

# **EUROHEALTHNET v.z.w. (INTERIM) ACTIVITIES REPORT 2003 INFORMATION FOR MEMBERS & PARTNERS**

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## **1. STATUTES**

### **1.1 ACCOUNTABILITY**

The first task for the new organisation has been to ensure legality and accountability. This has been achieved.

### **1.2 LEGAL ENTITY**

The draft statutes that were prepared in late 2002 have been legally adopted by the Belgian federal authorities, meaning that for the first time the network has a legal status and independence that protects its members and partners in law and ensures financial accountability. Therefore the organisation is formally registered as EuroHealthNet v.z.w.

### **1.3 RESPONSIBILITY**

The responsibility for accountability is vested in the General Assembly that makes all formal decisions and includes all statutory members and partners.

### **1.4 FOUNDING MEMBERS**

The original founding members, as required by the law of Belgium, were:

- England
- Estonia
- Finland
- Belgium, Flanders

### **1.5 BOARD**

The initial Board Members were

- Maggie Davies (HDA, England)
- Bosse Pettersson (NIPH, Sweden)
- Stephan van der Broucke (VIG, Flanders)

## **1.6**

At the General Assembly held on 25 June 2003 in Brussels, it was agreed that

- Jerome Voiturier (INPES, France)
- Ineta Pirkcina (LHPC, Latvia)

Would become additional Board members with immediate effect. The terms and conditions of office were also clarified and are included in the attached Statute and/or draft Minute of the General Assembly.

## **1.7 BOARD MEETINGS**

The Board has communicated regularly at distance, and has held two meetings, formally in Brussels in June and informally in Bad Gastein in October. The outcomes have been communicated to members and partners.

## **1.8 RULES**

Draft internal rules have been presented to the General Assembly (see appendix). These include provisions for:

- Status
- Membership
- Fees
- Rights of participants
- Obligations of participants
- Accountability
- The Board
- Finances

The unanimous decision of the General Assembly was that the draft rules shall be supplementary to the statutes and used as guidelines 2003-2004, pending review by the Board and amendment or full adoption by the 2004 General Assembly.

## **1.9 CODE OF CONDUCT**

A draft Code of Conduct for staff and members was presented to the General Assembly (see appendix). This includes provision for:

- Declaration of interests
- Income Generation

It was unanimously agreed that the Code would be used as a guideline, pending review by the Board and amendment or adoption at the 2004 General Assembly.

## **2. GENERAL ASSEMBLY**

### **2.1 MEETING**

The 2003 General Assembly took place in Brussels on 25 June.

### **2.2 MINUTES**

The draft minutes are attached (pending adoption at 2004 meeting).

### **2.3 The minutes include**

- Report of the Board
- Financial Reports, including the independent Accountant
- Budget and work programme 2003
- Membership Report
- Elections

### **2.4 ASSEMBLY 2004**

The next General Assembly was originally indicated to take place in February 2004. However, a subsequent Board meeting has proposed that, due to the late implementation of the EC Health Action Programme for 2003 onwards that has resulted in uncertainty regarding project applications, the General Assembly should be deferred until autumn for practical reasons.

The venue will be decided depending upon prospects of a policy seminar within the framework of the Netherlands Presidency of the EU in the second half of 2004.

## **3. MEMBERS AND PARTNERS**

### **3.1**

A list of all current Members and Partners is appended.

### **3.2 SUSTAINABILITY**

The second priority agreed for the network is to build a sustainable organisation based on a three-year plan to develop broader partnerships and diverse funding sources. It has been decided by the General Assembly that

- The fees for 2004 will remain at the same levels as 2003.
- There will be a reduction to two Service Levels of E 2000 and E 10000.
- If any agency meeting the relevant criteria are not in a position to pay the agreed fees, it shall be possible to request a waiver of fees on payment of an administration charge of E100. This is applicable for one year at the discretion of the Board and General Assembly.
- This is intended to encourage maximum geographical participation from national agencies to preserve the high level status of the network.

### **3.3 INFORMATION**

An explanatory document has been produced to explain EuroHealthNet to all potential applicants (*see copy appended*). This includes text about:

- Participants
- Eligibility criteria
- Service Levels
- How to join

### **3.4 POTENTIAL MEMBERS**

Staffs from the Brussels office have begun to contact a range of potential applicants for membership. In particular, temporary staff (*see personnel*

section) has made contact with regional offices in Brussels from Finland and Italy, and contacts have been developed with English regions.

### **3.5 RECRUITMENT**

Information services will be sent to an increasing range of potential members and partners at the end of 2003 and during early 2004 as an “appetizer” for the benefits of participation in the network.

## **4. POLICY DEVELOPMENT**

### **4.1 STRATEGY**

The third priority agreed for the network is to develop a basis for transferable exchange of policy information and co-operation. At the 2003 General Assembly, a Policy Seminar was held followed by a Strategic Policy Discussion.

### **4.2 SEMINAR**

The Seminar concerned “Public Health Aspects of the EU Common Agricultural Policy”.

Liselotte Schafer Elinder, from EuroHealthNet partner NIPH Sweden, presented key research findings and recommendations.

As a result, a Policy Working Group of interested EuroHealthNet members is being set up to take forward the findings and share information.

The Policy document has been widely disseminated in Brussels by office staff.

### **4.3 ANALYSIS**

A EuroHealthNet staff member has begun to analyse the public health aspects new proposals by the European Commission in the field of tobacco, sugar and olive oil, plus the outcomes of the mid term review of the Common Agriculture Policy agreed by Member States within the Greek Presidency.

Information concerning these activities has been sent to members.

### **4.4 PRIORITIES**

The strategic discussion resulted in a good consensus that five broad areas of policy work would encapsulate the various strands of national interest:

- Equity (including health inequalities and social exclusion)
- Evidence and Effectiveness
- Ageing and Older People
- Young Children
- Food Policy (including public health aspects of CAP, and obesity)

### **4.5 WORKING GROUPS**

It was agreed that a network Policy Working Group should be set up in each case. Initial requests have brought forward a number of national experts interested to participate.

#### **4.6 POLICY – PROJECT LINKS**

The groups will be facilitated by the EuroHealthNet Brussels office, and will initially seek exchanges of national and regional information in the fields. In each case efforts are being made to bring together potential project partners to take forward applications within the EU Health Action Programme.

#### **4.7 WEBSITE**

The EuroHealthNet website is being restructured to give good priority to the groups and related topics, and to encourage interest from health professionals, policy makers and the public.

#### **4.8 ASSEMBLY 2004 DEBATE**

Views of members are being sought regarding at least one appropriate policy subject for the 2004 EuroHealthNet Policy Seminar linked to the General Assembly.

### **5. EU HEALTH POLICY FORUM**

#### **5.1**

The fourth agreed priority is to increase the influence of the network and its member agencies with respect to EU level policy development.

EuroHealthNet is a founding member of the EU Health Policy Forum and has been represented at every meeting since its inception.

#### **5.2 POLICY INITIATIVE**

EuroHealthNet successfully proposed that the link between health and social policy should be a priority topic for discussion by the Forum at its meeting in 2003.

#### **5.3 PARTICIPATION**

Stephan van der Broucke (VIG, Flanders) presented the outcomes of the network project “Health Promotion Strategies to tackle Health Inequalities” at the initial Policy Forum meeting to discuss the subject, which was chaired by EuroHealthNet director Clive Needle.

#### **5.4 DISCUSSION**

EuroHealthNet contributed to the subsequent discussion and drafting process, that resulted in draft recommendations for the European Commission, member states and NGOs. The documents may be viewed via:

<http://forum.europa.eu.int/Public/irc/sanco/Home/main?index>

#### **5.5 OPEN FORUM 2004**

EuroHealthNet is also participating in the steering group that is working with the Commission to prepare an Open Health Policy Forum in 2004. Members will be consulted during the winter on options for this event.

## **6. PROJECTS COMPLETED**

The fifth agreed priority is to diversify the single funding base of the network with respect to partnership working with the European Commission DG Health & Consumer Protection, using the new Health Action Programme in addition to other relevant EU programmes. Project applications have been consistent with agreed policy priorities for participating agencies.

### **6.1 ENHPA Report**

The EC funding for the European Network of Health Promotion Agencies (ENHPA) ended in December 2002 with the conclusion of the EU Health Promotion Programme.

### **6.2**

The completion of the Final Report of ENHPA was achieved with the kind assistance of the Health Education Board for Scotland. Copies were widely disseminated in Brussels and member states. A few remaining copies are available on request.

### **6.3**

The completion of the final financial report was achieved with the kind assistance of the Health Development Agency for England as project managers.

### **6.4 Health Impact Assessment Report**

The Welsh Assembly Government, following a survey carried out with ENHPA, published a Position Report on "Health Impact Assessment and government policymaking in European countries". The Report was produced with the co-operation of the European Commission DG Health & Consumer Protection and the World Health Organisation, and included responses from 23 countries:

Austria	Belgium	Bulgaria
Czech Republic	Denmark	England
Estonia	Finland	Greece
Hungary	Iceland	Ireland
Luxembourg	Malta	Netherlands
Poland	Republic of Cyprus	Republic of Lithuania
Scotland	Sweden	Slovak Republic
Turkey	Wales	

EuroHealthNet helped to disseminate the Report widely in Brussels, including extensively within the European Parliament and non-governmental bodies. A few remaining copies are available on request.

### **6.5 Health & Social Exclusion Report**

One of the main elements of work in the network and the Brussels office during 2003 has been the completion of a preparatory project with the European Commission DG Employment and Social Affairs on "Health, Poverty and Social Exclusion in Europe".

This included 12 project partners from:

Germany	Italy	Belgium
Malta	England	Scotland
Austria	Spain	Sweden
Estonia	Netherlands	

Two project meetings were organised by EuroHealthNet in Brussels.

## **6.6**

On 24 June 2003 a major seminar was organised in the European Parliament in Brussels, featuring presentations from project partners and relevant European non-governmental organisations, with an audience of policy makers and experts.

## **6.7**

Two Reports were published:

- A Health Analysis of National Action Plans on Social Inclusion
- A Literature Review on concepts, relations and solutions

Copies were widely disseminated in EU institutions and member states, including to all members of the EU Social Protection Committee.

## **6.8**

A number of meetings took place between EuroHealthNet and organisations working in the field of social and health care policies.

EuroHealthNet participated in the Poverty and Health Conference in Ireland, and the Social Exclusion Conference in Torino, represented by Ingrid Stegeman, and the Health Inequalities Conference in London, represented by Clive Needle and organised by EuroHealthNet member the Health Development Agency for England.

## **6.9**

The work in Brussels was co-ordinated by Caroline Costongs and the project officer was Ingrid Stegeman.

# **7. PROJECT APPLICATIONS**

## **7.1 Health Inequalities**

BZGA Germany has kindly undertaken to manage a EuroHealthNet project proposal on Closing the Health Gap – Strategies to tackle Health Inequalities, with a grant request to the EC for 1,426,624 Euro for 3 years.

## **7.2 Evidence and Effectiveness**

NIGZ Netherlands has kindly undertaken to manage a joint project in liaison with EuroHealthNet, IUHPE and others on Getting Evidence into Practice, with a grant request for 2,378,880 Euro for 3 years.

### **7.3 Older People**

NIPH Sweden has kindly undertaken to manage a EuroHealthNet project on Healthy Ageing with a grant request for 797,726 Euro for 3 years.

### **7.4 Social Exclusion and Health**

NHS Health Scotland has kindly undertaken to manage a Phase 2 project to the preparatory action on Social Exclusion and Health, with a grant request for 327,125 Euro for 2 years

### **7.5**

In addition, EuroHealthNet is a subsidiary prospective partner in two other project proposals:

#### **Mental Health Promotion**

- Mental Health Europe project on Implementation of Mental Health Promotion Strategies

#### **Health Impact Assessment**

- WHO Health Policy Centre Project on Health Impact Assessments

### **7.6**

At the time of preparation of this Interim Report, all project applications were understood to have been favourably evaluated but await decisions regarding available funding for the current year. None of the projects will provide core funding for EuroHealthNet, but all will contribute to priority objectives.

Caroline Costongs has acted on behalf of EuroHealthNet as Project Co-ordinator and has undertaken numerous meetings with potential partners and European Commission Directorates.

## **8. INFORMATION GATHERING AND DISSEMINATION**

### **8.1**

A core function of the Brussels office is to gather information concerning relevant EU activities and policies for dissemination to the participating agencies, and also to gather information from member states to contribute to the policy process at EU level.

### **8.2 HEALTH HIGHLIGHTS**

The main tool for dissemination is the Health Highlights, a frequent electronic newsletter service sent direct to the desks of members. Ten editions have been sent in the year to date, in addition to specific items of news that have been disseminated via the Health Action Memo.

### **8.3 SOURCES**

The major sources of information are:

- The European Commission
- The World Health Organisation and other international bodies
- The European Councils of Ministers
- The European Parliament

- Other EU Institutions – Court, Committee of Regions, ESC etc
- Non-Governmental Organisations
- Media and multimedia publications
- Electronic databases and search engines

#### **8.4 CONTENTS**

The sections of Health Highlights include:

- Main topical news and events
- News, features, proposals from the EU Institutions
- News from Member States
- Miscellaneous events, publications and initiatives.

#### **8.5 SUBSCRIPTION**

Subscription to Health Highlights is included within the EuroHealthNet Service Level One agreements.

EuroHealthNet has received several very appreciative comments from recipients including the European Commission and member agencies.

#### **8.6**

Health Highlights is produced by Ingrid Stegeman and edited by Clive Needle. Back copies are available on request, and items are transferred on to the EuroHealthNet website for public access in due course.

### **9. COMMUNICATIONS**

#### **9.1**

The main EuroHealthNet communications tool is its website [www.eurohealthnet.org](http://www.eurohealthnet.org)

#### **9.2 PORTAL**

Established with core funding from member agencies, this has been recognised by the European Commission as an innovative and useful tool.

EuroHealthNet has been invited to contribute to the EC consultation on its forthcoming Health Portal, a development that is currently financially beyond EuroHealthNet itself. However, development of the site has been critically modified in the second half of 2003.

#### **9.3 STRATEGY**

Firstly, with the new independence that EuroHealthNet offers compared to ENHPA, the emphasis of the site is being changed to providing comprehensive information and links concerning member agencies and member state activities in relevant fields. This compares to the previous emphasis on EU level information, and offers members the new ability to input data directly onto national pages rather than send it first to the Brussels office.

This also alleviates language problems: information can be displayed in any language, ideally with a brief heading or summary in another language. It is then the responsibility of the reader/user to translate the text according to their needs, rather than the provider. It is hoped this will provide a useful “shop window” for all member agencies, member states and new partners.

#### **9.4 POLICY**

Secondly, a greater visibility will be given to network policy approaches. This will include pages for each policy-working group set out above in Section 4, and for projects in which EuroHealthNet participates. This will allow site visitors to contribute observations, texts and links to extend discussions and knowledge.

#### **9.5 MEMBERSHIP BENEFITS**

Thirdly, there will be new membership benefits in terms of a password operated closed section of the site containing special “added value” information about activities etc, in addition to the current frequent Health Action Memo Service that will continue via direct email.

#### **9.6 DIRECTORY**

Attention is also being given to development of the promotion of the Directory of Health Promotion Professionals administered by EuroHealthNet member agencies in 12 countries and now fully integrated into the site, plus strengthened links with the EU funded database project “HP Source” concerning national infrastructures in which most EuroHealthNet agencies are participating. Kaarina Tamminiemi represented EuroHealthNet at the project launch in Strasbourg.

#### **9.7 PUBLICITY**

To help publicise the site, computer mouse mats bearing the network logo and address have been produced by the Brussels office and disseminated widely, for example being used on the European Commission stand at the European Health Forum in Austria.

### **10. Networking**

#### **10.1**

Exchange of transferable information is a key function of the network.

The value of the network was highlighted by invitations to participate in numerous relevant and high-level events across Europe.

#### **10.2 PRESIDENCY**

A majority of EuroHealthNet Agencies were represented at the Italian Presidency Conference on Healthy Lifestyles in Milan, and its subsequent preparatory meeting for EU Health Ministers. BZGA Germany, NIPH Sweden and EuroHealthNet Director Clive Needle made presentations.

### **10.3 IUHPE**

Numerous EuroHealthNet agencies participated in the IUHPE Europe Conference in Perugia, Italy.

### **10.4 EHF**

EuroHealthNet President Bosse Pettersson (NIPH Sweden) made a keynote speech on equity at the European Health Forum in Bad Gastein, Austria, at which other network agencies also participated.

### **10.5**

Caroline Costongs presented during an EU Information day at the Netherlands Ministry of Health.

### **10.6**

Ingrid Stegeman presented at NIZW Netherlands.

### **10.7**

All staff members have presented to study groups visiting Brussels from several EU states.

## **11. PERSONNEL**

### **11.1**

#### **Policy Advice and Strategic Direction**

Clive Needle

### **11.2**

#### **Project co-ordination**

Caroline Costongs

*(Caroline has been on maternity leave from August, and is congratulated on the safe arrival of a daughter).*

### **11.3**

#### **Administration, Information & Research**

Ingrid Stegeman

### **11.4**

#### **Secondment from National Centre for Health Promotion, Finland**

Kaarina Tamminiemi (September – October)

Contact with Finnish representations; website; HP Source Project

*With thanks to Kaarina, and to Harry Vertio and colleagues for assistance.*

### **11.5**

#### **Stagiaire, EU Leonardo Programme (October – December)**

Annagrazia Altavilla

Research assistance on situation in Italy; Health in the EU Convention process and treaties.

## **13. FINANCE**

### **13.1 RESPONSIBILITY**

The responsibilities for financial management of the Board and General Assembly are set out in Articles 22-23 of the statute.

### **13.2 ACCOUNTABILITY**

A detailed financial report was presented to the General Assembly on 25 June by M. Benoit Broeckemans as professional Accountant to the organisation, and was approved.

### **13.3 SUMMARY**

An interim summary of income and expenditure for 2003 to date is set out below:

*(Nb: excluding income and expenditure concerning the EuroHealthNet European Commission funded Project on Social Exclusion and Health, managed and accounted for separately by NIGZ Netherlands)*

#### **INCOME**

Membership Fees	119, 963.00
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<b>Total to date</b>	<b>119, 963.00</b>
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#### **EXPENDITURE**

Personnel	62, 978.34
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ICT Support	2, 518.23
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Accountant	1, 439.90
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Rent	18, 145.09
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Telephones	6, 359.18
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Post & Stationery	810.43
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Travel	571.55
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Publications	1, 441.91
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Other office costs	2, 549.79
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General Assembly	685.05
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<b>Total to date</b>	<b>97,499.47</b>
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## **CONCLUSIONS**

*“I really admire the way that EuroHealthNet has managed the process of strategic change from a network reliant on the European Commission to an independent organisation.”*

(Comment from leader of a European NGO, European Health Forum)

### **A CHALLENGING YEAR**

2003 has, so far, been a challenging year for the personnel and members of this organisation. One year ago it was uncertain if the network could continue in a tangible form. The end of the EU Health promotion Programme 1996-2002 meant that the major donor could no longer be relied upon to fund core project work. The viability of good, well-positioned office facilities in Brussels, near to the major EU institutions, was fragile. Two valued staff members left to work for the European Commission, and funds were not available to replace them.

### **ACHIEVEMENTS**

From this worrying situation, a year of solid achievement can be reported.

- A really excellent piece of work has been completed on Social Exclusion and Health Inequalities, which has confirmed the network and its individual member agencies as leaders of developments in the field at EU levels.
- Instead of one member agency (England) holding a single network contract for work with the European Commission, now agencies from Germany, the Netherlands, Sweden, Scotland and Austria are leading as multiple contract managers and co-ordinators for potential projects on equity and social exclusion, effectiveness, ageing, mental health and health impact assessment. Although at the time of writing new project awards cannot yet be confirmed, initial signals are encouraging.
- The core member services have been maintained and improved. We offer a good website as a “shop window” for the network agencies plus a “one stop shop” for policy makers, professionals and the public; a direct email service to members’ desks providing the latest relevant news; a helpdesk for partnerships and a frequent, fast update on activities of special interest to members that is being increasingly used by existing and new member states; plus the site link for the EU Directory.
- A new approach to policy exchange is being developed, focussing more clearly than ever on the public health evidence and effective health promotion interventions.
- The legal and organisational position has been stabilised, so that members and partners can rely on an accountable partnership for their international exchanges.

- The new name has caught the attention of partners and policy makers, and staffs are being increasingly asked to participate in events and as a source of help and information by officials in EU institutions. Members are also advocating for the network to policy makers, for which we are grateful. As more visibility is gained, the influence of the network grows on behalf of its members.

But there remain some important challenges to overcome in the remainder of the year and 2004.

#### **OBJECTIVES FOR 2004**

- More members and partners are needed, from the new member states due to join the EU and others who seek to apply, plus from the many regional authorities increasingly interested in the EU health agendas. Now that our services are established, we can confidently promote membership in 2004. We will step up our promotional efforts together with our national and network partners.
- From more diverse sources, more funds are needed to increase capacity at the Brussels office as well as to bring tangible benefits to agencies. Policy advice and direction is only funded for one quarter of each month, which is insufficient to achieve objectives. The potential of the website would be realised much faster with additional input, both from the centre and from Members. Staffs have worked a good amount of extra time on a voluntary basis without pay, which is not sustainable in the medium term. If all project awards are confirmed as hoped, greater flexibility for attention to these core network functions will be possible as we will be able to recruit additional specialist staff.
- There is a need to ensure that the network is more inclusive for all its diverse national and regional participants, whether by addressing better specific needs (such as regional priorities) or by supporting practical matters (such as wider translation). This in turn would encourage greater flows of information between members and partners.
- New project applications with the European Commission must be effectively pursued and undertaken, with a particular emphasis on moving towards implementation strategies at national and regional levels.
- In successive EC work programmes, the needs of the network participants should be recognised and addressed, for example in policy priority areas such as health promotion for children beyond schools.
- The wider interest and involvement of network participants should be better reflected in engagement with other EU work programmes, for example in education and culture, food policy, regional policies, research and technologies, transport etc. If capacity permits, staffs are keen to provide more analytical information on EU activities and to

participate in more partnership projects with other networks, building on those initiated in 2003 with IUHPE, the Mental Health networks and the European Health Management Association.

Therefore 2004 is a year of great potential, and we are most grateful to all network members, partners and donors for their strong support that makes this possible.

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