

**15 YEARS OF ALLIANCE FOR HEALTH AND WELL-BEING IN SOUTH-EASTERN EUROPE
THE CHISINAU PLEDGE**

FOURTH SOUTH-EASTERN EUROPE HEALTH MINISTERIAL FORUM

**“HEALTH, WELL-BEING AND PROSPERITY IN SOUTH-EASTERN EUROPE BY 2030 IN THE CONTEXT OF
THE 2030 AGENDA FOR SUSTAINABLE DEVELOPMENT”**

3–4 APRIL 2017, CHISINAU, REPUBLIC OF MOLDOVA

Date: 4 April 2017
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THE CHISINAU PLEDGE

2017

SEEHN MEMBER STATES



SEEHN PARTNERS



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We, the ministers of health of the Republic of Albania, Bosnia and Herzegovina,¹ the Republic of Bulgaria, the State of Israel, Montenegro, the Republic of Moldova, Romania, the Republic of Serbia and the former Yugoslav Republic of Macedonia, member countries of the South-eastern Europe Health Network (hereafter referred to as the SEE Health Network), have gathered at our Fourth Health Ministerial Forum: “Health, Well-being and Prosperity in South East Europe in the Framework of the UN Sustainable Development Goals 2030”, commemorating 15 years of regional cooperation in public health in SEE, in Chisinau, Republic of Moldova on 3–4 April 2017 to discuss the progress made and to promote continued enhanced cooperation on public health in the SEE region.

WE, THE MIINISTERS,

Recalling that the SEE Health Network has developed, promoted and supported regional cooperation and technical activities in public health in SEE for the past 15 years and that this regional cooperation in public health was formalized with the commitment of all the ministers of health of the SEE member countries to the Dubrovnik, Skopje and Banja Luka pledges, endorsed at the health ministers’ forums in 2001, 2005 and 2011, respectively;

Recalling that regional cooperation in public health remains of the highest priority to support political cooperation and economic development in the SEE region, to facilitate confidence-building and to support the European and Euro-Atlantic integration processes;

Recognizing that the SEE Health Network has had to adapt to recent political changes and emerging challenges, including: the signature of a memorandum of understanding between the 10 (now nine) member countries of the SEE Health Network and the Regional Cooperation Council in 2010, to frame, take forward and partner cooperation in health with political, economic and other health-related initiatives in the SEE region, and the current status of the SEE countries in relation to the European Union (EU) (Bulgaria and Romania having been EU Member States since 2007 and the political commitment of the most of the rest to accession to membership), while the EU has emphasized public health as a tool for economic and human development;

Recognizing the commitments in the Memorandum of Understanding on the Future of the South-eastern Europe Health Network in the Framework of the South-East European Cooperation Process,² signed in 2009, and the agreement among the member states of the SEE Health Network on the host-country engagements concerning the seat of the secretariat of highest

¹ Throughout this document, health authorities in Bosnia and Herzegovina shall be understood as the Ministry of Civil Affairs of Bosnia and Herzegovina, the Federal Ministry of Health, the Ministry of Health and Social Welfare of Republika Srpska and Department of Health and Other Services of Brcko District of Bosnia and Herzegovina.

² Memorandum of Understanding on the Future of the South-eastern Europe Health Network in the framework of the South East European Co-operation Process. Copenhagen: WHO Regional Office for Europe; 2009 (http://www.euro.who.int/__data/assets/pdf_file/0006/108663/SEE_MoU.pdf, accessed 27 January 2017).

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importance, as well as the continuing efforts by the European community to provide political, technical and financial support and human resources to the SEE Health Network, especially:

- the World Health Organization (WHO) Regional Office for Europe, the Council of Europe, the Council of Europe Development Bank, the Stability Pact for South Eastern Europe (2000–2007) and the Regional Cooperation Council (since 2008);
- a number of European countries, particularly Belgium, Croatia (since 2015), France, Greece, Hungary, Italy, Norway, the Netherlands, Slovenia, Switzerland, Sweden and the United Kingdom; and
- since 2010 many international and nongovernmental organizations acting as partners: the Technical Assistance and Information Exchange instrument of the European Commission, EuroHealthNet, the European Health Forum Gastein, the International Organization for Migration, the Istituto Superiore di Sanità (National Institute of Health) of Italy, the International Network of Health Promoting Hospitals and Health Services, the Northern Dimension Partnership in Public Health and Social Well-being, Project HOPE, the SEE Network for Workers Health, the Centre for Regional Policy Research and Cooperation “STUDIORUM”, the United Nations Children’s Fund (UNICEF), the United Nations Population Fund (UNFPA), and the European Center for Peace and Development (UN ECPD); and

Finally, recognizing the vital role and partnership of the SEE Regional Development Centre on Communicable Diseases Surveillance and Control, and the Centers for Disease Control and Prevention, United States of America; the Skoll Global Threats Fund; the Bill & Melinda Gates Foundation; the Rockefeller Foundation; the global network Connecting Organisations for Regional Disease Surveillance; the European Centre for Disease Prevention and Control; and the Robert Koch Institute, Germany;

WE, THE MINISTERS, ACKNOWLEDGE THE MOMENTUM BUILT.

Accordingly, we recognize that this Fourth Health Forum takes place alongside contemporary developments in society, economy and health, and there is a need:

- to facilitate stronger regional collaboration in public health in SEE, building on the achievements of 15 years of cooperation (2001–2016);
- to acknowledge and further support the economic and societal returns on investments in and for health through intersectoral collaboration, and whole-of-government and whole-of-society approaches;
- to create new opportunities for achieving better health, well-being, prosperity, equity and accountability in health, thus building on major global and European resolutions, charters, treaties, frameworks and action plans, and the European health policy, Health 2020;³

³ Health 2020: the European policy for health and well-being [website]. Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>, accessed 27 January 2017).

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- to implement global and European policies and action plans for strengthening public health and health systems' capacities and services for the control and prevention of communicable and noncommunicable diseases; and
- to implement the United Nations Sustainable Development Goals.

WE, THE MINISTERS, UNANIMOUSLY RESOLVE TO WORK TOWARDS:

1. sustaining and strengthening the regional cooperation in public health in South-eastern Europe by:

- a. establishing a SEE Health Network regional platform for health for inclusive growth;
- b. taking advantage of the United Nations 2030 Agenda for Sustainable Development to renew countries' commitments to health and to seek intersectoral action to advance the priorities of the Health 2020 health policy framework in Europe towards 2030;
- c. taking deliberate action to influence governance in other policy arenas to promote and protect health, including education, trade and intellectual property, sustainable energy, income inequality, social protection, water and sanitation, migration, food security and quality, environmental protection and sustainable consumption and production;
- d. harmonizing cross-border public health and health services, including health legislation, standards and procedures, and information exchange;
- e. establishing a SEE public health professionals/workforce observatory;
- f. establishing a SEE health information network;

2. achieving the United Nations Sustainable Development Goals (SDGs) by:

- a. positioning health as a major contributor to all SDGs, recognizing that over half of the SDG targets have a health focus or address major determinants of health such as poverty, education, gender, equity, employment, food, water and sanitation, cities, energy, climate change and ecosystems, and sustainable consumption and production;
- b. recognizing that integration across all SDGs means that progress on one cannot be achieved if there is no progress on the others;
- c. recognizing that the overarching goal in the 2030 Agenda means focusing on advancing equity and gender and human rights as a key cross-cutting development need;
- d. establishing a SEE Health Network regional platform for learning exchange and problem solving on investment for health and development; and
- e. acknowledging that systematic monitoring of SDG indicators requires high-quality information and strong collaboration among responsible agencies at the level of member countries of the SEE Health Network;

3. Striving universal health coverage (UHC) for our populations by:

- a. increasing both health funding and efficiency; ensuring financial risk protection (including the reduction of out-of-pocket payments); ensuring access to high-quality essential health-care and public health services and to safe, effective, efficient, high-quality and affordable

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essential medicines and vaccines for all; and recruiting, developing, training and retaining the health workforce⁴;

- b. recognizing that achieving UHC requires action to reduce the root causes of the different needs and risks of those falling behind in health, and that multisectoral and health-in-all-policies approaches are essential strategies to equalize life chances that affect health and to ensure the sustainability of health systems for current and future generations;
- c. acknowledging European initiatives to strengthen health services and move towards people-centred care; strengthening of primary health care, health promotion and disease prevention; creating an appropriate continuum of care; and fostering a culture of continuous quality improvement based on the best available evidence and involving local communities and wider social movements as partners to deliver better health for all;
- d. ensuring an adequate level of public financing for the health system;
- e. establishing a SEE Health Network platform to strengthen human resources for health and to promote cross-border mobility of public health and health care professionals;
- f. helping local governments to create conditions that will strengthen the capacity of human resources in the public health service, such as preventing the emigration of young specialists;
- g. working to promote health literacy and empower citizens and patients as key elements in improving health outcomes, and the performance of and satisfaction with health systems;
- h. implementing the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region⁵;
- i. Implementing evidence based actions linking health systems strengthening with sustainable communicable diseases prevention and control measures; through integrated, people centered health service delivery, engaging relevant stakeholders, including affected communities and civil society

4. further upgrading public health services and capacities by:

- a. establishing a SEE Health Network platform on cross-border collaboration for public health services, including all-hazard preparedness and response, and services at Points of Entry designated under the IHR;
- b. implementing and monitoring the implementation of the WHO European Action Plan for the Strengthening of Public Health Capacities and Services;⁶

⁴ EUR/RC65/13 Priorities for health systems strengthening in the WHO European Region 2015–2020: walking the talk on people **centeredness**

⁵ EUR/RC66/11 the Action plan for the prevention and control of noncommunicable diseases in the WHO European Region, Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0011/315398/66wd11e_NCDActionPlan_160522.pdf?ua=1, accessed 4 April 2017).

⁶ European Action Plan for Strengthening Public Health Capacities and Services. Copenhagen: WHO Regional Office for Europe; 2012 (http://www.euro.who.int/__data/assets/pdf_file/0005/171770/RC62wd12rev1-Eng.pdf, accessed 27 January 2017).

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- c. delivering on the public-health and health-system requirements for strengthening the core capacities to implement the International Health Regulations (IHR);⁷
 - d. focusing on improving the delivery of health-promotion services and disease-prevention activities, including establishing an intergovernmental SEE Health Network platform on health promotion and health;
- 5. further strengthening our mutual regional and national action preparedness and response to regional emergencies and related population movement and migration by:**
- a. developing regional approaches to routine and emergency surveillance, preparedness and response, as indicated in Health 2020 and the IHR;
 - b. responding to the current influx of populations, including refugees and asylum seekers, according to the policies, principles and processes outlined in the recent outcome document Strategy and action plan for refugee and migrant health in the WHO European Region;⁸
- 6. working more closely and efficiently with our partners to make the best use of their unprecedented support by:**
- a. recognizing that new forms of governance for health are needed in today's diverse and horizontally networked, information-based societies, requiring multisectoral and multifaceted policy responses and interventions;
 - b. implementing whole-of-government, whole-of-society and health-in-all-policies approaches in policy development, which lie at the heart of Health 2020, to advance governance for health through intersectoral governance with other policy arenas to promote and protect health;
 - c. advocating healthier policies in and across all sectors, thereby reducing the use and costs of health services, and encouraging better communication between patients and health professionals; and
 - d. working within the "One United Nations" process in the WHO European Region, with health serving as the basis for an issue-based coalition for the implementation of health across the SDGs, involving advocacy, partnerships, resource mobilization, and monitoring and evaluation, with strong leadership of WHO.

WE, THE MINISTERS, ACKNOWLEDGING THE NEED FOR EUROPE-WIDE RECOGNITION OF REGIONAL COLLABORATION IN SEE, CALL ON:

8. the governments of the SEE Health Network's member countries:

⁷ International Health Regulations (2005), 3rd edition. Geneva: World Health Organization; 2016 (<http://www.who.int/ihr/publications/9789241580496/en>, accessed 27 January 2017).

⁸ Strategy and action plan for refugee and migrant health in the WHO European Region. Copenhagen: WHO Regional Office for Europe; 2016 (http://www.euro.who.int/__data/assets/pdf_file/0004/314725/66wd08e_MigrantHealthStrategyActionPlan_160424.pdf, accessed 4 April 2017).

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- a. to achieve policy coherence between global goals and the SEE Health Network member countries' contexts, among international agendas, among economic, social and environment policies, among difference sources of financing and among the diverse actions of multiple actors and stakeholders;
- b. to integrate health into wider development approaches, defining necessary priorities and the needs for accountability, resources, innovation and research as key to success;
- c. to align the goals/targets and approaches of health and SDG development plans of the SEE Health Network member countries, using the "one country health development" concept, and based on the whole-of-government, whole-of-society and health-in-all-policies approaches;
- d. to develop and implement effective policies and interventions through new forms of governance that overcome sectoral boundaries and enable integrated joint resource mobilization, planning, delivery, accountability and review;
- e. to advance the implementation of Health 2020 with priority setting guided by information on the national or local burden of disease, the scale of the problem, trends, public and sector-specific policies, the solutions available, the financial costs and societal interests;
- f. to strengthen the knowledge and evidence gathering on the economic and societal returns on investments in and for health, well-being, prosperity and equity for all, which will showcase the role of health in social and economic development, and will depict the role already played by other sectors and stakeholders in better health and well-being;
- g. to strengthen the capacity of health institutions and public health services, including human resources for health; and
- h. to strengthen health information and research systems, as they are vital policy and operational resources for health planning, implementation, monitoring and evaluation.

9. We look to partner organizations:

- a. to focus on shared responsibility and accountability for the equitable improvement of health and well-being within whole-of-government, whole-of-society and health-in-all-policies approaches;
- b. to establish policy and regulatory frameworks that enable business and industry to advance sustainable-development initiatives, taking account of the importance of corporate social responsibility;
- c. to facilitate the exchange of information and lessons learned and to build knowledge and best practice on health across the region and beyond through participation in congresses, meetings, conferences and symposia organized by the SEE Health Network; and
- d. to support the increased visibility of the SEE Health Network and identify associated opportunities for exchange within the Network and at the EU level.

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WE, THE MINISTERS OF HEALTH OF THE NINE COUNTRIES, MEMBER STATES OF THE SEE HEALTH NETWORK, HEREBY, ENDORSE AND COMMIT TO THE IMPLEMENTATION OF:
this Chisinau Pledge;

WE, THE MINISTERS, ARE CONVINCED THAT OUR COMBINED EFFORTS AT NATIONAL, SUBREGIONAL (SEE) AND EUROPEAN LEVELS WILL BRING ABOUT CHANGES THAT WILL CONTRIBUTE TO ACHIEVING BETTER HEALTH, WELL-BEING AND PROSPERITY IN OUR COUNTRIES AND THE SEE REGION.

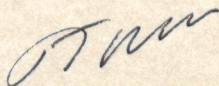
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**SIGNED ON 4 APRIL 2017 IN CHISINAU, REPUBLIC OF MOLDOVA BY THE
SIGNATORIES:**

ALBANIA

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Authorized official

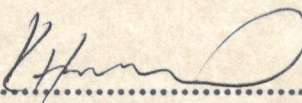
REPUBLIC OF BULGARIA


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**THE FORMER YUGOSLAV REPUBLIC OF
MACEDONIA**

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MONTENEGRO


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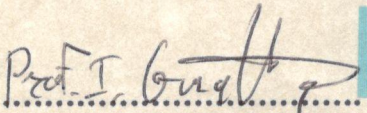
REPUBLIC OF SERBIA

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BOSNIA AND HERZEGOVINA


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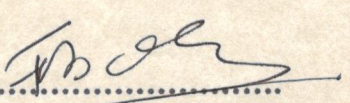
STATE OF ISRAEL


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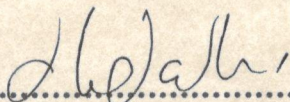

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ROMANIA

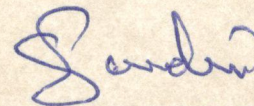

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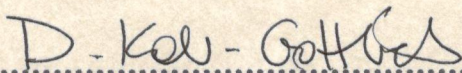
HEREWITH WITNESSED BY OUR PARTNER ORGANIZATIONS:



.....
Dr. Zsuzsanna Jakab
WHO Regional Director for Europe



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Mr. Gazmend Turdiu
Deputy Secretary-General
Regional Cooperation Council



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Ms. Dorothea Kahr-Gottlieb
Secretary General
European Health Forum Gastein



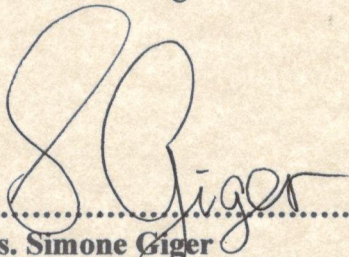
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Ms. Rita Columbia
Representative in the Republic of Moldova
United Nations Population Fund



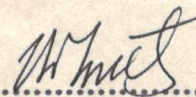
.....
Dr. Jaime Calderon
Regional Migration Health Advisor
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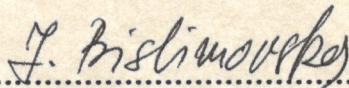
.....
Ms. Simone Giger
Director of Cooperation
Swiss Cooperation Office SDC in Moldova



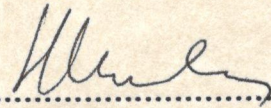
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Ms. Armine Hovsepyan
Deputy Regional Director for Europe and Eurasia
Project HOPE

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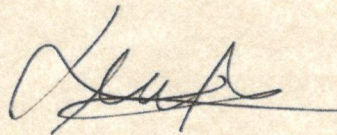
HEREWITH WITNESSED BY OUR PARTNER ORGANIZATIONS:



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Prof. Dr. Jovanka Bislimovska
Coordinator
SEE Network on Workers' Health (SEENWH)



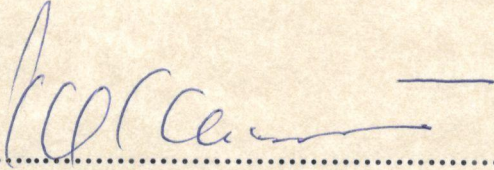
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Ms. Nicoline Tamsma
President
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HEREWITH WITNESSED BY OUR PARTNER ORGANIZATIONS:



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