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1. Introduction

A decade of progress for EU health

EuroHealthNet is now entering its second decade. From 1996 to 2002 its predecessor, the European Network of Health Promotion Agencies, brought together national bodies within the first European Commission Health Promotion Programme. In those times the relevance of the European Union to health was much misunderstood. Hospitals are national responsibilities, so it followed in many minds that Europe “didn’t do” health.

The essential concepts of health promotion – and health education, development, improvement and other related aspects – were even less understood at EU levels. Policy makers sought concrete, cost effective short-term solutions to public health threats and disease burdens. Mention of health inequalities brought protests that national diversities were paramount.

Much of that has not changed sufficiently yet. Political attention in the field of public health usually remains focused on influenza, pharmaceuticals, genetics or surgery. If there is action on determinants, it tends to address crises on obesity, substance abuse or communicable diseases.

But look beyond the headlines, and a more encouraging picture emerges.

- When ENHPA began, the EC department responsible was a couple of units in the employment directorate in Luxembourg. Now health is a key part of one of the three directorates with the heaviest regulatory workload, leading on new policy processes.
- When ENHPA began, its equity-based mission seemed ambitious. Now Portuguese, Belgian and UK Presidencies have put inequalities on their agendas, summits have been held; expert groups and projects are underway.
- When ENHPA began, European Parliamentarians barely had Internet connections in their offices. Now a European Health Insurance Card is in operation and an EU Health Portal is imminent.
- When ENHPA began, a handful of European organisations carried a flag for health and few worked together. Now international networking is established as a core programme function and the European Health Policy Forum has a waiting list.
- When ENHPA began, the health promotion programme was tiny and barely noticed. The current programme has many faults but hugely more impact and opportunities. When a new programme was proposed in 2005 it attracted much attention from proponents and opponents, and its extended budget was still not enough.

There are more examples, but the point is that the EU health agenda and involvement has developed significantly during the decade that the national bodies responsible for health promotion have organised together via a Brussels-based operation. Often that is

forgotten amid the justifiable criticism of the pace of change, remaining inequalities, budget limitations or policy compromises.

Of course we have changed significantly too over that period.

A decade of progress for EuroHealthNet

When ENHPA began, it relied on direct support from a technical base run by the National Institute for Health Promotion (NIGZ) in the Netherlands and a liaison base run by the Health Education Authority (HEA) for England. The members came from the national bodies identified by the EC, or by national governments, or from professional links already established via the International Union for Health Education (IUHPE).

With eventual support from the EC a small office was shared with the European Public Health Alliance (EPHA) in Brussels, with two staff. In 2000 a decision was taken to expand that: the two additional colleagues recruited remain with the network, Caroline Costongs and Clive Needle.

By 2002 it was decided that ENHPA as originally envisaged had run its course but that it was worthwhile to use it as a basis for a distinctive, autonomous successor. At that time the EU was crucially preparing for its most far reaching enlargement, and the number of member states grew to 25.

So EuroHealthNet was born, with a clear new mission, participation criteria and statutes based on implementation of policies rather than the friendly expert exchanges that had initially been valuable in building interest.

That change coincided with the start of the new EU Public Health Action Programme, from which support could not be certain. The commitment of founding members was to build a sustainable body for at least three years. This report, after those three years have been successfully navigated and at the mid point of the programme, indicates much success in achieving the initial objectives, none of which could have been managed without the persuasive advocacy and financial contribution of the members and partners.

Now we have our independent professional office nearby the European Union headquarters. For 2006 the staff complement is seven strong.

Now we have over thirty significant national and regional members, partners or applicants in the EU member states, the European Economic Area and among EU candidate countries, from the Islas Canarias in the south to Finland in the north, from Iceland in the west to Bulgaria in the east. Some are government bodies, some are institutes, all are working to *implement* health promotion progress, not only discuss it. That is our unique selling point.

This report will set out significantly increased achievement, influence, involvement and visibility in EU affairs. We have come a long way in the decade. Just as it is right to begin this report by noting the changed EU context, it is important to acknowledge at the outset the achievement of network members, partners and successive staff teams to reach this stage.

But it is not a report that suggests resting on laurels. There is not only much to be done to promote health generally (as set out notably at the 2005 WHO Bangkok Conference),

but the emergence of a higher profile EU role and a greater health promotion scope within it is bringing new challenges and opportunities.

So this report reflects what was achieved in 2005, and what steps are being taken forward to seek further sustainable development for the health promotion case and cause at EU levels.

Network Objectives

EuroHealthNet is an organisation that aims to contribute to a healthier Europe with greater equity in health between and within European countries.

This is achieved by networking and cooperation among relevant and publicly accountable national, regional and local agencies in EU member states, in states seeking EU membership and in the European Economic Area.

EuroHealthNet has no profit making aims and seeks funding from a range of sources and donors only to carry out its objectives. All partners and members are asked to be transparent concerning their interests.

Participation criteria

- **A not for profit organisation** – individuals or private companies may buy certain information services by agreement of our Board, but may not influence or participate in our decisions. All applicants complete a Declaration of Interests and we apply an ethical code of conduct.
- **Publicly responsible and accountable** – working for health promotion, public health or disease prevention in a demonstrable way.
- **Willing to disseminate** our information within and beyond the organisation environment.
- **Prepared to contribute** information to other members and partners about work and relevant issues in the network context and environment.
- **Content to participate** in EuroHealthNet activities without necessarily being reimbursed. Invitations to contribute to and benefit from EU projects will be managed separately.
- **Able to pay** annual fees that are set by the General Assembly.

Organisational structure

EuroHealthNet is independently constituted as a not for profit organisation according to the law of Belgium, where our office is based. We have a legal statute and internal rules which may only be revised at our annual General Assembly open to all participants. Copies are available on request and will be provided on application.

The **governing bodies** of EuroHealthNet are:

- a. the General Assembly
- b. the Board
- c. the Office

The **General Assembly** is the highest governing body responsible for formulating the board policy of EuroHealthNet.

The **Office** has been established and maintained by the Board to deal with the day-to-day business and provide a range of services to members, partners, associate partners and clients under the supervision of the President within the framework of the general instructions of the Board and the decisions of the General Assembly.

EuroHealthNet is managed and administered by the Board, within a policy framework set by the General Assembly.

The **Board** is responsible for:

- a. the preparation of the General Assemblies
- b. the annual work programme and the strategic direction of the Office
- c. the financial management of EuroHealthNet and fund-raising
- d. establishing membership and administration fees
- e. the appointment of staff
- f. other tasks, which legally or statutorily do not belong to the General Assembly

Work Programme

The work is divided into four integrated components:

- Projects (co-funded by participants and the EC)
- Policy development
- Communications
- Networking

The following sections report on each aspect of the 2005 work programme.

2. Projects

During 2005 EuroHealthNet staff coordinated and implemented two key projects in the field of equity and health (1) health inequalities project 'Closing the gap' and (2) health and social inclusion project. EuroHealthNet staff also supported and participated into two projects led by member agencies (3) healthy ageing and (4) Getting evidence into practice. In addition EuroHealthNet staff contributed to two external projects (5) EMIP Mental Health and (6) Health Impact assessment. Lastly, we explored several opportunities to develop our projects base further.

2.1 Health Inequalities project

An important part of EuroHealthNet's work is the "Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe" project, which we are coordinating in collaboration with the German Federal Centre for Health Education (BZgA). This three-year project concluding by mid 2007 is funded through the EC (DG SANCO) and participant contributions.

Aims and Objectives

The objectives of the project are as follows:

- to develop a clear and coherent definition of reducing health inequalities;
- to develop strategies for action on how to tackle health inequalities for the countries participating in the project,
- to bring together good practices that are effective and transferable through a European Health Inequalities Portal;
- to integrate or strengthen the health aspects of the policies initiated by the European Institutions.

The significance and added value of the 'Closing the Gap' project lies in the fact that it goes beyond establishing that there is a problem - and focuses on what can be done. The project is innovative in that it is generating information and evidence-based examples of what works to tackle health inequalities, thereby encouraging the exchange of good practice in this area. In addition, it aims to assess the influence of EU policy on health inequalities in countries, which has not been done before.

The project represents the establishment of a *European Partnership For Equity in Health*, consisting of national public health and health promotion agencies working towards the reduction of health inequalities in Europe.

Participants

There are 22 project participants of which most are EuroHealthNet members in the Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Ireland, Norway, the Netherlands, Poland, Portugal, Scotland, the Slovak Republic, Spain, Sweden, Switzerland and Wales.

The project also benefits from the involvement of the Scientific Advisory Board consisting of leading experts in the field of health inequalities, namely Prof. Hilary Graham, Dr. Andreas Mielck, Prof. Margaret Whitehead, and Dr. Erio Ziglio, who also provides an important link with the WHO.

Activities

The end of 2005 represents the halfway mark of the project. Considerable progress has been made during the course of the year in achieving the project's aims and objectives. Three developments in particular mark this progress; the Second Business Meeting, the establishment of the Health Inequalities Portal, and the UK Presidency Summit on Health Inequalities.

The Second Business Meeting (BM2) in June 2005 examined work during the first year of the project. Prior to the Meeting, all project partners consulted with national experts and submitted a Situation Analysis, providing a wide range of information on health inequalities in their countries.

They also agreed criteria for Good Practices that they will submit from their countries on initiatives to tackle health inequalities, which will be incorporated into the Health Inequalities Portal. Project partners also adopted a Position Paper on health inequalities definitions and concepts.

The work undertaken to date on EU level policies and programmes was reported, debated and taken forward.

Another important event was the UK Presidency Health Inequalities Summit that took place in October attended by over 600 experts in the field. "Closing the Gap" featured prominently during the Summit. The project was presented by Simone Weyers (BZgA) in the workshop on 'Policy and Practice - How are Member States Tackling Health Inequalities?'

An analysis of the initial results of the Situation Analysis provided the basis of a background report that the UK presidency commissioned for the Summit. EuroHealthNet (Caroline Costongs and Kasia Jurczak) co-authored the report, together with Professor Ken Judge and Stephen Platt of the EUROTHINE project. This collaboration represented a strengthening of relations between this project and the EUROTHINE project, led by Professor Johan Mackenbach of Erasmus University in Rotterdam.

In addition:

- The project management team (EuroHealthNet and BZgA) met three times to coordinate and plan the project;
- the Subgroup on the Health Inequalities Portal met to plan the structure, development and sustainability of the Portal;
- the Scientific Advisory Board met twice to review the project's progress and comment on key points of development;
- a project leaflet was produced to raise awareness and to help disseminate the project, and all participating countries were encouraged to translate this into their own language;
- an article (Jurczak, Costongs and Reemann) appeared in an edition of the EuroHealth journal;

- EuroHealthNet was asked by the European Commission to present the 'Closing the Gap' project during the High Level Committee on Health, convening representatives of Health Ministries in EU Member States.

Positive developments are foreseen for this flagship project in 2006, and the network's thanks go to BZgA for exemplary management of the EC contract in partnership with the Brussels office.

2.2 Health and Social Inclusion project

2005 saw the successful conclusion of the network project activities concerning health and social inclusion.

The core activity of the social exclusion project this year was six exchange visits which were organised in the spring. Out of the four projects from each participating country that was listed in the Good Practice handbook, one was chosen to act either as a host or visitor. Local policy makers were accompanied by project partners and in some cases practitioners. The following exchanges took place:

Host Project	Visitor	General Theme
Sweden - STAD + Homeless Project EHMA Sweden - Hållpunkt	Latvia - DIA+LOGS	Support and Resource centres (for the homeless, people with HIV); Problem of substance abuse
Spain – Health of ethnic minorities (Roma)	Wales – Redressing the balance (CHD and Roma)	Health of ethnic minorities, focus on Roma and travellers communities; Outreach services
Scotland – PHOENIX Community Health Project	Belgium – Experience Experts	Community Development Empowerment of participants through training
The Netherlands – Work and Caring	England – User's Employment Programme	Using health and care services to streamline people to employment
Germany – Guardian Angel	Czech Republic – Incomplete families and stress	Children and families in need; Early interventions
Malta - Day centres for the elderly + Home Care Programme for the Elderly	Sefton PCT – Merseyside Healthy Living Centres Italy – Mother and Baby	Healthy lifestyles

The exchange visits allowed the practitioners to look at the issue they work on normally from a different angle. For example the visit to a project on Roma health in Navarra for the first time made the health minister of that region aware of the gravity of the problem and triggered formal dialogue with the community. The exchange visits received substantial regional/local media coverage.

The field visit generated two significant outputs.. First is the report “*Health and Social Inclusion in the EU: the value of trans-national exchange*” (Ingrid Stegeman), which draws on the field visit reports submitted by the project partners. Secondly, the EuroHealthNet office coordinated the production of a short DVD “*Show me how you do it*”. The footage was recorded by the project partners and gives a strong feel and argument in favour of the exchange visit as a useful methodology.

The exchange visits initiated further exchanges. The Flemish (VIG) and the Dutch (NIGZ) partners organised a separate meeting, in which they addressed the health problems of the most vulnerable groups in their countries.

The project was also presented at two conferences – IUHPE conference in Stockholm in June and during the Social Services Conference in Edinburgh in July.

Health and Social Inclusion Conference

In collaboration with NHS Scotland, EuroHealthNet (Kasia Jurczak and stagiere Margit Andreassen) organized a conference ‘*In good HEALTH – Linking Social Inclusion and Health*’, which took place in December in Edinburgh. The conference summarized the results of the “Tackling Health Inequalities and Social Exclusion’ project (2004-2005) and was an associated event of the UK Presidency of the European Council.

The aim of the conference was two-fold. The first was to draw the attention to the strong correlation that exists between poor health and the issue of social exclusion. The parallel workshops organised during the conference provided a good opportunity for the participants to transfer knowledge and experience on a horizontal level - from one locality to another in a different country or region.

The second part of the conference dealt with the issue from a more vertical perspective, how relatively small scale projects that start at a local level can influence broader policy development and be taken up by other regions and at the national level. In that sense the second day of the conference explored the process “from practice to policy” and aspects relating to it, such as evidence based policy and how to influence the political health and social agenda.

110 delegates, who in their evaluation forms rated the event very highly, attended the conference. The speakers included: Lewis Macdonald MSP, Deputy Minister for Health and Community Care, Prof. dr. Jan Vranken, University of Antwerp, Philip Berman, Director European Health Management Association, Charles Price, European Commission, DG SANCO, Simon Wilson, Director The Platform of European Social NGOs, Graham Robertson, Director HNS Health Scotland, Clive Needle and Caroline Costongs from EuroHealthNet.

The network is especially grateful to NHS Scotland for its exemplary contract management.

Associated social inclusion work

13th European Social Services Conference

The 13th European Social Services Conference, entitled '*Putting People First: Partnership and Performance in Social Care and Health in a Changing Europe*' took place in July in Edinburgh. This UK Council Presidency event was organised by the European Social Network.

EuroHealthNet organised a workshop at the Conference, entitled '*Where does health service provision end and social service provision begin?*', which incorporated the outcomes of the Health and Social Inclusion project.

4th Round Table on Social Inclusion

The Fourth Round Table on Social Exclusion took place in October in Glasgow, Scotland. The aim of the Round Table was to assess the progress that has been made to date on the EU's Open Method of Social Inclusion and the National Action Plans (*NAPs*).

Conference "Future Europeans"

This conference, organised by the European Public Health Alliance and regional authorities as an associated event of the UK Presidency, took place in Brussels in November. The Conference explored whether children and young people are adequately supported and protected within the EU framework and shared examples of good practice in working with and empowering young people.

EuroHealthNet coordinated a workshop on '*Overcoming disadvantage: tackling health inequalities and social exclusion amongst young people*', which assessed the situation of poverty and social exclusion amongst children in the EU. Organised by Project Officer Ingrid Stegeman and chaired by Director Clive Needle, DG EMPL spoke on 'Preventing and reducing child poverty in the European Union', while EuroHealthNet members from the Netherlands, Ireland, Malta, Hungary and Denmark also contributed.

Conference "Building Social Policies on Fundamental Rights"

At this event in Brussels in October organised by the EU Social Platform of NGOs, Ingrid Stegeman for EuroHealthNet presented in the Seminar on 'The Right to Health and the Right to Health Care' on health inequalities, entitled: *THE RIGHT TO HEALTH – are some more entitled than others?*

2.3 Healthy Ageing project

This project is initiated and coordinated by the Swedish National Institute of Public Health in Sweden and co-funded by the European Commission. The aim of the project is to promote healthy ageing in later life stages (older people aged ≥ 50). The project focuses on different aspects of health and promotes healthy ageing through the development of an integrated holistic approach to health in later life.

The main aims are:

- to collect and review the available data and evidence on effective interventions for older people's health
- to collect and analyse effective practices and policies to promote healthy ageing across EU member states
- to make recommendations for policy at EU and member state level based on current evidence and practice for promoting the health of older people
- to report, disseminate and raise awareness of a comprehensive, integrated approach of ageing and health, with the emphasis on health promotion in the later life stages
- to establish sustainable partnerships at EU and individual Member State level and engage with professionals, NGOs, public and policy makers at EU and Member State level and international organisations (WHO) in this process.

During 2005 EuroHealthNet (Caroline Costongs) supported the project manager and project coordinator in the coordination, administrative (EC) and financial aspects of the project, gave guidance to project implementation, participated in the steering committee, reviewed the evidence in the field of preventative health services for older people and drafted a chapter for the report.

EuroHealthNet further developed Healthy Ageing web pages and supported the coordinator to contact relevant organisations to participate in the European Seminar in Prague in January 2006. EuroHealthNet also presented on the project at the 'health working group' at AGE – the European Platform for older people in June.

2.4 Evidence into Practice project

The GEP project, coordinated by NIGZ, benefited from a close collaboration with EuroHealthNet. Many of the GEP project partners are also EuroHealthNet members. This means that the GEP project could make use of, and was embedded into, the existing EuroHealthNet infrastructure of e-newsletters, website and meetings. The EuroHealthNet office led by Caroline Costongs supported the GEP project in several ways.

Coordination support

EuroHealthNet staff assisted NIGZ in their coordination tasks, in particular with respect to EC regulations. EuroHealthNet took part in the steering group meeting in February, commented on draft reports and contributed to the organising committee of the IUHPE Evidence & Effectiveness conference in Stockholm in June.

Partner involvement

The office identified and contacted potential new agencies, in particular in the new EU member states, which would be interested in joining the GEP project. As a result of this acquisition statutory agencies in 8 countries decided to participate in a follow up phase of this project: Slovenia, Lithuania, Iceland, Ireland, Poland, Northern Ireland, Hungary and a second agency in Estonia signed up for GEP II.

Advocacy for evidence

EuroHealthNet, in responding to the EC reflection process for a new EU Health Strategy, argued for the need to develop a strong evidence base for successful health promotion interventions. Similar messages were integrated in another response to the consultation of DG Research for FP7, in which we stressed the need for more public health interventions research.

Visibility

One of the main objectives was to ensure a high visibility of the GEP project in Europe, and to raise awareness about and disseminate the initial outcomes of the project. Information and news on the GEP project was disseminated via the EuroHealthNet website and information channels. EuroHealthNet will ensure a further dissemination of the project main tools beyond the project period.

The final outputs of the GEP project

- a European Review Protocol for health promotion
- a European Quality Instrument for health promotion

are accessible via the EuroHealthNet website and the GEP website.

Further EU Policy Research

EuroHealthNet explored opportunities in DG RESEARCH. There were promising possibilities in ERA-NET, which is evolving towards funding policy related networks. The idea was to set up an ERA NET consortium including a follow-up to GEP, embedded into a broader programme to develop public health intervention research expertise across Europe (including the strategic planning and design of joint research programmes).

Unfortunately it became clear that most of the project partners would not be eligible for this type of funding. In addition, EuroHealthNet, as a European network was also not eligible for ERA-NET funding.

Another opportunity was to respond to a DG SANCO call for proposals and to develop a EU wide Capacity Building project, which could take forward the GEP Phase I deliverables. It was decided to submit one GEP-II application and a separate reduced capacity building project to the new 10 EU member states.

While the proposal GEP-II project was, unfortunately, not accepted for funding, the capacity building project was. The latter project will nevertheless provide EuroHealthNet with the opportunity to take some of the GEP results forward. A Special Interest Group

(SIG) will therefore be created to continue the work on the evidence issues, on an informal basis, within the EuroHealthNet context.

2.5 Mental Health project (EMIP)

EuroHealthNet's involvement concentrated on dissemination and communication activities, as well as providing support to two of the national seminars.

Kasia Jurczak assisted our Polish and Czech partners organizing national events. In order to improve the public visibility of the project, the EuroHealthNet office initiated the production of the project leaflet. The leaflet shortly presented the case for mental health and outlined the main project objectives. It was distributed in all national workshops organized within the scheme of the EMIP project.

EuroHealthNet office has also been active in the policy-related field. Clive Needle spoke at the launch and will chair the Platform group for civil society organisations in the consultation process on the EU Mental Health Strategy Green Paper 2005-6, while Kasia Jurczak is Rapporteur. This has already involved considerable liaison with the European Commission, WHO Europe and relevant expert bodies, which has raised the profile of EuroHealthNet and EMIP. All developments on the EMIP project were communicated via EuroHealthNet channels.

2.6 Health Impact Assessment project

EuroHealthNet is also active as a member of the steering committee in a project that is being coordinated by The European Observatory on Health Systems and Policies on the 'Effectiveness of Health Impact Assessment'. This three-year project is funded under the DG SANCO Public Health Action Programme.

Health Impact Assessment (HIA) is carried out at the national, regional or local level in various European countries. Many countries in Europe also include health elements in other assessment methodologies, such as Environmental Impact Assessment. This project aims to map the use of HIA both within and outside of governments, evaluating the effectiveness of the tool and advancing understanding of the determinants of successful implementation.

Thirteen EU Member States are participating in the project. EuroHealthNet's participation in the project, led by Ingrid Stegeman, stems from previous work on the issue of HIA that was conducted in collaboration with the Welsh Assembly Government.

Activities

EuroHealthNet participated in the Steering Group Meeting that took place in April and in the Second Business Meeting that took place in May in Stockholm. EuroHealthNet's role in the project is to contribute expertise from a health inequalities perspective and to comment on the tools that are being developed to carry out the project.

The focus of the Finnish Council Presidency in the second half of 2006 will be on Health in other Policy Areas. They therefore asked European Observatory to write a chapter in a

book that they commissioned on this topic, to which Ingrid Stegeman contributed a case study on a Health Inequality Impact Assessment (HIIA) in Wales. Since the issues of health inequalities and Health Impact Assessment are closely related, this project and EuroHealthNet's 'Closing the Gap' project will undoubtedly continue to cross-fertilize one another in the course of 2006.

2.7 Project Acquisition

Capacity Building for Health Promotion project

In April, EuroHealthNet (Caroline Costongs and Ingrid Stegeman) prepared and submitted successfully a proposal on 'Capacity building for improving health across Europe' to DG SANCO in collaboration with the Health Promotion State Agency in Latvia.

This project will focus on the assessment of capacity and needs in the field of health promotion and public health for the new member states and accession countries only. It is foreseen that three trainings will be delivered in the course of the project:

- 1) "HP approaches to address the wider socio-economic determinants of health – examples from EuroHealthNet projects",
- 2) "European Union: key institutions, actors, policies and resources"
- 3) "Strategic Programming in strengthening of PH-HP activities"

Colleagues from the network will be delivering some of the training sessions.

It is envisioned that this could be a first exploratory phase of a larger scale capacity building project.

EuroHealthNet director Clive Needle and several members attended a meeting on capacity building for new member states at the WHO office in Venice.

Health Literacy

EuroHealthNet stagiere (Silke Christmann) drafted a comprehensive paper on Health Literacy and the role of the internet. She reviewed the literature in order to explore whether the Internet (public health websites) is a potential medium to increase Health Literacy among vulnerable groups (elderly, families in poverty and immigrants).

EuroHealthNet staff participated in a Health Literacy workshop with Illona Kickbush at NIGZ in Woerden.

EuroHealthNet (Caroline Costongs and Ingrid Stegeman) prepared and submitted a proposal 'Health Literacy; strategies to improve access to health services amongst socially excluded groups' to EC DG EMPL Action Programme to combat Social Exclusion, on behalf of the National Institute for Health Development in Estonia and 18 EuroHealthNet members. Due to the overwhelming number of projects that were submitted and the limited funds available, this project was not selected for funding.

Bill and Melinda Gates Foundation

A bid to the Bill Gates Foundation, led by Kasia Jurczak, for establishing a European Global Health Network was unfortunately not accepted. It would have entailed advocacy work on reducing child mortality, HIV/AIDS and improving maternal health.

Urban Health Indicators

EuroHealthNet has contributed to a project proposal on Urban Health Indicators, coordinated by the South Sefton Primary Care Trust in England.

The aim of this project is to develop a European system of urban health indicators. The objectives are as follows:

- To review and appraise the published literature on the health of urban populations and related indicators and identify relevant data sources
- To summarize individual member states' current use of measures of urban health, in order to compile a cross-EU inventory, which will allow transnational comparisons and benchmarking
- To improve presentation to policymakers of urban health data, in order to enable and facilitate policymaking and increase their impact on public health policy
- To disseminate the project results

EuroHealthNet will participate in taking forward the communication and dissemination aspects of the project.

EuroHealthNet is also following the developments with respect to the City and Health thematic network; lead by the city of Turin, Italy and to be funded by URBACT (DG *Regio*). URBACT is an EC programme for URBAN I and II cities that facilitates information exchange on poverty, unemployment and urban regeneration issues. Information about EuroHealthNet and an interview with Caroline Costongs was presented in the URBACT newsletter nr 15. URBACT covers over 500 cities in Europe.

Transferability

EuroHealthNet staff Clive Needle and Caroline Costongs as well as several EuroHealthNet members participated in two meetings in London and Venice on the transferability of good practices between countries. The aims were to arrive at a shared vision and common language to discuss this issue and to define the enablers and barriers to the transfer of knowledge and evidence.

We will consider how this important issue can be incorporated into new project proposals.

3. Policy

Responses to consultations

EuroHealthNet responded formally to EC consultations on:

- A proposal for a joint Programme 2007 –13 on Health and Consumer Protection
- Strategic guidelines for Cohesion Policies 2007 –13
- A Green paper on Confronting Demographic Change

EuroHealthNet is currently consulting members before submitting responses to Commission consultations on

- Mental health strategy
- Promoting healthy diets and physical activity

The EC has lately favoured establishment of thematic platforms or working parties in the field of health. In addition to the Information programme working parties identified in our 2004 report that have centred around existing projects, and the meetings of national authorities on alcohol and other topics, there have been two important platforms established during 2005 in which EuroHealthNet is involved.

Platform on Diet, Nutrition & Physical Activity

This Platform contains the leading multi stakeholder bodies (organisations, companies and authorities) in the field at EU level. It meets frequently under the leadership of the EC, usually in Brussels, to explore opportunities for voluntary commitments for prevention of obesity, overweight and associated chronic diseases.

EuroHealthNet was invited to join the Platform in summer 2005 and Director Clive Needle has participated in full and working group meetings. In addition, members were asked to submit examples of national actions in the field. This led to a significant response, over thirty contributions have been uploaded onto the EC database, among the highest contributions.

In 2006 the Platform is seeking commitments for further action. In some respects this is not essentially for EuroHealthNet – we have demonstrated evaluated work in the field and it is the opportunity for commercial interests to set out voluntary progress within a possible regulatory context – but we are establishing a Special Interest group to develop network activities and ensure high level input to EC policy development on this subject and associated matters, notably potential reforms to agriculture and food policies.

EuroHealthNet has submitted a framework commitment to gather information from members and others on:

- National health promotion action plans addressing diet and physical activity
- Health promoting public workplace practices
- Partnerships with agencies beyond the EU
- Social marketing for health approaches

The Platform on Mental Health

This Platform is one of three groups set up by the EC to organise its consultation on the mental health green paper launched in autumn. The other groups are for member states and expert researchers.

EuroHealthNet provides the Chair (Clive Needle) and Rapporteur (Kasia Jurczak) for the platform, which acts as a voice for stakeholders in the process, including NGOs, education and socio-economic sectors, and related industries.

Apart from generally raising the profile of EuroHealthNet, the process enables us to develop a policy strand in our internal work that applies to some, although not all, member agencies. We are doing this by establishing a Special Interest group that will ensure a network input to the consultations.

Health Policy Forum

EuroHealthNet is a founder member of the European Health Policy Forum of the leading not for profit bodies in public health at EU level. Run by the EC, this body meets occasionally in Brussels.

A wider conference, the EU Open Health Forum, took place in Brussels in November. EuroHealthNet (Léa Coulet) ran a well –received stand whose photograph is included in EC website coverage.

Among officers and members participating, EuroHealthNet Director Clive Needle chaired the session on the proposed public health strategy, during which EuroHealthNet Director Bosse Pettersson and Agnes Czimbalo (Hungary) spoke.

Gastein Forum

At the annual European Health Forum in Bad Gastein, Austria, in October, officers and members participated as usual, including in sessions on health literacy and nutrition policy.

Special interest groups

At the Board meeting in October, it was provisionally agreed that in 2006 a series of Special Interest Groups would be established to progress networking on key policies.

Administered by the office, these will identify experts at member agencies on key EU policy issues and facilitate sharing of views, knowledge and initiatives. This can help us to produce useful publications, website content and promotion at EU level for national activities.

They will effectively be “virtual” internal projects without necessary co-funding, so will supplement funded work in inequalities, capacity building and healthy ageing, where participants have already come forward.

The initial groups in 2006 will be:

- Food, diet, nutrition and physical activity
- Mental health
- Evidence into practice & transferability

EuroHealthNet continued to monitor policy developments across the EU body of work, including the mid term review of the Lisbon process, the debate on financial perspectives from 2007 and associated programme revisions. These were reported to members and project partners.

4. Communications

Health Highlights

This continues to be a valued publication. Seventeen issues, approximately one every three weeks, were produced by Information Officer Léa Coulet and edited by Director Clive Needle during 2005 and sent directly by email to members, partners and readers in EU institutions. Summary versions were incorporated into the website. Main contents included news from the EU institutions, information from member organisations and an updated calendar of events.

Health Action Memo

The main method of communicating a round up of matters directly relevant to members continues to be the Action Memo, contributed to by all staff and edited by Programme Manager Caroline Costongs. The main contents included project updates, calls for proposals from the EC, consultations among members and internal activities.

Website

The EuroHealthNet window is a tool for members and a “shop window” for the world. Our target audience is policy makers at all levels and public health practitioners, although the format is intended to be accessible for lay readers also. All staff have contributed content this year and opportunities for member input have been enhanced. The main sections contain information about members and activities, with overviews of relevant issues.

After lengthy negotiations with the current site hosts, it was decided to change to new providers in 2006, when a redesigned site will be tested and put online. It is intended that this will facilitate greater member inputs; higher visibility; connectivity into EU sites; and more visits from the target audience. Léa Coulet has coordinated input and updates.

Who is Who Directory

EuroHealthNet and ENSP agreed to finalise the Directory of Health Promotion and Public Health Professionals and to remove it from the EuroHealthNet website. The Charlotte Olivier Foundation in Switzerland offered to take the Directory forward. Copies of the database are made available for EuroHealthNet members.

Publications

During the year an updated introductory brochure about the network was produced and widely disseminated, together with a French language version. In addition, substantial materials were produced and disseminated for the projects on health inequalities, social inclusion and mental health as set out in the relevant chapter.

5. Networking

During 2005 we were delighted to approve and welcome the following new applicants to join us:

National Institute of Hygiene - Poland
Institute of Public Health - Iasi - Romania
National Centre for Health Promotion and Education - Lithuania
National Centre for Public Health Protection -Bulgaria

The full list of network participants is appended.

General Assembly

At the kind invitation of INPES (French National Institute for Prevention and Health Education), the network held its General Assembly in Paris in March. The meeting consisted of two sections, one devoted to network business and the other to policy matters.

A main outcome of the business meeting was the establishment of a Task Group to consider questions and challenges for sustainable development of the network raised by the Director. This group will prepare recommendations to the Board and General Assembly 2006. It subsequently held meetings in Stockholm and Brussels during 2005.

The Task Group comprises: Germany, Switzerland, Netherlands, Hungary and Wales, plus the Board, which was confirmed as comprising Sweden, England, France, Latvia and Dr Stephan Van den Broucke as independent co-opted member with financial responsibility.

The General Assembly approved the annual and audited financial reports.

The policy seminar enjoyed presentations by INPES; by OECD; and by WHO on the Bangkok Charter Process, following which the network was able to determine its participation (see below).

Full papers, reports and accounts have been disseminated to members and copies are available on request from members to the network office files.

Health Promotion and globalisation

EuroHealthNet works and focuses on the EU level, but we cannot ignore the impact of global factors on our work.

Several EuroHealthNet members and many other participants of the 6th WHO Global Health Promotion Conference adopted the Bangkok Charter in August 2005. The Charter outlines how to address the challenges posed by the many global changes that are affecting health and well being around the world. Caroline Costongs represented EuroHealthNet and was Rapporteur of two technical sessions.

Following Bangkok, EuroHealthNet participated in a preparatory working group meeting on developing a Global Partnership for Health Promotion (GPHP) in Geneva. The group, which consisted of international health organizations, discussed actions and key players for establishing such a global partnership, taking forward the Bangkok Charter for HP and recognizing the importance of the UN Millennium Development Goals. The participants also explored the pros and cons of developing a global treaty for health promotion.

Evidence & Effectiveness Conference, Stockholm

At this major European IUHPE event hosted in June by NIPH Sweden, EuroHealthNet was extensively represented by members and staff, and participated actively in the organising committee and throughout.

Caroline Costongs and Ingrid Stegeman presented at a workshop on health inequalities and social exclusion with Helene Reemann and Frank Lehman of BZgA. Ingrid participated in a meeting on Health Impact Assessments, while Caroline participated in Healthy Ageing and Evidence into Practice meetings with members. Members were active in plenary debates, working groups and a range of collaborative meetings, and the conference outputs are being widely disseminated.

Other networking opportunities

Numerous formal and informal meetings were held with officials from EU institutions at which information was gathered, the network was presented and represented, and the case for health promotion principles and policies were put. Particular liaison was undertaken with DG research in preparation of current and future Framework programmes, DG REGIO concerning new structural and cohesion programmes, DG EMPLOI concerning social inclusion and child health issues, and of course many elements of DG SANCO.

The European Voice is the leading Brussels based weekly newspaper reporting EU matters. In 2005 it held its first healthcare conference, for which Clive Needle acted as a member of the advisory group and chaired sessions featuring the Health Council President and EC Public Health Director.

Following some partnership work with organisers of the World Health Care Congress by disseminating information, Léa Coulet attended the congress in Paris in April and reported its debates.

Meetings, visitors and visits

In addition to all the formal project and policy meetings set out earlier, the office and many network members undertake a considerable amount of additional meetings to gather information and advocate for health promotion in Brussels and across the EU.

As the EU health agenda expands a plethora of meetings are taking place to discuss policies, conditions, systems and determinants. The whole Brussels office team participates as much as possible given core priorities and commitments.

Information Officer Léa Coulet closely monitored the work of the European Parliament, in particular its committee on Environment & Health and its Health Intergroup, which is co-ordinated by the European Public Health Alliance. EuroHealthNet is a member of EPHA's policy co-ordination group, which meets monthly in Brussels and helps to inform our new services.

There have been various meetings of policy think tanks, public hearings, and various stakeholders, which are reported via our communications. Léa Coulet participated in policy centre debates on health strategies and mental health.

Various groups of visitors to Brussels were briefed on our work and the EU approach, a service available to member organisations.

Beyond Brussels and Luxembourg, office staff made high-level presentations and participated in seminars or conferences in France, Netherlands, Poland and several in the UK. For example, Clive Needle presented at the international summer school in Perugia, Italy.

6. Funding and finances

The network is funded by fees paid annually by members and partners. In addition to the legal statutes, internal rules and ethical guidelines are in place to ensure transparent and accountable practices. We are grateful to all member and partner agencies for their contributions, without which the core work of the network could not continue.

The successful project application set out in this report mean that additional work can be undertaken by staff employed for that purpose. The funds are carefully separated to ensure adherence to EU and national procedures. We are most grateful to the project partners and particularly the network agencies who have agreed to be contract holders.

It is a fundamental aim to build a sustainable network and avoid the problems of low cash flows which affect so many European organisations. Therefore income and expenditure are carefully balanced. This necessarily restricts the pace at which progress could ideally be made, but more importantly minimises risk.

Final Reports are provided to the Board and the General Assembly, which is also responsible for the agreement of the Annual Work Programme. We are particularly grateful to M. Benoit Broekmans, who oversees and reports on our financial matters, for his professional advice and clarity.

7. The office team

EuroHealthNet Office & responsibilities in 2005 - 2006

Clive Needle – Director

- Overall strategy and performance
- Board and Task group
- Publications editor
- Policy and platforms
- SIG Diet, physical activity & health (2006)
- Advocacy and external relations

Caroline Costongs – Programme Manager

- Management work programme and office operations
- Overall Projects coordinator
- Healthy Ageing project
- GEP (SIG Evidence in 2006)

Ingrid Stegeman – Project Officer and coordinator

- Social Inclusion Project (2005)
- EU policy tasks within HI Project
- HIA project
- Coordination Health Inequalities Project (2006)

Kasia Jurczak - Project Officer and coordinator

- Social Inclusion Project (2005)
- National strategy task within HI Project
- EMIP Mental Health Project
- Mental health platform and SIG (2006)
- Capacity Building Project (2006)

Léa Coulet– EU Liaison Officer (2006)

- Administration (2005)
- Information gathering & *Health Highlights* production
- Website
- Membership development (2006)

Karin Lotz – Administrator (2006)

- Administrative and clerical support
- Financial accounts

Interns

- Silke Christemann (2005-1)
- Margit Andreason (2005-2)

8. Conclusions

2005 was a year of important progress for EuroHealthNet. The most striking advance was the quality and visibility of the project work, notably in the related field of strategies to address health inequalities and social exclusion, but also as the mental health promotion and healthy ageing work took shape.

Immense credit is due to the national contract holders, as EuroHealthNet does not directly manage EC contracts but co-ordinates work through the Brussels office. Particular thanks are therefore due to BZgA, NHS Scotland, Swedish NIPH, and NIGZ. It is a major undertaking to manage an EC contract and all have shown great commitment, skill and co-operative enterprise.

There were disappointments: the GEP II proposal was not sufficiently prioritised by DG SANCO and so desirable further work must be undertaken without EC co-funding. Nevertheless it is hoped partners will make independent progress on this valuable initiative and tools.

The Social Inclusion project ended successfully, but we are unable to continue funded work with DG EMPL as our proposal for work on health literacy was not accepted, despite a strong proposal from Estonia. We will look to the new integrated social work programme PROGRESS in 2007.

But it is exciting to begin a new project to help build capacity for health promotion in certain member states. We are delighted that the new contract holder, the Health Promotion State Agency in Latvia, has made a very strong commitment which shows that the new states are an integral and important part of the new EU health agenda.

We are also hopeful that 2006 will see the network moving into new fields in research and regional policy projects, as well as developing new work on SANCO priorities.

So the project element of our work is in good shape until the end of the current health programme at least.

The Communications strand also maintained good outputs through our established publications and web content. We would like to produce more but have to be realistic about capacity and budgets.

The two remaining strands, Policy and Networking, need to show more tangible results in future. The cumulative effect of good inputs to EU processes and greater visibility are helping to establish EuroHealthNet as an important player at EU health level. That is demonstrated by our role in two EC platforms, the EU Health Forum, and numerous other EU and international events.

But behind that prominence we need to:

- Contribute more detailed inputs to as many relevant policy processes that we can achieve
- Produce more concrete outputs as a network to set agendas, inform debates and achieve policy objectives
- Ensure policy makers understand health promotion concepts better

- Understand and promote more effectively the needs and achievements at national levels by members and partners

The 2006 work programme agreed by the Board puts in place mechanisms for the office to support those objectives. But the vital element is the commitment of network partners to fulfil the membership criteria of exchange and input that will collectively add value to what they achieve unilaterally.

Already members and partners make a greatly valued contribution to the network and the wider case for European health promotion. In particular thanks are due to the Board and President Bosse Pettersson for all their extra efforts and support. Stephan Van den Broucke is joining the EC health executive agency in 2006 and his contribution to the Board and network over many years has been much appreciated, as that of Jerome Voiturier as a Board member. The input of new members is always welcome.

But if the network is to take up the challenge of making a second decade of networking more effective than the first, the work of our Task Group is crucial to determine what can realistically be improved for the next phase of EuroHealthNet development 2006 –9.

In 2006 we need to succinctly review the new paradigm for health promotion in Europe (and its global relationship), the new scenarios at EU level, and propose practical approaches for an active, effective network to build on what has been so encouragingly begun in ten years of hard work.

9. Appendices

9.1 EuroHealthNet members

Austrian Health Promotion Foundation	Austria
Flemish Institute for Health Promotion	Belgium – FL
Université Libre de Bruxelles-ESP	Belgium – FR
National Institute of Public Health	Czech Republic
National Centre of Public Health Protection	Bulgaria
National Board of Health	Denmark
The Department of Health	England
North West Health Authority	England
National Institute for Health Development	Estonia
Finnish Centre for Health Promotion	Finland
National Institute for Prevention and Health Education (INPES)	France
National Institute for Health Development	Hungary
Public Health Institute of Iceland	Iceland
Ministry of Health Dept of Health & Children	Ireland

University of Perugia Experimental Centre for Health Education Department of Hygiene and Public Health	Italy
Health Promotion State Agency	Latvia
National Centre for Health Promotion and Education	Lithuania
Ministry of Health Health Promotion Department	Malta
Netherlands Institute for Health Promotion and Disease Prevention	Netherlands
Ministerio da Saude Directorate General for Health	Portugal
Institute of Public Health Iasi	Romania
NHS Health Scotland	Scotland
Public Health Authority of the Slovak Republic	Slovakia
National Institute of Public Health	Slovenia
Direccion General de Salud Publica Ministerio de Sanidad y Consumo	Spain
Escuela Universitaria de Enfermería y Fisioterapia Universidad de La Laguna	Spain -Canary Islands
Health Promotion Switzerland	Switzerland
Wales Centre for Health	Wales

9.2 EuroHealthNet partners

Federal Centre for Health Education	Germany
Swedish National Institute of Public Health	Sweden

9.3 National pages on 2005 activities

- News from Scotland
- News from the Slovak Republic
- News from Sweden
- News from Switzerland
- News from Flanders – Belgium
- News from Germany
- News from Finland
- News from Hungary
- News from the Czech Republic
- News from France
- News from Romania
- News from Latvia



News from Scotland, NHS Health Scotland

Health Scotland is a Special Health Board within NHS Scotland and the national resource for improving Scotland's health. Our strategic objectives are to: enhance understanding of Scotland's health and how to improve it; contribute our expertise to policy-makers; lead the delivery of health improvement programmes; disseminate evidence, learning and good practice; establish practical arrangements for working with NHS Boards and other key partners.

Smoke-free environments in Scotland. 26 March 2006 was a monumental day for public health in Scotland as enclosed public places across the country became smoke free. Graham Robertson, Chief Executive of Health Scotland believes: "*we need to use this appetite for change to tackle some of Scotland's other health challenges such as excessive drinking, lack of physical activity and poor diets, and underlying inequalities*".

The Florence Forum. The World Health Organisation invited Health Scotland and other partners to showcase Scotland's practice and policy initiatives on health promotion in schools at an international forum - on *The Socio-economic determinants of Healthy Eating Habits and Physical Activity among Adolescents* - in Florence on March 10th and 11th. Scotland, Norway and Slovenia were selected as the three case study countries. Scotland reported on the development of their training resource *Growing Through Adolescence* and on the policy framework created by government in Scotland in relation to the issues of young people and the maintenance of a healthy weight.

In Good Health. An important collaborative conference between NHS Health Scotland and EuroHealthNet, 'In Good Health', took place in December 2005. (in association with the UK Presidency of the EU, 2005). The conference highlighted the strong correlation between social exclusion and poor health and disseminated the results and main aims of the two-year EuroHealthNet project (funded by the EU) *Tackling Health Inequalities and Social Exclusion in Europe*. Tackling health inequalities and social inclusion are priority areas for the Scottish Executive which is also keen to share and learn examples of good practice from other EU Member States.

Mental Health First Aid. Thousands of Scots will benefit from an important initiative to improve early recognition of the signs of common mental health problems. Scotland's Mental Health First Aid (SMHFA) training programme which is being rolled out across Scotland by NHS Health Scotland was launched in June 2005. It is a training course based on the concept of first aid, that is, a Mental Health First Aid. It teaches the general public, frontline public service workers and employees to recognise the signs and symptoms of someone with mental health problems, such as depression, anxiety and psychosis, and to help deal with a crisis situation by guiding someone towards professional and other help. As good mental health underpins all health, and early support is vital for anyone experiencing mental health problems, this training is very important. It gives people the knowledge, skills and confidence to support their friends, family, work colleagues and others who may be experiencing mental health problems.

Website: <http://www.healthscotland.com>



News from the Public Health Authority of the Slovak Republic

Public health and health promotion is ensured by the Slovak Republic's Ministry of Health, the Public Health Authority (PHA) and the Regional Public Health Authorities. The PHA was founded in 1952. In 2004 a new Public Health Act came into force with the result that this organisation was renamed the Public Health Authority of the Slovak Republic. The PHA has a network consisting of 36 regional public health authorities in the Slovak Republic.

The PHA provides special activities including health promotion in the area of environmental hygiene, nutritional hygiene, occupational medicine, health protection against ionizing radiation, epidemiology, and medical microbiology.

Health promotion has an important role in public health in the SR. In July 2005 PHA updated its National Health Promotion Programme. The aim of this programme is to create conditions that ensure good health for the entire population. (The national health programme is available on EuroHealthNet website at [www. EuroHealthNet.org](http://www.EuroHealthNet.org)).

In the field of health promotion the PHA designs and implements numerous prevention programmes and campaigns on public health, including:

- The National Art Competition for School Children, "How Children Understand Health". More than 900 children participated in this competition (the Slovak Republic has a population of 4.5 million).
- The project "I am 65+ and enjoy living a healthy life". The aim of this project is to improve the quality of life and knowledge and behaviour in the health of elderly people (older than 65 years). As part of this project the PHA created a "Healthy ageing week" in October 2005.
- The Slovak Radio project "The School of Heart", aimed at employees, focused on cardiovascular disease prevention and improving occupational health.
- The PHA has prepared its first draft of the National programme for obesity and overweight prevention.

Other PHA activities include the monitoring of public health awareness, the lifestyle of the young, the diet and lifestyle of ethnic groups and the monitoring of other health determinants.

The PHA is participating in international projects on Health Promoting Schools, the Health Behaviour of School Children (HBSC), Getting Evidence into Practice (GEP), CINDI, Building Capacity for Improving Health across Europe, Shape up, the preparation of the global report on the health status of the EU (Eurorehab), etc.

Website: <http://www.uvzs.sk/>



News from the Swedish National Institute of Public Health

The **Swedish National Institute of Public Health (SNIPH)** was established in 1992. Since 1 July 2001, it has a new, more clearly defined role in Sweden's public health efforts. The Institute is responsible for monitoring and coordinating the implementation of national public health policy; it is a national centre of knowledge for the development and dissemination of methods and strategies in the field of public health; and it exercises supervision in the areas of alcohol, illicit drugs and tobacco. In 2005 the Government decided to relocate the SNIPH out of Stockholm Östersund as of July 2007.

From June 1, 2005, the **smoking-free public places law** in Sweden has been extended to cover all establishments, including bars and cafes. The SNIPH surveyed 2000 people about the smoking ban six months after its implementation. Sweden has the lowest prevalence of smokers in Europe. On the following day, the Swedish parliament also ratified the WHO Framework for Tobacco Control.

The SNIPH also organised the international conference "**Best Practice for Better Health**", together with the International Union for Health Promotion and Education (IUHPE) and EuroHealthNet, among others. (www.bestpractice2005.se).

In October 2005 the SNIPH issued its **first public health policy report** to the Swedish Government. The report presented its monitoring of various indicators and measures that have been implemented to promote public health. It also proposed 42 actions of priority for improving public health work and for influencing current threats to favourable health development, such as rising alcohol consumption, lack of physical activity and obesity, work-related ill-health, gender-related violence against women, and impaired mental health.

In November 2003 the Government commissioned the National Food Administration (NFA) and the SNIPH to produce a proposal for a **plan of action for healthy eating habits and increased physical activity** in the Swedish population. The report was presented in 2005, raising the objectives that society should be organised in such a way as to make it easy for all groups in the population to have healthy dietary habits and to provide the right conditions for increased physical activity for all population groups. The objectives are followed by recommendations for healthy dietary habits, physical activity and for body weight. There are already objectives and aims formulated within each policy area of the 11 public health objective domains, some of which lend excellent support to the promotion of healthy dietary habits and physical activity. During 2005 the SNIPH published a **Child and adolescent health encyclopaedia** with information on health-promoting measures aimed at children and young people. The ages dealt with are primarily 0-18 years with texts based on research and links to ongoing health-promoting initiatives in Sweden. (http://www.fhi.se/templates/Page_6898.aspx).

Website: <http://www.fhi.se>



News from Switzerland, Health Promotion Switzerland

The Swiss National Health Promotion Foundation, engages in a wide variety of measures that are designed to encourage the general public to make an active commitment to their health and thereby improve their quality of life.

A new long-term strategy for Health Promotion in Switzerland

To promote health successfully in the long term, Health Promotion Switzerland is currently planning its future direction. This is why Health Promotion Switzerland - together with the Swiss Confederation, the cantons and the health insurers - is elaborating its future strategy and goals.

This process will continue until the end of 2006. From 2007 the Foundation's previous goals will be replaced by this new long-term strategy.

The long-term strategy will cover the period 2007-2018. It will focus on three core topics:

- The strengthening of health promotion and prevention
- Healthy body weight
- Mental health & stress

The first core topic has a strong policy focus.

Two cross-cutting topics will be considered throughout the strategy:

- Equity in health
- Economic evaluation.

The long-term strategy is available on the Foundations' website in four languages (French, English, German and Italian). More information is available on the German and English pages.

Website: <http://www.healthpromotion.ch>



News from Flanders (Belgium), Flemish Institute for Health Promotion

The Flemish Institute for Health Promotion (VIG) is an expert centre on the subject of health promotion, authorized by the Flemish authorities to provide government, health promotion services and local health consultation groups with general support and the co-ordination of policy implementation, internal quality assurance, the development of new strategies, programmes and materials. While operating as the medium to advocate the Flemish government's guidelines with respect to health promotion, the VIG seeks to guarantee sufficient expertise, quality, feedback and the dissemination of results.

Smoke-free environments in Belgium

Following the passing of a new law in January 2005, all employees have now been able to benefit from a smoke-free workplace since January 2006. However, smoking will be permitted in designated separate smoking-rooms where work is not taking place. This smoking prohibition is principally aimed at the workplace, whilst pubs and cafes are still noticeably one of the few sectors excluded from current anti-smoking measures. Not for much longer, though, however: from 1 January 2007 restaurants will also finally join the large and growing number of public places subject to a smoking prohibition.

Evaluation of the smoke-free classes' competition

Previous evaluations have shown that the smoke-free classes' competition has had a positive influence on different aspects and components of smoking policy at school and on the developed activities involving tobacco prevention in class. The results of the 2005 evaluation point to the clear conclusion that this competition has a strong long-term effect on the smoking behaviour and behavioural determinants of pupils. (For more information see <http://www.vig.be>)

Breast-cancer screening goals

In December the Flemish government organised a conference on breast-cancer screening goals. This conference established these aims and priorities:

That by 2012 cancer research will be better targeted to women between the ages of 50-96 in the Flemish population. In other words:

- Sufficient numbers of women should be involved in breast-screening
- More cancers should be detected in time
- There should be as few inappropriate investigations as possible.

Website: <http://www.vig.be>



News from Germany, the Federal Centre for Health Education: BZgA

The express task of the **Federal Centre for Health Education (BZgA)** is to develop and implement educational strategies, in partnership with other bodies, thus promoting human health, in which communication and a multimedia approach are indispensable.

The German “**Co-operation Network for Health Promotion for the Socially Disadvantaged**” has been active at the Federal and Länder level since 2003 in order to establish and strengthen projects at a local level. The network, of which BZgA is a member, expanded in 2005 to include health insurance funds, welfare associations and medical associations with the effect of enhancing and consolidating collective work.

HIV/AIDS prevention: an international initiative

The mobile information and activity service for young people developed by the BZgA ten years ago as part of its educational campaign “Don't give AIDS a chance” has been successfully transferred to other countries. The BZgA and the developmental organisation GTZ have adapted the content of the German Join-In Circuit to other cultures and implemented the project jointly with the countries.

Nutrition and overweight concerns

BZgA has launched a new website www.bzga-kinderuebergewicht.de to help children and young people tackle and prevent weight problems. Amongst other things, it provides information on eating disorders and nutrition, on exercise and coping with childhood stress, a directory of therapy centres for obese children (as documented in a study initiated by the BZgA) and a handy BMI calculator.

Knowledge base on drug prevention

The BZgA and 11 federal Lander have jointly sponsored and financed a cooperation project which has led to the launch of a web-based network www.prevnet.de, set up to improve the expert exchange of professionals in the field of drug prevention. A wide variety of information on drug prevention is available in a clearly structured, quality-checked, format. The exchange between experts is promoted by working groups and internet forums, in which, for example, documents can be edited jointly.

Promoting non-smoking lifestyles among young people

A new nationwide representative survey conducted by BZgA reveals that non-smoking is a growing trend among young people of both sexes in Germany. After the peak years of the 1990s, cigarette consumption has now dropped by almost 30 percent.

The BZgA provides a broad spectrum of information for young people on the 'Smoke-free' campaign's website at www.rauch-frei.info. A central programme aims to encourage young people to give up smoking.

Website: <http://www.bzga.de>



News from Finland, the Finnish Centre for Health Promotion

The Finnish Centre for Health Promotion (FCHP) strives to promote the health and social welfare of citizens by creating initiatives and conducting campaigning and awareness activities, and to strengthen the co-operation between different organisations and societal actors.

Its current strategy, running from 2005 to 2010, is to concentrate on the challenges of strengthening the common national conception of health promotion, the changes in the population's age structure, the health and welfare of children and youth and their families, the promotion of mental health, the reduction of alcohol abuse and smoking, and the prevention of obesity by promoting physical activity and healthy eating.

In order to facilitate this, a **Communication strategy**, giving practical guidelines, was devised and launched in close cooperation with the 122 member organisations of the FCHP, and also with other essential organisations, such as the Ministry of Social Affairs and Health, the National Public Health Institute and Finland's Slot Machine Association. As part of its **Quality and service operations**, the centre mediates knowledge about health issues, experiments with new methods, and supports the evaluation of health promotion programmes and their quality. To further develop the quality and service production, the building of an infrastructure was piloted in a programme involving the regions and municipalities. In creating an infrastructure, the main issue was to strengthen the status and role of the health educators in the local, regional and national stage and to entertain the possibility of involving NGOs as a partner in the infrastructure of health promotion. One part of the infrastructure in health promotion was to teach the cooperation between health and other sectors.

The challenges brought by the lowering of alcohol taxation

The accession of neighbouring Estonia to the EU led to lowering the alcohol taxation. This resulted in a rapid growth in total alcohol consumption, a considerable lack of services for alcohol abusers, and a sharp increase in the instances of child custody. The FCHP, with its member organizations, worked very actively during 2005 to further the prevention of alcohol related problems, as part of its *Alcohol and drug programme of NGOs for 2004-2006*. The NGO's have recommended an increase in taxation, whilst the Government started its preparation work on the prevention of alcohol problems in a ministerial working group dealing with alcohol politics.

Health promotion and preventive work as a means of securing the good functioning of health care services

In spite of the positive effects coming out of new regulations in the set timeframes for access to non-emergency treatment (March 2005) - such as the resulting dramatic improvement in waiting lists - it was observed more clearly than ever that more resources need to be allocated to health promotion and preventive work to complement the effective functioning of health care. This realisation has helped to stimulate the interest of politicians in developing health promotion in advance of Finland's EU Presidency beginning in July 2006. Certain processes have been set rolling in an aim to develop health promotion widely. The practical results and benefits will hopefully be seen in a few years' time.

Website: <http://www.health.fi>

News from Hungary, the National Hungarian Institute for Health Development

The Hungarian National Institute for Health Development (NIHD) is a government-based agency that plans, coordinates, monitors and evaluates public health and health promotion at a national level. As a national centre of excellence, the Institute is responsible for research and development, and for conducting case-studies in the field of health development. In the framework of Hungary's national long-term public health strategy, the Institute manages, coordinates, monitors and evaluates the programmes' implementation. In close co-operation with the WHO, the EU and other relevant international agencies, the Institute stimulates and co-ordinates Hungarian international activities for health development.

International Activities and Projects

The NIHD is currently participating in the following international projects and activities:

- *Closing the Gap, Strategies to Tackle Health Inequalities in Europe* is a project targeted at reducing socio-economic health inequalities. The project is coordinated by EuroHealthNet and BZgA (the German Federal Center for Health Education)
- *ELSA* is the acronym of the project aimed to assess and report on the Enforcement of National Laws and Self-Regulations on advertising and the marketing of alcohol. This project is financed by the DG SANCO and co-ordinated by STAP (the Dutch National Alcohol Prevention Foundation)
- *EuroThine* tackles health inequalities in Europe using an integrated approach. It is also financed by the DG SANCO and co-ordinated by the EMC Erasmus MC-University Medical Center Rotterdam.
- *Move Europe* is a project specifically focusing on workplace-related lifestyle improvement (physical exercise, nutrition, smoking prevention and mental health). It is also financed by the DG SANCO and co-ordinated by the University of Perugia.
- *Capacity Building in Europe* which focuses on improving capacity to respond effectively to major health needs, is initiated by EuroHealthNet and is co-ordinated by the Latvian Health Promotion Institute.
- Providing health promotion expertise to the WHO European Office for Investment in Health and Development in Venice and participating in the so-called Venice Initiative.

Apart from these projects, the Institute is responsible for the organisation of the 7th IUHPE European Conference on Health Promotion and Health Education, Globalisation and Equity, "Consequences for Health Promotion Policies and Practices", to be held in Budapest on 18-21 October 2006.

Networking

The NIHD is a member of EuroHealthNet , the IUHPE and the European Men's Health Forum. Furthermore, it co-operates closely with the WHO European Office for Investment for Health and Development in Venice, coordinating the work of the Eastern-European hub.

Website: <http://www.oefi.hu>



News from the Czech Republic, the National Institute of Public Health

The National Institute of Public Health (NIPH) was founded in 1925 as a national body for public health protection. The Institute celebrated its' 85th anniversary in November 2005. Its activities include conducting research and monitoring environmental factors, behavioural risks and nutritional and infectious determinants on health.

'Health 21' and its national programme is the basic document for the Ministry of Health's public health policy. NIPH is responsible for fulfilling certain goals, in particular, in the field of nutrition and physical activity, in healthy ageing and mental health and in preventing chronic diseases. Providing health information for the public and the training of professionals are the outcomes of recent research and intervention projects in health promotion carried out at the Institute. An educational programme in health promotion was successfully approved by the Ministry of Health as the first accredited training course on health promotion in the Czech Republic. The Health Promotion programme consists of 6 modules (topics):

- health promotion (strategies, methods, evaluation); physical activity and injury prevention; smoking cessation; mental health and stress; nutrition; unemployment (health and psychosocial consequences).

Intervention projects at national and local levels, or in specific settings, were carried out by NIPH staff:

- 'Take In and Give Over': on energy-intake balanced by physical activity
- Healthy Diet and Appropriate Exercise for Healthy Ageing
- The prevention of allergies in pregnant women
- The prevention of child road accidents
- Stress among school teachers (and its impact on cholesterol levels in the blood)
- Pharmacies supporting health (how to increase awareness of high blood pressure)
- The promotion of health in schools
- Two interactive internet projects: learn about preventing risks to your health for all age groups' and 'The prevention of accidents and injuries for young people'

The Institute has participated as a partner in almost all EU projects of which EuroHealthNet acts as coordinator or co-participant (except for the HIA project), and on other projects, such as: Health Professionals and Smoking Cessation in a Larger Europe, PHEPA, Alcohol Policy Network in the Context of a Larger Europe: Bridging the Gap, and Benchmarking Regional Health Management.

The implementation of the results of European projects is challenging. Documents and materials have been translated and adapted for use in the Czech Republic. We have started with the European Quality Instrument for Health promotion - an output of the Getting Evidence into Practice Project. It will be piloted as a tool for the evaluation of projects by a student of a Health Management school who is working at our Institute.

Website: <http://www.szu.cz>



News from France, National Institute for Prevention and Health Education

The National Institute for Prevention and Health Education, INPES, is a public establishment created by a law in March 2002 relating to the rights of patients and the quality of the health care system. The Institute plays a major role in public health. It is specifically in charge of implementing policies in matters of prevention and health education within the more general framework of the orientations of public health policy set by the government.

It has three main priorities or missions:

- Providing expertise and consultancy in matters of prevention and health promotion
- Ensuring the development of health education and therapeutic education throughout the whole of France as a public service mission
- Implementing national prevention programmes.

INPES carries out national surveys on public opinion and behaviour concerning health matters: the "Barometers". In the context of the programmes, it also undertakes qualitative studies and evaluations, and supports research activity within its areas of competence. Its documentation centre is open to the general public, associations and professionals.

The Institute designs and implements numerous prevention campaigns on public health issues: addictive behaviours, chronic and infectious diseases, injury prevention, nutrition, mental health, etc.

Each year, INPES distributes 40 to 50 million documents to the general public and health care professionals. The INPES catalogue includes some 350 references.

The Institute publishes a bi-monthly journal and several collections of publications, and makes a large amount of information on all of its activities available on its website.

INPES supports the development of health education in health care establishments (therapeutic education), at school, in the workplace, etc.

INPES also participates in developing prevention networks. It represents France in international organisations.

A law in August 2004, relating to public health policy, has broadened the scope of its initial missions to include participating in the management of emergency or exceptional situations that have serious consequences on the general population's health, and in health education training.

Website: <http://www.inpes.fr>



News from Romania, the Institute of Public Health, Iasi

The Institute of Public Health in Iasi was created in 1930 and administers the region of Moldova in Romania.

It is structured into 3 main departments: the Department of Epidemiology, consisting among others of a public health unit; the Department of Environmental Medicine and the Department of Occupational Medicine.

The Institute of Public Health, in collaboration with other organizations, has been active in 2005 in the following areas:

Assessing smoking habits on various settings/categories (teenagers and medical staff)

Reproductive Health, HIV/AIDS

The Institute has carried out sex education projects in schools based on the promotion of good reproductive health.

Project on tuberculosis

The project aimed at studying the socio-economical and psychological variables involved in the surveillance of chronic tuberculosis and is evaluating the quality of life of outpatients with tuberculosis.

Mental Health Monitoring Centre in Iasi

The centre is an information-monitoring system for mental health. Its purpose is to support public health evidence-based policy making. A database of quantitative and qualitative indicators was also set up.

Diet, nutrition and cardiovascular diseases

The Institute worked on weight management and on a survey on the prevalence of cardiovascular risk factors in family medicine units. The project worked on promoting waist circumference measurement as a simple and effective tool to be used by general practitioners for the identification of high risk patients.

The Institute also made the promotion of diet in chronic diseases.

Environmental Health

Health Promotion in schools

- Evaluating the health of children and adolescents by means of physical and psychological development and conducting exams periodically;
- Investigating behavioral risks in the field of drugs, alcohol, and children and adolescent smokers, and promoting an education programme for schoolteachers.

Website: <http://www.pub-health-iasi.ro/>



News from Latvia, the Health Promotion State Agency

The Health Promotion State Agency has been the main organisation in the country responsible for the development and implementation of health promotion programmes since 1997. Its main goals and tasks are:

- To make recommendations and provide information to legislators and administrative institutions, NGOs and other organizations and individuals
- To develop, implement, organize and coordinate existing and future health promotion, disease prevention and education programmes – including providing continuous training for different groups of specialists - on local, regional and national levels and in accordance with international health programmes.

Programmes

The Health Promotion State Agency currently coordinates 3 health promotion programmes:

- **The Family Health Promotion Programme** promotes the health of mother and child, breast feeding, youth, male and female reproductive health
- **Cardiovascular Disease Prevention Programme**, consisting of 6 main areas and setting out targets concentrating on smoking, fatness, cholesterol level, physical activity, blood pressure control and immoderate drinking.
- **Drug Abuse and Gambling Prevention Programme** develops and implements alternative prevention programmes in municipalities. Under this programme the agency provides information and education for different groups of professionals working in the field of drug prevention: specialists from municipalities, teachers, policemen, doctors, social workers, etc.

Surveys

The Health Promotion State Agency develops and coordinates research in areas, such as: health behaviour among adults and school children, and the smoking habits of adults and children.

Tobacco legislation developments in Latvia 2005

The Law on Restrictions regarding the Sale, Advertisement and the Use of Tobacco products (1997) has been amended twice. The first amendment (March 29, 2005) introduced more restrictions on smoking in public places and places of work, taking effect from July 2006. The second amendment, also taking effect from July 2006, introduced certain prohibitions on tobacco advertising and restrictions on tobacco sponsorship, following the lead of the EU 2003 directive.

At the end of 2005, the Cabinet of Ministers approved the National Programme on Tobacco Control 2006 – 2010 and the Action Plan for the implementation of the programme.

Latvia has been a part of the WHO Framework Convention on Tobacco Control since May 11, 2005.

Website: <http://www.vvva.gov.lv>



News from Austria, Austrian Health Promotion Foundation (FGOE)

The FGOE was established in 1988 and was entrusted in 1998 with the implementation of the Federal Health Promotion Act, whose goal is to improve the health of the Austrian population through health promotion initiatives. The Health Promotion Act adopts a holistic concept of health set forth in the Ottawa Charter and provides the FGOE with annual funds of 7,25 million from the Austrian fiscal adjustment system.

The tasks and goals of the FGOE extend from setting-based health promotion (to increase resources) and measures of primary prevention to health information and public education. The FGOE primarily is a funding institution and funds projects and initiatives that follow the principles of the Ottawa Charter. In 2005 83 new project grants have been given, adding up to 5,3 Mio Euro.

Main topics in 2005

- Additional to the funding of applicant projects three topics have been given special attention, running fully paid pilot projects.
- The focus on children and adolescents in non-school settings was further pursued continuing two specific pilot projects, one considering urban and one considering rural settings.
- Concerning the focus on elderly people in rural and urban settings also two specific projects were continued and are almost finalised.
- With respect to the focus on employees at small and medium-sized enterprises (SMEs) one project targeted at old economy and one at new economy. An additional project studied the attitudes towards work place health promotion within SMEs.

The brochure on physical activity and the brochure on mental health were updated, a new brochure on nutrition has been produced. A mental health journalist award and a campaign on healthy diet are two of the most important public relation activities.

Continuous educational and training offerings seek to enhance professionalism and networking among people active in the field of health promotion, so do continuing education and in support for the self-help movement.

The annual health promotion conference was on the topic "Evaluation in Health Promotion Projects" and the prevention conference put the focus on Alcohol.

The FGÖ acted as national partner in the project EMIP and organised an Expert Workshop on Mental Health Promotion & Mental Disorder Prevention in November 2005.

Website: www.fgoe.org