SEEHN countries. SEE regional collaboration, cooperation, exchange of data and experience, should continue among SEEHN countries under the watchful eye of the Skopje RHDC. The RHDC at the Institute of Public Health in Skopje should act as a centre of excellence and collaborate with RHDCs through partnership and networking with the continuation of already initiated projects and the development and implementation of new projects in collaborative public health research and training in specific areas of public health.

Finally, SEEHN will require support from the EU through:

- Best practices and "know-how": trainings in methodological aspects and applying directives, standards, etc. in evidence in health and statistics, as well as tools to transform national data into internationally comparable information, to reflect the public health problems and to meet the needs of new users: advocacy groups, international donors, researchers, and media reporters.

- Financial support targeted and focused at areas and activities for which there is established practice for providing financial support, such as implementation and translation of legal requirements to SEE languages (regulations and measures) regarding public health statistics (causes of death, health care data, and health interview survey data). Both candidate and potential candidate countries will have to implement these measures as part of their preparation for candidateship and membership.

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