



Annual Report of Activities 2004

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FOREWORD

The rationale behind the EuroHealthNet is to establish a network between the high ranking professional and accountable organisations in EU-member states, countries associated with the public health programme and likeminded other countries in Europe. One bearing idea is that EuroHealthNet shall give voice to those major policy initiatives at Community level that provide the most added value for public health at the European level, as well as being supportive for the development on national and sub-national levels. There are no other bodies that are better placed and have a better knowledge about this than EuroHealthNet members.

Two years after the establishment of the EuroHealthNet as an independent and self-ruling organisation there are reasons to be optimistic. The number of members is increasing, and the new Member States are taking an active role from the start. The network has been successful in project applications from the present EU Public Health Programme and Community Action Programme to Combat Social Exclusion. Now, when the projects have started they will further nurture the networking between participating members and partners. Financially the turnover has doubled compared with the first year. An expansion of the office has been made possible and it now employs five highly qualified professionals with communication skills in major European languages.

EuroHealthNet has the ambition to become increasingly active in contribution to the building of a healthier Europe. We will demonstrate our commitment by applying for project funding in strategic areas. We will respond to Commission initiatives and pro-actively initiate major public health concerns across the Commission's organisational structure in order to tackle the determinants of health. We will strengthen the networking between existing members and will identify potential new members.

We can be confident about EuroHealthNet's future as it continues to be backed by a supportive Board, engaged members and dedicated staff in our office.



Bosse Pettersson
President

INTRODUCTION

EuroHealthNet is the network for national and regional agencies responsible and accountable for health promotion, public health and disease prevention. Working at EU level, the network aims to contribute to health improvement and to encourage greater equity in health within and between states.

EuroHealthNet was formally launched in 2003 and is a legally constituted organisation with an office in Brussels. It has developed from the European Network of Health Promotion Agencies (ENHPA), a network funded directly by the European Commission Public Health Programme 1996 – 2002.

The values of this network remain constant but its scope has developed significantly since the major strategic review carried out during 1999-2000. Four years later, members can be pleased with progress made on the basis of that review and their subsequent decisions, and look forward to exciting developments in coming years.

In its previous (2003) report, EuroHealthNet noted that its first priority had been to establish itself and seek sustainability. This was achieved by independent core funding from member agencies and some small-scale project work with national and EU programmes.

A Board was elected to oversee work programmes and ensure accountability and legitimacy. Those necessary administrative steps have provided continuity at a time when some projects have foundered, as the change from direct support from vertical EU programmes to broader programmes took effect.

I am pleased to report that 2004 has been a year of good progress on that sound base. In particular, the start of new project partnerships, development of the Brussels office and increase in the number of national members has been important.

The report is again based upon the four key purposes of the network which were identified by founding members at the inaugural Copenhagen Conference in 2002:

- Networking
- Policy development
- Project work
- Communications

In each aspect there has been progress this year. Perhaps most pleasing has been the commitment and participation of an increasing number of member agencies, and their willingness to be active project partners.

During summer, we were delighted to recruit two excellent new colleagues. Kasia Jurczak is our new Project Officer working on our equity, inclusion and mental health promotion projects. Léa Coulet is our Information and Administration Officer, running our communications outputs and providing membership services.

In addition we have been fortunate to enjoy working briefly with our stagiaire Kelly Urry who contributed well on Health Impact Assessment issues and will doubtless go on to achieve good things.

This has allowed existing colleagues to specialise more. Caroline Costongs now manages and develops our work programme, while Ingrid Stegeman provides research and policy elements for our projects and initiatives.

As the year draws to a close, network partners can reflect on an increasing prominence for health promotion approaches at global and European levels and anticipate increasing influence across policy sectors.

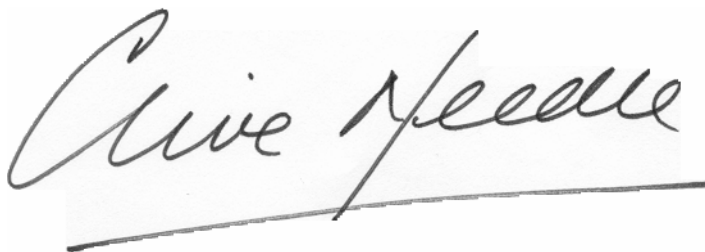
At national and regional levels much has been achieved which EuroHealthNet has sought to disseminate, amid signs that the time has come for the concept of health as an economic driver rather than the burden of disease.

Of course massive challenges remain. At EU level there has been both progress and disappointment in the drafting of the new Constitutional Treaty and lack of development of the Lisbon priority agenda. A new Commission is taking its place that will do well to match the strategic progress led by retiring Commissioner Byrne and colleagues at the Directorate for Health and Consumer Protection.

In increasingly valuable partnerships with WHO and other organisations, this network is increasingly working with policy and programme initiatives in research, social, regional and economic fields, also embracing work on sectors such as education, housing, planning and transport, food and agriculture, communications and media.

In so doing, we are finding much common interest, new sources of learning and influence, and new friends. While it is important to retain the core ingredients of our *raison d'être* – high level cooperation on health promotion – the mechanisms for achieving our aims are increasingly to be found by thinking laterally.

EuroHealthNet warmly welcomes the new members from new Member States into our range of activities together with the growing number of regional bodies who have responsibilities that match our remit and are poised to play a bigger role at EU level.

A handwritten signature in dark ink, reading "Chris Needles", with a horizontal line drawn underneath the name.

Director and Policy Advisor

NETWORKING

1- Networking with EU Institutions

One of the main purposes for a presence in Brussels is to communicate closely with the key EU institutions. As a network of high level national and regional agencies, EuroHealthNet has established closest contacts with the European Commission and the national representations that meet together in European Councils.

Crucially, the executive responsibility for administering activities and programmes lies with the Commission. EuroHealthNet consists of high level agencies that have national access to decision making processes, so high profile lobbying on the basis of a single position is rarely appropriate. Therefore much of the network focus has concerned building good dialogue with key Commission officials.

During 2004 a significant change has taken place at the Directorate with which EuroHealthNet has closest links, DG Health & Consumer Protection (DG SANCO).

Not only have new units responsible for legislation, strategy and liaison been established, they have been sited in Brussels. Having policy units nearby is expected to have significant advantages, not only in terms of ease of liaison but also to increase the influence of public health across other EU policy work. That growing importance has been matched by interest in health issues by other Directorates, for example in Regional Policies, Social Affairs, Research and Environment.

Thus in 2004 EuroHealthNet has been able to increase awareness of its role and the activities of members. Much of that work is discrete and involves exchanging information, always on an ethical basis. We are grateful for the constructive advice and interest of Commission officials throughout the year.

Apart from project work described elsewhere, two particular examples of liaison may be mentioned. EuroHealthNet was able to secure observer status in the EU Working Group on Information and Lifestyles. Several network agencies are national representatives in the group. As a result, EuroHealthNet staff presented their work to a meeting of the National Competent Authorities in Health Information held in Luxembourg. EuroHealthNet was asked to help national agencies to prepare for the introduction of anti smoking images on tobacco products following new EU legislation.

Also, EuroHealthNet has actively participated in a wide range of events in which the EU institutions have been involved in and beyond Brussels, for example:

- Presidency Heart Health Conference, Cork, Ireland
- Presidency eHealth Conference, Cork, Ireland
- Presidency anti poverty conference, Brussels, Belgium
- Presidency Round Table on Social Exclusion, Rotterdam, the Netherlands
- Presidency Social Policy conference, Rotterdam, the Netherlands
- Public Health Consultation launch, Brussels, Belgium
- Regional policy conference, Le Havre, France
- Workplace Health Conference, Dublin, Ireland

- UKPHA/WPHA Conference, Brighton, England
- Responsible Drinking Seminar, Brussels, Belgium
- Healthcare Round Table, Brussels, Belgium
- Mental Health and Anti Discrimination Conference, Brussels, Belgium
- Food & Advertising Conference, Brussels, Belgium
- New Food Regulation seminar, Brussels, Belgium
- Social inclusion policy conference, Bratislava, Slovakia
- NGO health seminar, Bled, Slovenia

2- Networking with other organisations

The EU Health Policy Forum

EuroHealthNet is a founder member of the EU Health Policy Forum. This has now become established and is producing advisory reports for the EC on selected subjects. The Policy Forum meets biannually in Brussels, and the network has been represented either by office staff or Board member Dr Stephan van den Broucke.

The inaugural European Open Forum was held in Brussels in May 2004. EuroHealthNet presented its work on equity and health at a seminar during the event.

Partnership Agreements

EuroHealthNet has long worked closely with other relevant organisations. In particular, many members are also active in International Union of Health Promotion and Education (IUHPE) and World Health Organisation (WHO), and most European health organisations participate in some way in the European Public Health Alliance (EPHA). These links have continued during 2004.

EuroHealthNet has been careful not to duplicate the specialist work of other organisations and has long urged co-operation, which is increasingly backed by the Commission and other bodies.

In an effort to clarify and streamline this, EuroHealthNet initiated an approach in 2004 called "Partnership Agreements". Several organisations were contacted at Board level to seek an exchange agreement that will include friendly co-operation on information, communications, projects and events.

Strong positive responses were received, and already several links have been made between websites and offices, offering good benefits, reducing duplication and increasing knowledge.

Policy Advisory Groups

As EuroHealthNet takes an increasing interest in policy fields related to health, it is important to liaise with expert organisations already active who may wish to build partnerships in health related work. We can thus share knowledge and avoid errors.

A good practical example is the establishment of an Advisory Group on Health and Social Inclusion as part of the project mentioned elsewhere in this report. Several European NGOs: the European Anti-Poverty Network (EAPN), Mental Health Europe (MHE), AGE - the European Older People's Platform, the Feantsa (European network for homeless people) and the overall European Platform of Social NGOs, have agreed to meet with us to discuss issues and progress on our work concerning social inclusion and health.

World Health Organisation (WHO)

Many national agencies are WHO Collaborating centres and play a leading role in WHO initiatives.

It is less well known that WHO has offices in Brussels advocating on key policy issues and liaising on policy development. This is co-ordinated by an office for WHO headquarters (Geneva) and includes a European region office and the Health Policy Observatory office.

While practical links have always been good, for example on health impact assessments, 2004 has seen a new link via the Venice office on social determinants plus an initiative to strengthen strategic advocacy and links which is part of a wider attempt to improve partnership working.

EuroHealthNet staff and members have sought to develop links with two excellent project networks: the Study on Health Behaviour in Schools based in Edinburgh, and the CINDI network on non communicable diseases prevention based in Copenhagen. In both these cases, and others such as the health promoting schools network, we are keen to establish partnership agreements.

International Union of Health Promotion and Education (IUHPE)

EuroHealthNet is set up to focus on policy work between responsible national agencies at EU level. Therefore its purpose is distinct from IUHPE, the global organisation for health promotion and education, which has its head office in Paris. Several EuroHealthNet agencies are represented on the IUHPE Europe board, and efforts to develop liaison are important.

In 2004 the network has been able to support IUHPE involvement in the WHO Commission on Social Determinants, to work towards the conference and successful outcomes for the Getting Evidence into Practice project incorporating IUHPE's long term evidence and effectiveness work, and many network members participated in the IUHPE global conference in Melbourne.

Miscellaneous

EuroHealthNet has established contact with European Institute of Social Services (EISS), an international social and health research and policy network based in England working on a range of EU projects.

A closer working relationship with the European Health Management Association (EHMA) through its Dublin headquarters and Brussels office has been developed. This organisation specialises in high level health and care policy and its work is complementary to EuroHealthNet priorities. EuroHealthNet staff participated in the EHMA conference in Potsdam, Germany. Joint work now includes project partnership, seminars and visitor group briefings, and a joint participation package for regional and local bodies. This should help to successfully develop high quality partnership working to mutual benefit.

Networking between members and partners

The single most powerful tool that the network has is the Health Action Memo. Produced by the Brussels office on a frequent basis it provides either urgent action advice on a specific issue or a collective round up of important matters covering EU policy consultations, opportunities to participate in projects, information about events, requests for help and developments at national level.

The network office also facilitated informal contacts between members at events, for example the IUHPE conference and the European Health Forum in Gastein, Austria, and helped to communicate national requests for help on policies.

Visits were undertaken to several national agencies for specific work or as part of projects, for example in Belgium, Germany, England, Sweden, Ireland, the Netherlands, Scotland, Slovenia and Austria.

Visitor groups were welcomed from Sweden, Finland and various UK regions.

New members were welcomed from Slovakia, Hungary, Spain, Iceland, Slovenia and regions in England.



Caroline Costongs
Programme Manager

PROJECTS

1- Health Inequalities Project

In July 2004 EuroHealthNet has started work on the project “Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe” that we coordinate in cooperation with BZgA: German Federal Centre for Health Education. The project is funded from the European Union Public Health Programme (DG SANCO) and it will be completed in 2007.

Aims and Objectives

The objectives of the project are the following: to develop a clear and coherent definition of reducing health inequalities; to integrate or strengthen the health aspects of the policies initiated by the European Institutions; to develop Strategies for Action on how to tackle health inequalities for the countries participating in the project, based on their current situation with regards to tackling health inequalities; to bring together good practices that are effective and transferable through a European Directory for Good Practices to reduce health inequalities.

The major focus of the Health Inequalities project is to enable the partners to determine and exchange successful policies and instruments regarding tackling health inequalities. One of the main means to achieve this is by establishment and maintaining 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, namely: 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 benefits greatly from the involvement of the Scientific Advisory Board consisting of leading experts in the field of health inequalities, namely Prof. Hilary Graham, University Lancaster, Dr. Andreas Mielck, Institute of Health Economics and Health Care Management Neuherberg, Prof. Margaret Whitehead, University of Liverpool and Dr. Erio Ziglio, WHO European Office for Investment for Health and Development.

Activities

The First Business Meeting took place in Cologne between 27-28 October and it provided an important opportunity for the project team to make personal contact with the project participants and for the latter to network. The main objective of the meeting was to present the plan of work for the next 3 years and to discuss and outline in detail the

deliverables of the project. Project partners were highly motivated and provided valuable input that the project team will use to further develop the project.

The meeting helped to draw the baseline for the national situations. The common themes identified were: raising/maintaining political interest in the countries through lobbying of the policy-makers and awareness raising in the population; identification of processes, policies and tools, essential to reduce health inequalities; exchange of good practice; looking at the institutional arrangements and involving a wide range of actors and analysing policies at all levels: national/regional/local.

During the introduction round, the marked differences in relation to how health inequalities are tackled were emphasised– from the UK with well developed, comprehensive policy, to the Czech Republic, where the majority of population is not aware of existing health inequalities and finally Greece, where the subject has not found a proper place on the political agenda.

However, when choosing the latter option, one needs to be aware that the national health strategy should not become a poverty strategy.

Project Developments for 2005

The following activities are foreseen for the year 2005:

- To establish the working sub-group on the database to progress work in that area;
- To provide a focused analysis of health inequalities aspects of EU processes;
- To write and distribute modified tool for the situation analysis to the project partners, so they can submit the answers to be analysed and presented at the next business meeting;
- Possibility of collaboration with EUROTINE project, led by Professor Johan Mackenbach of Erasmus University in Rotterdam, is being developed to hold 3 management meetings and a business meeting in Prague in June 2005.

2- Getting Evidence into Practice

'Getting Evidence into Practice' project is a three-year project that began in 2004, which is coordinated by the Netherlands Institute of Health Promotion and Disease Prevention. The project is funded from the European Union Public Health Programme (DG SANCO).

Aims and Objectives

This project focuses on health promotion, public health and prevention interventions. It aims to strengthen collaboration among the key stakeholders (agencies, practitioners and researchers) in the form of a European consortium for evidence based health promotion. It has the following objectives:

- To strengthen the evidence base for public health and health promotion by developing and publishing a consensus review protocol.
- To develop and publish consensus guidelines for implementation of evidence, so that the existing evidence base can be transferred in practice.
- To produce up to date reviews in selected topics and to update the current state-of-the-art evidence regarding health promotion.

The project builds on a broad consensus regarding the definition of 'evidence'. Evidence is not restricted to the results of hard scientific research, but should be seen as the broader answer to the question: what works in Health Promotion/Public Health? This kind of evidence therefore encompasses data derived from several sources regarding research and practice that can be combined and compared. The emphasis should be on the interaction between research and practice and on learning from each other.

Apart from the activities of management and communication, the project consists of three strands, which are concerned with the content:

- Strand one will focus on the development of a consensus based protocol on reviews. Subcontract holder and strand leader is the National Public Health Institute (KTL), Helsinki, Finland
- Strand two: Guidelines to enhance and assess the evidence base of health promotion practice. Subcontract holder and strand leader is the Flemish Institute of Health promotion (VIG), Brussels, Belgium.
- Strand three: More evidence for HP effectiveness and defining the state of the art with IUHPE as strand leader.

Participants

National health promotion agencies from 15 European countries are actually involved. EuroHealthNet is contributing to the communication and dissemination of the results. The project is also supported by the International Union for Health Promotion and Education (IUHPE).

Activities

During the 18-months-period the participants meet three times in plenary gatherings: once in September 2004, once in February 2005 and finally at the Stockholm Best Practice Conference in June 2005. This conference will mark the end of the project.

3- Health and Social Inclusion

There is a strong correlation between health and social exclusion, and the health sector can play an important role in promoting social inclusion. Health practitioners and those working in the social field have a common agenda, and increased coordination, cooperation and integration between the two can be mutually beneficial in achieving common objectives. Such cooperation is in some cases lacking and there is limited awareness of the contributions that the public health and the health care sector can make to tackling social exclusion.

Aims and Objectives

Against this background, EuroHealthNet began work, in January 2004, on a two-year project that aims to establish a cross-national exchange and comparison of effective policies and transferable best practices that demonstrate how the health field in Europe can contribute to reducing social exclusion. EuroHealthNet is coordinating the project on behalf of the contract holder, NHS Health Scotland. The project is funded by DG Employment and Social Affairs under strand 2 of their Action Programme to Combat Social Exclusion.

The project builds on an 8-month project that EuroHealthNet successfully completed in 2003, on 'Tackling health inequalities and social exclusion' : A European Perspective'. The project resulted in report that investigated the links between health, social exclusion and poverty to provide the theoretical foundations. This Phase I project also involved a health analysis of the first round of NAPs/Inclusion, and a series of recommendations to ensure that health promotion strategies and improved access to health services contribute more positively to the fight against poverty and social exclusion. One of the aims of the current Phase II project is also to ensure that the recommendations developed in Phase I get taken up in future NAPs and EU policies.

The project is taking place in the broader context of the Lisbon Strategy and the Open Method of Coordination (OMC) in the field of social inclusion. Through this process, the EC is stimulating Member States to share information, take comprehensive actions and monitor progress on efforts to achieve the goal established in Lisbon in 2000 to "make a decisive impact on poverty and social exclusion by 2010."

Participants

The partnership involves twelve public health and health promotion agencies, covering 9 countries, including three new EU Member States. The South Sefton Primary Care Trust in England provides an additional local perspective from their experiences with the Health Action Zones initiative, while the European Health Management Association, a not-for-profit organisation that focuses on all aspects of healthcare management, is taking the lead on aspects of the project that focus on "equity in access to health care".

Activities

The following outcomes have been achieved in the course of 2004:

- Two management meetings between the contract holder, NHS Health Scotland, contract holder, and EuroHealthNet to plan and discuss the progress of the project.
- A first project meeting with the coordinating centre and the partnerships took place in Edinburgh, Scotland in March. Project partners had a chance to meet, to learn more about the policy context of the project and establish criteria for the good practices.
- A second project meeting took place in Liverpool, England in November. Project partners presented their findings, began the process of coordinating six trans-national exchange visits and discussed the work programme for 2005. This will involve a final report that includes descriptions of the exchange visits and contributions for socially excluded people, as well as a final Seminar and Exhibition at the end of 2005 and an on-line database.
- A compendium of all good practices submitted by project partners and an interim report providing an overview of these practices, as well as an interim report on access to health care services in Europe. These reports, which are the outcomes of the first year of the project, will be published at the start of 2005.

In addition, EuroHealthNet held two meetings with EHMA to discuss their contribution to and progress on the project. EuroHealthNet also attended the EHMA Annual Conference on 'Citizen Empowerment: Opportunities and Threats for Health Management', and contributed to a workshop, held in the context of the project, on Social exclusion and healthcare management.

During Phase I of the project, EuroHealthNet established contacts with a number of Brussels based organisations that are active in the field of social policy, such as EAPN, FEANTSA, AGE and Mental Health Europe. These contacts were formalized through the establishment of an Advisory Group, which held its first meeting in June, 2004. The aim of this group is to exchange information, to identify areas of common interest, and to receive input and advise on the project. Advisory group members will work together on policy issues that relate to health and social inclusion.

2005 promises to be a busy year with respect to this project. Field visits will be organised and the Final Event and Exhibition, which will reflect the results, developed. The outcomes and conclusions drawn from the project in 2004 will also be disseminated at various events, such as the health promotion Evidence Conference that will take place in Stockholm in June, and the 4th Round Table on Social Inclusion that will be organised by the UK Council Presidency.

This project also ties into EuroHealthNet's activities in the field of Health Inequalities. It has enabled EuroHealthNet to establish a bridge between the health and social sectors, and thereby developed the foundations for future work in this area.

4- Healthy Ageing

The Healthy Ageing project is coordinated by the National Institute of Public Health in Sweden. EuroHealthNet participates in its steering committee and supports the organisation of the project. The project aims to promote healthy ageing in later life stages (50+years) by using an integrated holistic approach to health. It started on 1 September 2004. The first project meeting was held in October in Brussels.

The project builds upon the existing EU 'Eurolink' report "Proven Strategies to improve Older People's Health. This Eurolink age report for the European Commission" (1999) made recommendations for the promotion of older people's health at local, national and EU level. This project will take these recommendations forward and will set the basis for an integrated approach of ageing and health with an emphasis on disease prevention in the later life stages (50plus years).

Aims and objectives

The main aims of the project are:

- To review and analyse existing data on health and older people at EU and member state level and to produce a report in liaison with EU and national information system organisations.
- To make recommendations for a policy at EU and member state level based on current evidence and practice for promoting the health of older people, taking into account cultural differences
- To disseminate the findings by developing a comprehensive strategy

To achieve the above aims, the following objectives would need to be met:

- To collect and review data and current practices and policies for older people's health across EU member states, accession states and members of European economic area (horizontal approach) and to produce a report
- To establish sustainable healthy ageing partnerships at EU and individual Member State level and engage with professionals, NGOs, the public and policy makers at EU and Member State level in this process
- To raise awareness of an integrated approach of ageing and health, with the emphasis on health promotion in the later life stages (50plus years), to the population in general, older people, practitioners and policy makers
- To develop a strategic approach to communicating, implementing and disseminating the findings and recommendations of the report, taking into account local cultural, organisational circumstances.

Participants

- Austria: Fonds Gesundes Österreich, Vienna
- Czech Republic: National Institute of Public Health, Prague
- England: Health Development Agency, London
- Finland: Folkhälsans förbund, Helsinki
- Italy: CSESI, University of Perugia
- Netherlands: NIGZ, Woerden
- Norway: Sosial- och helsedirektoratet, Oslo

- Sweden: National Institute of Health, Stockholm
- AGE Older Peoples Platform, Brussels
- WHO-Geneva and WHO-Copenhagen

A healthy ageing project group of 13 member states has been established. The group also includes the AGE European Older People's Platform and the WHO Programme on Ageing and the group will continue to involve other EU members as the project develops. Collaboration will be sought with Eurostat and national information services divisions. The working group will organise two EU seminars and an international conference on integrated approaches to healthy ageing to raise awareness and to disseminate the results of the project.

Activities

The first project meeting took place on 15-16 October 2004. The purpose of the first meeting was to develop a common understanding of the project objectives, tasks and expected results; to discuss in detail the frames of reference for the literature review (task 1), the package of indicators and health determinants (task 2), and the examples of best practice (task 3); to clarify project management, recruitment of staff and administrative procedures.

5- Health Impact Assessment

European Observatory on Health Systems and Policies is coordinating a three-year project (2004 – 2007) on the 'Effectiveness of Health Impact Assessment'. The 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 (see: Health Impact Assessment - generating a common understanding and developing its use across Europe, co-coordinated by the Wales government and the European Commission). Many countries in Europe also include health elements in other assessment methodologies, such as Environmental Impact Assessment.

A number of key questions regarding HIA nevertheless remain unanswered. To what extent, for example, does HIA influence policy decision-making? What are the factors that explain success (as well as failure) of the implementation of HIA?

Aims and objectives

This project aims to address such questions by mapping 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.

More specifically, the objectives are:

- To map the use of health impact assessment in Member States and accession countries.
- To map the use of other impact assessment methodologies that include health.
- To develop a set of indicators to measure the implementation of HIA
- To analyse the factors that enable or hinder the implementation of HIA including the institutional, organisational and cultural contexts as well as the decision making process.
- To disseminate the findings to improve the use of HIA in the decision making process in the Member States.

Participants

Thirteen EU Member States are participating in the project. EuroHealthNet's participation in the project Steering Committee stems from previous work on the issue of HIA that was conducted in collaboration with the Welsh Assembly Government. This resulted in a publication entitled: Health impact assessment and government policymaking in European Countries: A position Report. (March 2003)

Activities

EuroHealthNet participated in the first project meeting that took place on 30 September – 2 October 2004. Here, project partners discussed the aims, objective, background and relevance of the project, as well as the project design and the tasks.

One component of the 'Effectiveness of HIA' project will focus on health inequalities. The project therefore ties in well, and can contribute to EuroHealthNet's work in this area.

6- Mental Health Promotion

As of September 2004, EuroHealthNet is involved in the project on “Implementation of Mental Health Promotion and Prevention Policies and Strategies in the EU Member States and Applicant Countries (IMEP)”. The project is funded under the European Union Public Health Programme and it will conclude in July 2006.

Aims and Objectives

The objective of the project is to introduce and implement strategies to cope with stress and depression in the workplace in the EU Member States and in applicant countries by a concerted action and collaboration between the key networks and involvement of local policy makers. The main task will be to organize of a sequence of workshops at national and also at European level.

Participants

The project is coordinated by the German Federal Institute for Occupational Safety and Health (FIOSH) in collaboration with five other agencies, such as Mental Health Europe (MHE, Belgium), STAKES (Finland), WHO/Euro Network for Suicide Research and Prevention (Germany), WHO/Collaboration Center for Health Promotion in hospitals and health care (Austria), Prevention Research Center (Network on Mental Health Policy, Netherlands).

Project Developments for 2005

Twelve national workshops will take place between May and November 2005 in the following countries: Czech Republic, Finland, Greece, Hungary, Poland, Germany, Ireland, Lithuania, Netherlands, Portugal, Romania, Slovenia.

Three of our members will hold the national workshop: Austrian Health Promotion Foundation, National Public Health Institute in the Czech Republic, National Institute of Public Health of the Republic of Slovenia



Kasia Jurczak
Project Officer

COMMUNICATIONS

EuroHealthNet is of course essentially a communications organisation. Apart from the activities mentioned in the chapter on networking, the network has two main tools to communicate with stakeholders and interested third parties.

Health Highlights

This eNewsletter has expanded considerably since the start of EuroHealthNet. One staff member at the Brussels office is responsible for scanning a wide range of sources for information and news that is relevant for readers, who not only include our members and partners but many officials at the European Commission, attachés in national permanent representations, MEPs and other organisations. The input is then edited and disseminated, with two editions per month apart from August and December.

The main sections are:

- Headline News
- News from the European Commission
- News from other EU institutions
- News from Member States
- Publications and events
- Forward calendar

We have received considerable praise for the relevance and timeliness of the newsletter. This does bring happy problems: we now receive requests from organisations and individuals across the world to receive it, but it is only produced because of income from paying members and partners – we receive no subsidies from the European Commission for its production. Therefore we are considering making it available on a subscription basis to non-members. As items are also placed in the news section of our website they are freely available a little later there for those who do not wish to pay for our service.

The main items from Health Highlights are transferred onto News Sections of our other main tool: www.eurohealthnet.org

Website

Our website has been further developed this year. It provides information about the role of health promotion in member states, it provides regular updates on health-related developments at EU level and it is a forum for exchanges about the work of EuroHealthNet and its members.

The sections have been reviewed and amended during 2004. They are now:

- About EuroHealthNet – introductions
- Members – information from member states and regions
- News – Items from previous Health Highlights
- Projects – updates on the various projects in which the network is involved
- Policy – a developing section on EU and national relevant policies

- Partners – direct links and sections for organisations with partnership agreements
- EU Health – information about the role of the EU and its health competences
- Links – links to other organisations in relevant fields
- Closed section – password only access for members

The website continues to be ever more widely searched, with follow up enquiries from across Europe, Asia and the USA.

Throughout the year, the technical IT support we have received from Serge Libotte, Mitch Ward and Jochen van den Bossche have been most helpful and professional, for which we are grateful.



Léa Coulet
Information Officer

POLICY

Consultation

The main piece of work undertaken this year on EU policies was the strategic consultation launched by Commissioner David Byrne on future approaches to public health.

EuroHealthNet consulted its members, many of whom also responded on a national basis, and submitted a short summary response, which is contained within the appendices to this report.

In essence network members welcomed the Commissioner's approach of a positive health promoting strategy, re-emphasised our consistent view of the importance of integrated work on determinants and capacity building in relevant sectors, and stressed the fundamental importance of networking and cohesive measures to promote health equity and social inclusion.

EuroHealthNet has also responded to the Consultation on the Future European Research Policy, and stresses the need and the importance of research funding for public health and health promotion. The response is enclosed within the appendices to this report.

Initiatives

This was underlined by the participation of many EuroHealthNet members in the workshop organised by the European Commission at the European Health Forum in Gastein on the determinants of health. Joop Ten Dam (NIGZ, Netherlands) and Sarah Wamala (NIPH, Sweden) provided keynote speeches, members from Germany, Netherlands, Scotland were among a panel of discussants, Antony Morgan (HDA, England) was Rapporteur and EuroHealthNet staff assisted in planning and chairing the session.

Elsewhere in this report are details of the significant policy developments in which network members and partners are engaged within projects funded from European Union programmes. The network is undoubtedly the leading organisation at EU level on health equity issues linking into social inclusion policies, and is a key partner on policy into practice for health promotion work.

The network was invited by the Irish Presidency, represented by our member the Department for Health and Children, to outline its work to the Heart Health Conference in Cork and received good feedback and interest. EuroHealthNet members and staff have also provided information regarding work being done at national level and joint activities during various other events outlined elsewhere in this report.

EuroHealthNet is also increasingly linked with other initiatives. For example, the WHO CINDI network on non communicable diseases features several national network members including Portugal, Czech Republic and Northern Ireland, and EuroHealthNet

was able to present and discuss areas of common interest with them, with a view to close collaboration.

Developments

The regional dimension is increasingly important at EU level, and EuroHealthNet staff have been actively seeking links with policy networks on regeneration, housing, planning and other policy issues.

An initial discussion was held on food and agriculture issues during the AGM in 2003. EuroHealthNet Members agreed to maintain an interest in this area, despite the fact that there are varying national approaches to this issue. Since the European Heart Network works expertly on nutrition and physical activity, a partnership agreement has been made with them, which is most helpful. It is hoped that in 2005 an updated report can be produced on the health impacts of the reformed Common Agricultural Policy.

EuroHealthNet has been represented by Peter Lange (BZgA, Germany) and Danielle Piette (ULB, Belgium) on the advisory group for the EU anti smoking policy campaign, Feel Free to Say No, and EuroHealthNet staff have taken an active role in promoting anti tobacco work and liaising with ENSP, the leading EU expert network on the issue.

Policy Précis

Although national experts have yet to be successfully organised into specific policy working groups as hoped, it is envisaged that 2005 will see not only major progress on the projects begun in 2004 but also greater use of policy exchanges and dissemination.

For example, work has begun on a series of policy position summaries, called Policy Précis. These will provide:

- A short introduction to the EU Role in an aspect of public health
- Information about legislative or other activities in progress
- A summary of national policies and good practices supplied by members
- Links to further information and follow up work

The aim is to address lack of awareness about health promotion and public health issues at EU level among practitioners and policy makers. The Policy Précis series will be widely disseminated and published in a simple format for use at events and exhibitions.

It is hoped that such events will include Presidency conferences. Following a most effective Irish Presidency in which EuroHealthNet participated on several occasions, the presidencies of Netherlands and Luxembourg are less active on public health matters. However, it is hoped that the UK presidency and its successors will feature significant progress on health inequalities in which the network and national agencies are well placed to develop policies.

Annual Policy Seminar

The annual EuroHealthNet policy seminar was organised on December 7 and gathered EuroHealthNet members from 19 countries, health attachés of their respective country, European Commission officials from DG Sanco, DG Empl, DG Research and DG Regio, partner networks (the European Health Management Association and the European Heart Network, the International Union for Health Promotion and Education) and officials from the WHO.

The following themes were discussed:

- the reform of the structural funds with a special focus on health issues
- the Seventh Research Framework Programme and Public Health research
- the European Social Policy and Open Coordination in Health and Long-Term Care
- the development of the EU Health Strategy
- partnership building and joint working



Ingrid Stegeman
Policy Officer

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 applications 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.

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 Benoit Broekmans, who oversees and reports on our financial matters, for his professional advice and clarity.

Overview of accounts for the year 2004

The majority of expenditure was for personnel and maintenance of the Brussels office, with smaller amounts allocated for events, publications and support of project initiatives.

CONCLUSION

The next year, 2005, promises to be one of delivery and good progress in several pieces of work.

- The outcomes of the good practice guide linking social inclusion and health are keenly anticipated.
- The project on evidence and effectiveness will include a major international conference in Stockholm.
- The UK Presidency intention to feature health inequalities will highlight the key policy priority of the network.
- Our major project on that subject will be producing vital outputs leading to a significant database.
- The European Commission is expected to publish a Communication on future health strategies, building on the consultation which offered hope for health promoters.
- Work on health for older people, mental health promotion and health impact assessments will continue in partnership.

Within that exciting context, significant developments are being planned for the network:

Our member and partner base:

- Increased membership of regional bodies
- Extension of Partnership Agreements with other organisations
- Exploring the possibility of creating an ERANET group of research departments
- Liaison with CINDI and other WHO initiatives

Databases and Communications

- Creation of the Health Equity database as a part of Health Inequalities project
- Incorporation into the EU Health Portal
- Social Inclusion Conference and Exhibition

Policy

- Updating of alcohol policy work based on EU Treaty changes
- Early years approaches (pre-school children) – also EU Treaty changes
- The regional policy agendas
- Policy Précis series
- UK Presidency and social policy work
- Health impact of reformed CAP
- New ideas for building capacity for health promotion

We look forward to working with you in 2005.

APPENDICES

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News from France, Institut National de Prévention et d'Éducation pour la Santé

Founded on the basis of the law of 4 March 2002 establishing the rights of patients and the quality of the health care system, The National Institute for Prevention and Health Education (INPES) is a public establishment supervised by the Ministry of Health. The INPES activities are integrated in the framework of the prevention policy established by the State and 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 entire French territory as a public service mission
- Implementing national prevention programmes.

The 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, the 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.

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

The INPES also participates in developing prevention networks.

It represents France in international organisations.

Website: www.inpes.fr



News from Scotland, NHS Health Scotland

NHS Health Scotland is the national body for health promotion in Scotland. We view partnership working as central to the development of policy and strategy and in the international arena our collaborating centre agreement with the World Health Organization European Office constitutes a formal recognition of this commitment.

Understanding Public Health Policy

In September 2003 Health Scotland published commissioned research on public health policy in 14 developed countries, including the United States, New Zealand, Japan, Scandinavia, Scotland, England and Wales. The aim was to identify policies, evidence and actions that could be used to improve Scotland's health. The study, which was conducted by Professor Iain Crombie of Dundee University's Department of Epidemiology and Public Health, showed that most countries had ambitious policies for improving health and reducing inequalities, but generally lacked funding. The findings have helped the Scottish Executive to benchmark its own public health programme.

Health promoting schools

Ian Young, Health Scotland's European Development Consultant, has been actively involved in supporting the strategic development of the European Network of Health Promoting Schools (ENHPS). The WHO brief also involves supporting the University of Edinburgh's international coordination role in the Health Behaviour in School-aged Children survey in 35 countries.

A report was produced on behalf of the Council of Europe arising from an international conference on healthy eating in Strasbourg, which was responding to the rising tide of obesity across Europe. The European forum on eating at school - Making Healthy Choices was held in November 2003 to explore issues such as the promotion of healthy school meals as an integral part of health promoting schools. It has been followed up with a set of guidelines and it is likely that the Council of Ministers will in due course publish a related resolution on this subject.

Injury Prevention

Celia Gardiner, Programme Manager of Health Scotland's Children & Families Programme commissioned a research briefing paper from Professor David Stone of the PEACH Unit, Glasgow University, to inform health promotion policy-making in the field of child injury prevention in Scotland. The report made a number of suggestions and recommendations to improve Scotland's approach to injury prevention in liaison with ECOSA (European Child Safety Alliance) through a project developing tools and actions.

Inequalities in Health

NHS Health Scotland is the main Contract Holder for Phase II of the EurohealthNet project 'Tackling Health Inequalities and Social Exclusion In Europe'. Phase I of the project, financed by the DG Social Affairs Action Programme, aimed to analyse the complex interrelation between poverty, social exclusion and health inequalities throughout Europe. The project produced a comparative analysis of health in the National Action Plans along with a literature review which analysed the complex ways in which poverty, social exclusion and health are interrelated.

Phase II of the project is funded by DG Employment and Social Affairs (DG EMPLOI) under strand 2 of their action programme to combat Social Exclusion. As the main contract holder for the project, NHS Health Scotland organised a Seminar and First Working Group Meeting in Edinburgh entitled 'Health Inequalities and Social Inclusion: an international perspective' (See main report for details).

The WHO European Office for Investment for Health and Development has invited Health Scotland staff members to contribute to The Venice Initiative on health, sustainable development and poverty reduction in November 2004.

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



Graham Roberston
Executive Director



News from the Czech Republic, National Institute of Public Health

The National Institute of Public Health (NIPH) assumes primary responsibility for research into environmental factors, behavioural health risks and nutritional and infectious determinants of health in the country. Research has been accompanied by evidence based practise in health promotion. Projects are implemented at national or local levels. Some of them are mentioned here together with contact addresses that provide additional information (general contact: drahon@szu.cz).

The national competition and campaign Quit and Win was organised in Spring 2004 for the 6th time in the Czech Republic as a part of an international campaign of the same name. The participation of smokers has increased slightly every year and we would like to continue to organise the campaign again in 2006 (info: sovinova@szu.cz).

Another competition connected with advocating healthy life styles is entitled Challenge Your Heart to Move. The number of participants has increased compared to the first year. The campaign is based on international experiences from WHO -CINDI. (info: komarek@szu.cz, skalova@szu.cz)

Prevention on Internet is a national project based on an interactive questionnaire that identifies and assesses one's lifestyle (diet, alcohol consumption, exercise, smoking, psychosocial stress). The questionnaire is available on www.szu.cz/riziko/index.html in Czech language (more info: skalova@szu.cz)

Training courses for health professionals in the Czech Republic that are designed to improve knowledge and provide guidelines regarding health promotion projects and counselling on healthy life styles and disease prevention. (more info: kernova@szu.cz)

Other projects are not national in scope but focus on special target groups in different settings.

- Pharmacy supporting health (kernova@szu.cz)
- Healthy diet and appropriate exercise for healthy ageing (komarek@szu.cz)
- Life style intervention on pregnant women (drahon@szu.cz)
- Children's road accidents prevention (kodl@szu.cz)
- Stress among school teachers (zsulcova@szu.cu)

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



Health Development Agency

News from England, Health Development Agency

Policy context

Following publication of the public health white paper, health inequalities and other public health issues are likely to feature more strongly in the government's national health priorities and plans for England. In particular, tackling health inequalities is likely to form an important part of the 2005 to 2008 priorities and planning framework for the NHS. It is also likely to feature in cross-government expenditure plans. In addition, it will become one of the major drivers behind local government in the next 12 months: local authority efforts to promote healthier communities and reduce health inequalities will be included in their next comprehensive performance assessment.

In the meantime, the government's delivery plan, *Tackling Health Inequalities: A programme for action* (2003) is giving momentum to a cross-government approach to tackling health inequalities. Its message – that we need to tackle the underlying determinants of health – has been reinforced by the second Wanless review, *Securing Good Health for the Whole Population. Final Report* (February 2004).

This stresses that the responsibilities, roles and incentives for the public health 'delivery chain' need to be improved. In addition, it emphasises the need for more evidence on the best ways to reduce health inequalities – in particular, what is most cost effective. All these developments are set against a backdrop of government moves to reduce 'top down' direction and encourage local organisations and partnerships to tailor their activities to meet local needs.

Early in 2005, as a result of the Department of Health's review of all 42 'arm's length' health bodies, the functions of the HDA will be transferred into the National Institute for Clinical Excellence (NICE). The transfer of function into NICE will ensure the continued success of the HDA's work, and is an important opportunity to bring its evidence into the mainstream. The integrated nature of the new NICE will be more than just the sum of the parts. It will enable guidance for both primary prevention and treatment to be delivered by one organisation for the first time.

HDA focus for 2004-05

As we await the forthcoming public health white paper, our new delivery plan concentrates primarily on the 2004-05 financial year. During this time we will focus on four programme areas:

- The 'big killers' – coronary heart disease and cancer
- Children and young people
- Adults – in particular, older people and the most vulnerable groups
- The underlying determinants of health and health inequalities.

In the meantime, we aim to meet our customers' need for support to translate evidence of what works into practice – whether it's to reduce inequalities in health or generally to improve people's health. Evidence gathering to fill the gaps in public health knowledge

will still be an important part of our work. However, we will concentrate more on solutions to what could be described primarily as 'NHS problems' – but which may involve other government departments.

The European 'Getting Evidence into Practice' project is therefore a central part of our business as is European work on social exclusion and tackling inequalities in health. We look forward to contributing and benefiting from these important pieces of work. We are also look forward to assisting the Department of Health in preparing for the UK presidency in the latter half of 2005, particularly with its focus on inequalities in health.

The HDA has also established collaborating centres. These will support partnership working with academics and practitioners to deliver evidence and advice informed by (and highly relevant to) policy makers, planners and practitioners. Our first evidence and guidance collaborating centres have been established to tackle: accidental injury among children, maternal and child nutrition, prevention of drug misuse and the promotion of physical activity.

Contact: communications@hda-online.org.uk
Website: <http://www.hda-online.org.uk/>



Gesundheitsförderung Schweiz
Promotion Santé Suisse
Promozione Salute Svizzera

News from Switzerland, Health Promotion Switzerland

Health Promotion Switzerland has a staff of over 30 people in its two offices in Berne and Lausanne. The foundation's main tasks are the setting-up, the coordination and the evaluation of health promoting measures on a national basis. Every year, the foundation is engaged in over 200 projects. Some examples of projects funded in 2004 are:

SME-vital – Internet-based program for healthy enterprises

An innovative WHP-programme (Work Health Programme), named "SME-vital", initiated and funded by Health Promotion Switzerland and is now available for all Swiss SMEs after a three year developing process. SME-vital is an internet-based toolbox with 10 modules that enables SME or external consultants to implement comprehensive WHP in a systematic process. The toolbox is available on the Internet in German and French: www.kmu-vital.ch and www.pme-vital.ch

Suisse Balance

This is a nutrition and activity programme jointly set up by the Swiss Federal Office of Public Health and Health Promotion Switzerland. Suisse Balance supports projects that promote a healthy body weight and more activity in every day life. In its first years, projects targeted at children such as "KidBalu" or "Freestyle Tour" to take priority. A special postage stamp promoting the program has been in circulation since September 2004 – a collaboration of Suisse Balance and the Post Office.
www.suissebalance.ch

SlowUp

SlowUp are car free days for all. The main road through a touristically attractive area is kept free of all motorized traffic and the road belongs to all those who move along under their own steam: walking, cycling, roller-skating etc. All along the road, participants are invited to linger at various stalls and attractions offering culinary, cultural and sporting experiences.

In 2004, six SlowUp events attracted 250'000 participants.

The project is extensively evaluated in order to provide evidence of direct behavioral change (promotion of physical activity). Results will be available by the end of 2004.
www.slowup.ch

Website www.healthpromotion.ch

In 2004 Health Promotion Switzerland launched its new website, which in great parts is also available in English. English is the forth language offered: the full site is available in German (www.gesundheitsfoerderung.ch), French (www.promotionsante.ch) and Italian (www.promozionesalute.ch).



News from Austria, Austrian Health Promotion Foundation

The Austrian Health Promotion Foundation (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 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 goal of these efforts is to:

- Develop and identify effective methods, strategies and models of good practice for health promotion
- Increase the public's awareness about behaviours and structures that enhance resources, i.e. promote health, and about behaviours that pose a risk to health and
- Thus improve health related behaviour.

To implement these goals, the FGOE funds and supports health promotion projects:

- scientific projects
- structural development
- advanced and continuing education in health promotion
- networking activities within Austria and internationally
- information and public education

Priorities of the FGÖ

The FGÖ is primarily a funding institution and funds projects and initiatives that follow the principles of the Ottawa Charter, especially health promotion projects and research projects that develop health promotion methods and evaluation for Austria.

The FGÖ has set three priorities on an individual level and three target group priorities in specific settings:

- Physical Activity
- Nutrition
- Mental Health
- Children and adolescents in non-school settings
- Employees at small and medium-sized enterprises (SMEs)
- Elderly people in rural and urban settings

These priorities are broken down on an operational level in the annual work programs and in events staged by the FGÖ, e.g. seminars, working groups, at conferences and meetings as well as networking and public information activities.

Email: gesund.es.oesterreich@fgoe.org, gerlinde.rohrauer@fgoe.org
Website: www.fgoe.org



News from Sweden. Public Health Initiatives conducted by Sweden during 2004

Banning Smoking in Swedish Restaurants

The Swedish Parliament has approved a total ban in Swedish restaurants as of 1 June 2005. The ban leaves an opportunity to establish separate smoking rooms without food serving, considering the employee's rights to a non-smoking and healthy working environment. The decision is based on a proposal made in the report "Conditions for smoke free serving environments" presented in 2003 lead by a working group at the Swedish National Institute of Public Health as it was commissioned by the Swedish government to investigate the possibilities to reach smoking free restaurants on a voluntary basis. The conclusion provided by the working group was that legislation is necessary, if freedom from smoking should become a fact within a reasonable time.

Developing the Dimension of Alcohol Prevention in the Field of Public Health

In order to assist the EU Commission's Directorate for Public Health and Consumer Protection in Luxemburg, a National Alcohol Expert was sent from Sweden. Maria Renström Törnblom from the Ministry of Health and Social Affairs began her appointment 2 February 2004 and her assignment is to draw up a common EU strategy that aims to reduce alcohol related injuries in the European Union. The health Ministers unanimously decided upon such an alcohol strategy during the Swedish presidency to the European Union in 2001.

Public Health and Social and Economic Cohesion - SNIPH Statements on the EU Commission's Third Report

Comments considering Public Health from the SNIPH on a proposal circulated for consideration regarding the EU Commission's Third Report on Social and Economic Cohesion pointed at the fact that there are large health differences in the field of human capital between Sweden and the rest of the member states on one hand and the new member states in Central and Eastern Europe on the other hand. SNIPH highlights that there are fields in which the national policies are difficult to handle due to a common EU policy. A concrete example would be the phase-out of the Swedish alcohol policy. The alcohol consumption is estimated to be responsible for 9 percent of the total disease burden in the European region. In addition, an extremely high level of sick leave in some Western European countries and the growing proportion of elderly in the population over the past decades proves the importance of a well functioning labour market as well as the need for health promotion and illness prevention. The EU Public Health Programme for 2003-2008 has funded health promoting projects amongst the elderly, such as the "Healthy ageing" project, which was initiated by the Swedish National Institute of Public Health. SNIPH also emphasizes the importance of introducing Health Impact

Assessments and Environment Impact Assessments as a steering instrument for the EU cohesion policy. SNIPH has over the last years conducted research into the health effects of the common agriculture policy that according to the third report on social and economic cohesion will be improved. The report "Public Health Aspects on the EU Common Agriculture Policy" (ISBN/ISSN: 91-7257-264-7) published by the Swedish National Institute, points at the current policy's contra productive result giving negative effects on the pricing of provision and thereafter on the health area, which generate increasing costs for the citizens as well as increasing costs for ill-health and health care in the EU member states.

Selection of reports published by the SNIPH :

- **Relevance of the birthplace:** The report is about health among immigrants in Sweden and shows big discrepancies of health between people born in Sweden and some groups of immigrants but also of big differences of health between different groups of immigrants.
[http://www.fhi.se/shop/material_pdf/relevance_summary0402\(2\).pdf](http://www.fhi.se/shop/material_pdf/relevance_summary0402(2).pdf)
- **A healthier elderly population in Sweden:** Making it easier for older people to live an independent life despite ill-health and disability should be a central objective of health-oriented community planning but we must also remember that their needs are highly individualised.
[http://www.fhi.se/shop/material_pdf/healthierelderly0403\(1\).pdf](http://www.fhi.se/shop/material_pdf/healthierelderly0403(1).pdf)
- **Knowledge-based public health work Part 2:** The second part of the handbook provides a practical example using an existing review entitled "Effects of health promotion work in hospitals and other health care facilities". This review used a systematic methodology when searching for and judging the quality of original articles on health promotion interventions for staff in health care settings. The interventions included in the review dealt with stress and burnout, smoking cessation, physical activity and injuries in the workplace, and eating habits.
- **International evaluation of Swedish public health research:** The Swedish government has asked for a description and evaluation of Swedish public health research in order to compile background material as the basis of a government research bill to be submitted to the Swedish Riksdag in 2005. The National Institute of Public Health, Sweden and the Swedish Research Council for Working Life and Social Sciences are responsible for producing various types of relevant material for the government- and separate material associated with this evaluation report has been produced by SNIPH.

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



News from Germany. Bundeszentrale für gesundheitliche Aufklärung (Federal Centre for Health Education – BZgA)

Health Promotion for socially disadvantaged people - a nation-wide co-operation project

The Federal Centre for Health Education (BZgA) is a governmental authority responsible for health promotion and disease prevention at national level. Together with EuroHealthNet the BZgA has the project leadership in the EC-funded project “Closing the gap – Strategies for action to tackle health inequalities in Europe”.

Initially the BZgA together with the regional NGO “Health Berlin” and other partners set up a nation-wide cooperation project on “Health promotion for socially disadvantaged people” in Germany. It has been initiated in 2001 and now has broadened its partnerships. The project is based on a formal co-operation agreement between BZgA, the Federal Association for Health and all Länder Associations of Health and the sickness fund BKK-Bundesverband. Additional co-operation partners are the Ministry for Labour, Social Affairs, Health and Women Brandenburg and the Länder Association for Health in Brandenburg, Länder Institute of the Public Health Service in North Rhine-Westphalia, Health Office of the Land Baden-Württemberg and the Sickness Fund AOK Saxony and the AOK Thuringia.

This co-operation project is accompanied by an advisory board of experts, scientists and actors of the health field affiliated at the BZgA.

Strengthening good practice of projects and measures of health promotion for socially disadvantaged persons is the central aim of this co-operation project.

Commissioned by the BZgA, the Länder association Health Berlin carried out a nation-wide survey on projects and measures. Around 2.700 projects can presently be found on the internet platform: www.datenbank-gesundheitsprojekte.de, on which also current information, events and research findings are available.

In 2004 10 focal points (Baden-Württemberg, Berlin, Brandenburg, Hamburg, Lower Saxony, North Rhine-Westphalia, Saxony-Anhalt, Saxony, Thuringia, Schleswig-Holstein) have been established, which are designed to use structures at regional and local level (i.e. regional health conferences) in order to identify and support good practice projects on the basis of criteria which have been developed in the BZgA advisory board such as low-threshold offers, empowerment, etc. In the individual Länder

practical quality assurance methods are provided and will be applied in the framework of a participative quality development process together with the project agencies.

Smoking and alcohol prevention

In Germany at least 110.000 people die prematurely every year from the effects of tobacco consumption, plus a further 40.000 die from the effects of excessive alcohol consumption. The BZgA is emphasizing its efforts to tackle addiction in the field of smoking and drinking by nation-wide comprehensive health promotion and prevention campaigns.

In the last two years specific programmes have been developed targeting predominately young people:

“Smoke-free” is a campaign aimed at preventing non-smokers from starting to smoke, protecting non-smokers and smokers against passive smoking and supporting smokers in their efforts to quit. The campaign is targeted at children and young people, as well as adults (e.g. parents (and parent-to-be), doctors, teachers and people in the workplace. Apart from information material on the subject of smoking/non-smoking it also provides support with advice and specialist scientific literature.

For more information see: <http://www.rauch-frei.info/>

“Alcohol – Responsibility sets the limits”: the central alcohol prevention campaign and the new efforts on reducing the consumption of mixed drinks in young people are also conceived as multi-level campaign and aim at promoting a sensible consumption of alcohol and at reducing risky drinking behaviour (binge drinking). At federal, regional (Länder) and local level, together with NGOs and other actors of the health system the BZgA will give impulses for joint action.

With a mix of media the campaigns provide supportive measures for young people especially on holidays in the framework of a peer-to-peer project “Are you stronger than alcohol” (www.bist-du-staerker-als-alkohol.de) in co-operation with the Netherlands Institute for Disease Prevention and Health Promotion (NIGZ).

Website: www.bzga.de



Helene Reeman
Head of International relations Unit



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

The Institute was founded in 1923 as the Institute of Hygiene. Since 1992 the institute has been called the National Institute of Public Health. It covers the area of public health in its entirety. Our fields of work are:

- Environmental Health
- Communicable Diseases
- Health and Health Care Research
- Health Care Organisation, Economics and Informatics
- Health Promotion
- Out – patient facility (advising and vaccinating those travelling abroad)
- Laboratories.

Center of Health Promotion

The main tasks in Public Health Nutrition and Physical Activity in 2004 were:

- participation in preparation of Food and Nutrition Action Plan for Slovenia which was adopted by Government in autumn this year
- very active process of preparation of food standards for kindergardens and schools based on D-A-CH reference values
- process of development of education programme for secondary school teachers for food/nutrition and physical activity topics supported with educational material for students
- participation in DAFNE V project

Slovenian Network of Health Promoting Schools (SNHPS)

Slovenia is a member of European Network of Health Promoting Schools since 1993. The project started with 12 pilot schools. The number of schools participating in the project grew to 130 in 1998. Since 1998 we have not included new schools in the project.

During 2004 our project team organised several meetings with the leaders of the school project teams. We were discussing different topics, the most important were:

- how to prevent bullying and violence at schools
- how to improve relationships with parents
- World Health Day and other topics

We also organised a conference with professionals from school sector and health sector to identify how to start with strategy for health promotion in schools on the national level.

On the 10th of May (The World Move for Health Day) we prepared The 4th Meeting of Slovenian Network of Health Promoting Schools with the title "Physical Activity and Healthy Eating for Healthy Children and Youth".

We are in the process of developing an innovative project "Peers and Me" which is based on peer education. The objective of this project is to improve communication among peers, teachers and parents.

Project "Healthy Kindergarten"

The objective of the project is to improve eating habits and levels of physical activity of children in Slovene kindergartens. We are now just in the beginning phase of the project. Currently we are preparing a questionnaire for assessment of the field of physical activity and eating habits in kindergartens.

Project "Maternity Hospital of Today"

We started with the research project Qualitative Changes in Birth Health Care System – Women Centred Perspective to find the best way to implement the concept of 'woman centred care' in our health care system in collaboration with Department of Obstetrics and Gynecology, University Medical Centre and University College of Health Studies. We also published a booklet for women after birth about postnatal depression – the first one in Slovenia.

Reproductive health, AIDS and sexually transmitted diseases

In 2004 we focused on:

- Preparation and coordination of AIDS prevention and awareness raising activities on national level, production of materials and organization of the World AIDS campaign.
- Activities in the field of sexual education and promotion of reproductive health.
- Health promotion for marginalized and most vulnerable groups regarding HIV/AIDS; hepatitis B and C and tuberculosis.
- Activities regarding public health aspects of prostitution and human trafficking and harm reduction among IDUs.

Website: www.gov.si/ivz/an_osebna/Frames.htm



News from the Wales Centre for Health

Background

The Wales Centre for Health is an independent training, advisory and research body designed to facilitate partnerships with the public, voluntary and statutory sectors, sources of expertise in the academic sector and the Welsh Assembly Government. It aims to improve the health and well being of the population in Wales by approaching issues in a new way through advocacy, engagement, independence and transparency.

The Wales Centre for Health focuses on multi-disciplinary advice, debate and professional development. Its functions include:

- Providing a forum for multi-disciplinary advice on health hazards
- Risk assessment of threats to health
- Disseminating research and other evidence to support decision-making
- Support for multi-professional training in sustainable health
- Liaison with national and international multi-professional groups.

Health Challenge Wales

The Welsh Assembly Government's consultation document Well Being in Wales emphasises that health is not the responsibility of the Welsh Assembly Government or the National Health Service alone. Everyone in Wales shares responsibility for health. Government's role is to help create the conditions necessary to help people to improve their health.

The notion of a shared responsibility for health was reinforced by the recent Review of Health & Social Care in Wales ('The Wanless Report').

The Wanless Report also states clearly that health trends and trends in demand on health and care services are unsustainable in the longer term and that greater emphasis on preventing ill-health is essential.

In taking forward its 'Wales: A Better Country' strategic agenda, which features "better health" as a core strand, the Welsh Assembly Government has identified the potential of a national focus for everyone's efforts. This is Health Challenge Wales. Health Challenge Wales will provide a new and inclusive national focus to secure greater ownership, commitment and action for better health, as part of a co-ordinated and

sustained effort to improve levels of health in Wales. The Wales Centre for Health will manage the Health Challenge Wales National Network.

In particular, it is a challenge to:

- government at all levels to help to create the conditions necessary for people to lead healthy lives and to improve their health;
- organisations and groups in the public, private and voluntary sectors to do as much as they can to help their customers and people who use their services, and their own employees, to improve their health;
- the media – to help communicate the ‘better health’ message more effectively; and
- individuals, to do what they can to improve their own health and that of their families.

European projects

The Wales Centre for Health participates in three European projects as part of EuroHealthNet:

- Closing the Gap: Strategies for action to tackle health inequalities in Europe
- Health and Social Inclusion: Phase II
- The effectiveness of health impact assessment

In addition the Wales Centre for Health is part of the project ‘IMProving the IMPlimentation of Environmental IMPact Assessment’ (IMP3), specifically looking at the health aspects of environmental impact assessment. The Wales Centre for Health is a member of the Association of Public Health Observatories which is a member of the European Association of Public Health Observatories.

Website: <http://www.wales.nhs.uk/sites/home.cfm?OrgID=369>
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News from Finland, Finnish Centre for Health Promotion

Alcohol Programme 2004–2007. Starting points for co-operation in 2004.

The Ministry of Social Affairs and Health was charged with the preparation and implementation of a comprehensive alcohol programme for the years 2004-2007. The decision in principle includes three partial objectives for the prevention and reduction of the adverse effects of alcohol: reducing the alcohol-induced adverse effects on the wellbeing of children and families; reducing the hazardous use of alcoholic beverages and the related problems; and inverting the trend in the overall consumption of alcoholic beverages.

The alcohol programme for the years 2004-2007 has been prepared and will be implemented under the Ministry of Social Affairs and Health in collaboration with the various sectors of public administration, municipalities, churches, NGOs as well as business and industry organisations.

The objective is to co-ordinate and combine the measures aiming at the prevention and reduction of alcohol problems into a systematic whole in order to promote the attainment of joint goals through co-operation. The cooperation is based on voluntary partnership corroborated through formally signed agreements.

A group of NGOs working for the promotion of health have presented their goals and priorities for action as regards the reduction of alcohol problems in Alcohol and drug programme of NGOs for 2004-2006. Under the umbrella of the NGO programme co-ordinated by Finnish Centre for Health Promotion, a number of organisations joined the national alcohol programme in February 2004. The NGOs' priorities for action are presented as well as examples of some organisations' focal points related to the alcohol programme. The book also presents the focal points of the churches and of the professional organisations, unions and industry organisations that adhered to the programme during its preparation phase.

Smoking ban in bars and restaurants proposed

A new report on how anti-smoking legislation should be further extended concerning restaurants and bars suggests that the current law be amended to make all such places smoke free.

The report, Prepared for the Ministry of Social Affairs and Health by Professor Kari Reijula of the Uusimaa regional institute of occupational health and safety suggests that an alternative option would be for bars and restaurants to provide separate smoking rooms where drinks are not served.

Tobacco control legislation is due to be upgraded to extend non-smoking provisions in restaurants and bars, which are at present only partly affected by smoke free rules. A key concern is to protect the health of restaurant and bar staff exposed to second hand tobacco smoke.

Finnish Centre for Health Promotion (FCHP)

Among other development projects, FSHP is working with two new and nationally interesting projects:

Communication strategy for health promotion

According the project plan, the objective is to work out a strategy, which gives as practical guidelines as possible, for communication linked to health promotion in Finland. The strategy will be done especially for and together with member organisations (121) of FCHP, but also with close co-operation with all other essential organisations like the Ministry of Social Affairs and Health, National Public Health Institute and Finland's Slot Machine Association.

Social Capital and NGOs in Finland

Social capital is very popular concept in Finland at the moment. There are some research results which underline that social capital may be one of the most important concept not only trying to reach better health but also create healthy and innovative workplace. The Finnish volunteering sector is unique and strong. It is believed that volunteering sector produce high social capital. The problems are that we do not know the mechanism, which produce the social capital in volunteering sector in Finland. The aim of this project is to identify the mechanism, which create social capital in the Finnish volunteering sector. This project will be done with four NGO in Finland. The project will be finished in the end of 2007.

As a result of this project there will be description of the mechanisms, which create social capital in these four NGOs. These mechanisms might be useful also to the other NGO in Finland.

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

EuroHealthNet's response to the consultation "Enabling Good Health For All"

Summary

- EuroHealthNet congratulates Commissioner Byrne and colleagues on progress made so far, and welcomes the renewed attention to health improvement at the core of the suggested new strategy outlined in "Enabling Good Health for All".
- Improved health is fundamental to the development of Europe; therefore priority EU processes should include an integral element of health improvement and attention to links between health and cohesion.
- Such processes include resource allocations, research, impact assessment and implementing programmes across sectors. It is not sufficient to inform consumers on lifestyle choices and risk. The EU and member states should use social, economic and environmental legislation, regulation and incentives appropriately to proactively engage and enable citizens.
- If member states are to successfully implement transferable learning from cooperation, their capacities to act must be significantly improved.
- Successful partnerships between policy makers and stakeholders are valuable but need to become more proactive and rational.

Comments

Good progress made...

EuroHealthNet congratulates Commissioner Byrne, the Cabinet and DG SANCO services for their contributions to significant advances made in developing EU health policies during the past five years. These include important legislation in the field of tobacco control and food safety, strengthening of capacities to protect against threats to health, and progress towards mainstreaming health improvement as an integral part of the EU role, despite a disappointing lack of clear focus in the key objectives set out in the proposed new Constitutional Treaty.

Much more to be done

EuroHealthNet notes the appointment of Commissioner Kyprianou and Director General Madelin and looks forward to sustainable development of health policies in the next five years, including evaluation of the strengths and weaknesses of not only the Public Health Action Programme but also health related aspects of all EU work. To this end, the reflection process and the anticipated publication of a further Communication on strategies for health should prove useful mechanisms for addressing the changes required.

1. Enabling Good Health For All

EuroHealthNet strongly welcomes the shifted focus of attention from treating ill health to promoting good health.

However, there is still a long way to go in order to make this a reality. At the moment only approximately 2 % of the national health budgets are dedicated to health promotion and prevention of diseases.

For example: 2% Netherlands, 1.9% Estonia, 0.1% Latvia, 0.25% Czech Republic, 2.9% Austria

This is clearly not enough to substantially reduce the high burden of avoidable diseases (respiratory, CVD and mental diseases). This important goal should therefore be properly reflected in Member States and EU health budgets.

It is also positive that the paper sees health as a driving force behind other policy sectors.

The Lisbon Process is crucial

The incoming Commission and Member States acting in Council have prioritised implementation of the Lisbon Strategy. EuroHealthNet welcomes this ambition, and the fact that the strategy paper identifies in its introduction the grass root problems underlying health issues, such as poverty and social exclusion.

However, EuroHealthNet expresses serious concern that the dynamics between health and wealth are being insufficiently taken into account.

Unfortunately, the rest of the paper doesn't really deal with the socio-economic determinants (apart from stressing the importance of mainstreaming health in other policy areas). The complexity of dealing with socio-economic determinants should not be ignored but rather dealt with. EuroHealthNet recommends a more in depth analysis of these factors and a stronger lead from the EC in collaborating with social and economic policies.

In particular the importance of co-operation to reduce health inequalities between and within states as part of initiatives to improve social inclusion and cohesion are of paramount importance to both population health and to achieve the Lisbon goals.

Furthermore insufficient attention is devoted in the paper to social and internal market policies of the EU which impact upon and offer a considerable potential to improve population health.

2. Good Health as a Shared Responsibility

By stressing the fact that citizen's health is determined by individual choices, we believe that the EC risks 'blaming the victim'. The impact of socio-economic determinants and the role of societal forces (such as marketing and advertisement) are much stronger than the EC suggests. In some EU countries, for every € spent on promoting healthy eating, food industries spend €800 on advertising products which contribute to increases in obesity. Thus the provision of information about how to stay in good health has only limited effects, and consideration must be given to stronger regulation of advertising and marketing.

Citizens need more than information

The debate about future priorities must focus on outcomes rather than structures. The creation of new EU agencies that has been a feature of the past few years will provide helpful support for evidence based work. However, information alone will not change

public habits, nor can single European messages sufficiently reflect cultural diversities among 450 million people.

In many cases good practices exist, but transferable co-operation should be better supported by effective partnership building. The tangle of European interest bodies should be encouraged to collaborate in more cohesive ways

The EC should adapt selection criteria for Good Practice Projects in their annual Public Health work plans and include criteria on 'intersectoral collaboration' between health and other policy areas.

Providing information is absolutely not enough to enable citizens to make the right choices, nor is health a matter of personal lifestyle choice alone.

One should not underestimate the psychological processes involved with adapting healthy behaviour. Receiving information does not automatically result in changing behaviour. One's attitude (beliefs and values) and the self-perceived confidence to actually change behaviour are important processes.

Attention should be paid to establishing European Centres of excellence in health improvement disciplines, not just in care sectors. This could build on WHO Collaborating Centre models and be part of a more strategic approach to capacity building and transferable learning in sectors impacting on health determinants, for example housing, education, sport etc.

3. Health Generates Wealth

The evidence base must be developed to influence policy

The case for health improvement must be made on the basis of evidence for successful interventions. This will require far greater collaboration between the scientific and academic community, health communities and policy makers, for example by an improved Research Framework 7.

We welcome the fact that the EC recognises health expenditure as a long-term investment and as a driver of economic growth. More evidence and economic analysis are needed in order to highlight the exact costs-benefits of health expenditures and to advocate for investment in health policies. In addition this information should be integrated into the EC Economic Guidelines and Member states should regularly report on this.

For example, in times of Finnish recession, the government continued investing in social and health policies. As a consequence there was no increase in health inequalities between the poor and rich.

EuroHealthNet also welcomes the imminent introduction of a structural indicator to monitor the evolution of "healthy life years."

But the paper hardly addresses the health improvement aspect of Health and Long Term care and Healthy Ageing and the consequences for health budgets. Although services aspects are being considered in other papers and processes, it is important to incorporate proactive measures. In order to reduce health care costs it is crucial to

promote active and healthy ageing and to postpone the dependency of the elderly on long term care.

It will also require recognition of the need for careful redistribution of resources from “Bads” (for example elements of agricultural or industrial production) to ‘Goods’ (investment in health and well-being for citizens, notably by capacity building in public and civil sectors and for vulnerable communities). This implies a major switch in attitudes in agreement of forthcoming EU financial perspectives 2007-2013.

4. Towards a European Strategy

Too often strategic agendas are determined by effective lobbying rather than a broader perspective of what is genuinely needed. The reflection process seeks to avoid that, but concerns remain about the changing influences of Council Presidency agendas and vested interests.

Issues such as threats to health from alcohol abuse and obesity should be addressed holistically rather than through single policy strands. In stakeholder terms, the Commission should ensure a wider prediction and consultation approach, for example to reforms of agricultural policies and financial perspectives. It is not sufficient to request comments on proposals when political positions are already taken.

There is not yet a cohesive health strategy across EU competences and potential roles, nor between member states. European lessons may also be applied on a global basis, for example by support for the WHO Commission on Social Determinants and other international initiatives.

EuroHealthNet looks forward to providing more detailed comment for the Commission and others on specific aspects of reviews covering relevant policy sectors in the coming months.

EuroHealthNet Response to the consultation on the Future European Research Policy (drafted by the HDA)

Response from: Health Development Agency (HDA) - a public sector organisation within the National Health Service for England. We are the national authority in England, on what works to improve people's health and reduce health inequalities. We gather evidence and produce advice for policy makers, professionals and practitioners, working alongside them to get evidence into practice.

This response is supported by: the National Institute of Public Health (NIPH) in Sweden, the National Institute for Health Development in Hungary, the Wales Centre for Health and EuroHealthNet, the European Network of Public Health and Health Promotion Agencies in Europe.

Summary:

Public health is a public good, a cornerstone of the social cohesion of the European region, and a determinant of sustainable economic growth and competitiveness.

If the current lack of access to research funding for public health and health promotion is perpetuated in future research programmes, an opportunity will have been lost to:

- 1) Increase economic competitiveness
- 2) Meet EU treaty obligation to ensure 'a high level of human health protection'
- 3) Improve social cohesion, by decreasing health inequalities
- 4) Support sustainable growth
- 5) Increase EU visibility and relevance to the European citizen

We would particularly argue for the need to fund:

- 1) Public Health Intervention research
- 2) Public Health interventions with a particular focus on health inequalities
- 3) Research on the determinants of health
- 4) Policy orientated research in support of DG Sanco

Supporting European public health intervention research would therefore be a highly significant way to support the European Union's political objectives

Introduction

Health is recognised as European priority, and is in line with 'the expectations of society, at global as well as European level.'¹

Commissioner Byrne in his recent reflection paper Enabling Good Health for All stated, 'Good health is an integral part of thriving modern societies, a cornerstone of well performing economies, and a shared principle of European democracies.

'To achieve good health, we need to look at the grass root problems – poverty, social exclusion, healthcare access. We need to understand how different socio-economic and environmental factors affect health. And then we need to make all these factors work together for good health. Good health must become a driving force behind all policy-

¹ http://europa.eu.int/comm/research/fp6/p1/index_en.html

making. The time has come for a change of emphasis from treating ill health to promoting good health'.²

The Health Development Agency believes that a significant impact on population health can be achieved through a better understanding of the under-lying causes of ill-health, and identifying effective interventions to tackle them and improve population health.

Public Health Intervention Research

Recent research by the HDA in the UK, Public Health Intervention research – the evidence³, suggests that not more than 0.4% of academic and research output is relevant to public health intervention research. The capacity to conduct intervention-oriented research appears to be underdeveloped. Several factors may discourage the capacity for this type of research including:

- Interest in short term, politically high profile effects may discourage a focus on longer-term health gains
- There is wide debate about what constitutes acceptable evidence, whose definition should be employed, and whether the nature of outcomes should concern medical issues, physical health issues, or wider issues.

From discussions with our sister organisations in other European countries, this is likely to be a common position across the EU. Supporting and enhancing the capacity for intervention-oriented public health and health promotion research should therefore become a European imperative.

In developing the evidence base for what works to promote health, the lack of evidence specifically focused on interventions which address health inequalities has been particularly apparent. We strongly recommend research in this area to build cohesion across the European regions.

We would also draw attention to the need to fund research into community based initiatives, as being a high priority for the new member states.

Work is currently being undertaken by the national agencies for public health and health promotion to build consensus on what constitutes evidence in this field, and as importantly, how to translate evidence into effective practice. European research funding could help to stimulate work in this area, and help to populate a poorly developed evidence base.

We would therefore ask the European Union as an imperative, to increase access and earmark funding for public health intervention research, with a focus on the theme of underlying determinants of health, and on tackling health inequalities.

Without this vital research we do not believe that the EU can meet its obligation under Article 152 of the 'Amsterdam treaty': 'A high level of human health protection shall be ensured in the definition and implementation of all Community policies and activities.

² http://europa.eu.int/comm/health/ph_overview/Documents/byrne_reflection_en.pdf

³ Public Health intervention research, the evidence, Millward. Kelly and Nutbeam, 2003
http://www.hda-online.org.uk/Documents/pubhealth_intervention.pdf

..... Such action shall cover the fight against the major health scourges, by promoting research into their causes, their transmission and their prevention, as well as health information and education.’⁴

These recommendations are also in keeping with the recommendations from the independent review ‘Securing Good Health for the Whole Population’ carried out by Derek Wanless on behalf of the UK treasury department to ‘look at how public health spending decisions are taken and how to ensure that they can be taken, by whoever takes them, as cost-effectively and consistently as possible’.^{5 6}

The HDA therefore strongly recommend that effectiveness and value for money in public health interventions are prioritised as part of the future EU research agenda, in line with the demand at both member state and EU level, to enable vital health policy interventions at EU, national and regional level to be made on the basis of a sound and effective evidence base.

Please do not hesitate to contact the HDA or colleague organisations for further information on the details regarding public health intervention research.

⁴ <http://europa.eu.int/eur-lex/en/treaties/selected/livre235.html>

⁵ http://www.hm-treasury.gov.uk/consultations_and_legislation/wanless/consult_wanless03_index.cfm

⁶ Key points included:

- The consideration of effectiveness and value for money should be an essential element to determine the allocation of specific funding streams. Where such evidence does not exist, a pre-requisite of funding should be the demonstration of a robust evaluation strategy to gather the information needed to evaluate the interventions.
- A consistent framework (such as the methodology developed by NICE) should be used to evaluate the cost-effectiveness of interventions and initiatives across both health care and public health.
- Responsibilities should be assigned for:
 - Developing the cost-effectiveness evidence base on public health; and
 - Researching the practical effectiveness of current activities and interpreting findings for future implementation.
- Identify and address gaps in public health research, to ensure the structured and coherent development of the public health research requirements of England should be defined as part of an overall public health research strategy. Work on this should consider public health research capacity, and the links between academics and deliverers of public health.
- Future funding allocations should be conditional on proper evaluation of initiatives with central support available for evaluation if necessary, so that over time an evidence base can be built up which can deliver a step change in our ability to make cost-effective interventions to improve the health of the population.

List of members and partners for the year 2004

Members:

1. Healthy Fund Austria (Austria)
2. Flemish Institute for Health Promotion (Belgium)
3. Université Libre de Bruxelles-ESP (Belgium)
4. National Institute of Public Health (Czech Republic)
5. National Board of Health Promotion, Centre for Health Promotion & Prevention (Denmark)
6. Health Development Agency (England)
7. National Institute for Health Development (Estonia)
8. Finnish Centre for Health Promotion (Finland)
9. Institut National de Prevention et D'Education pour la Santé (France)
10. Public Health Institute of Iceland (Iceland)
11. Ministry of Health, Dept of Health & Children (Ireland)
12. University of Perugia, Experimental Centre for Health Education, Department of Hygiene and Public Health (Italy)
13. Latvian Health Promotion Centre (Latvia)
14. Ministry of Health, Health Promotion Dept (Malta)
15. Netherlands Institute for Health Promotion and Disease Prevention (The Netherlands)
16. NHS Health Scotland (Scotland)
17. Ministerio de Sanidad y Consumo, Direccion General de Salud Publica (Spain)
18. Universidad de La Laguna, Escuela Universitaria de Enfermería y Fisioterapia (Spain, Canary Islands)
19. Health Promotion Switzerland (Switzerland)
20. Wales Centre for Health (Wales)

Partners:

21. Bundeszentrale für Gesundheitliche Aufklärung (Germany)
22. National Institute of Public Health (Sweden)
23. National Institute for Health Development (Hungary)
24. Public Health Authority of the Slovak Republic (Slovak Republic)
25. National Institute of Public Health (Slovenia)

Former Members:

- Direction de la Sante, Division de la Medicine Preventive (Luxembourg)
- Health Promotion Agency (Northern Ireland)
- Ministerio da Saude, Direccao Geral da Saude (Portugal)
- Institute of Social & Preventive Medicine (Greece)
- National Council on Nutrition & Physical Activity (Norway)

