



ANNUAL REPORT 2006



EuroHealthNet

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1. Introduction

The challenge of success

Our 2005 report celebrated a decade of EU networking for health promotion. Another year has passed, with continued progress and more achievements, but also some serious concerns. The greatest problem is capacity, or more specifically the lack of sufficient capacity. We have identified the lack of capacity among many national and regional agencies in some of our project work and policy recommendations, but it also affects the network operations directly.

Our section on personnel shows that we have fewer people working at our office, while demand for our participation in projects and events has increased significantly. Our section on membership shows good growth and interest, but not a matching increase in funding to service that growth in demand.

Despite some productive work by the membership task group leading up to decisions at the 2006 General Assembly, we face difficult decisions concerning our work programme in 2007. We want to do more, we are asked to do more, we should do more, but do not have the capacity centrally or among much of the membership to do more.

Progress in 2006

The membership task group helped to form a welcome clarification of our partnership with the International Union of Health Promotion & Education (IUHPE), both via its Regional Committee for Europe and its global office. The resulting co-operation agreement, mentioned in our section on networking, is a timely demonstration of the good will and needs of organisations working in this sector, for it sets out important aims, some of which may be unfulfilled if capacities are not developed.

This also found a resonance in the policy and project priorities of our work. In our project section, summaries of the excellent work carried out on health equity, healthy ageing, mental health and other partnerships indicate why the contribution of the network has developed so consistently.

More good work was carried out in the project to address capacity building in certain states, but that also served to highlight the scale of need, which demands more systematic attention at national levels.

Disappointments

Will that attention be forthcoming? Not if the policy and financial approach of most member states is indicated by the severe budget reductions in the modified proposal for an EU Health Programme 2007-13. Certainly, health promotion is foreseen to have a prominent role, but no longer in a separate strand due to cuts elsewhere. This will significantly reduce the effectiveness of EU policy interventions in the field.

That trend was evident in widely reduced budgets within the 2006 DG Health & Consumer Protection work programme. A proposal initiated by EuroHealthNet for a consortium to take

forward work on social and economic determinants was evaluated very positively, but increasingly neutered and delayed by administrative processes applied in the new EC Public Health Executive Agency.

It has often been a complaint about some officials across the EC portfolio that they know the cost of everything but the value of nothing, and fears are growing among many organisations that future work programmes will attract only those in academia and commercial bodies that have the capacity to deal with such restraints.

That would be a great disservice to networking at EU level, as tangible benefits have been achieved by many agencies in this and previous years from exchanges of practices, ideas and common needs, as set out in various sections of this report. But the staff time needed to develop proposals outweighs the increasingly restricted benefits, and the likelihood of further proposals emanating from EuroHealthNet is slim.

Developments

An important development of the past year has been the emergence of platforms of relevant stakeholders on a difficult topic, notably but not uniquely in the health field where work is underway on pharmaceuticals, obesity and mental health, the latter two involving EuroHealthNet.

But the opportunity for high level engagement this affords can only be meaningfully seized if expert input from national agencies can be better mobilised. Having established a voice for health promotion in Brussels that gains reasonable attention, it would be wasteful not to cement that position by helping to implement reforms across policies. Involvement in successive Presidency events on health in all policies and obesity prevention has given EuroHealthNet an enhanced profile. The challenge of the next year will be to justify that.

EuroHealthNet has a commitment to keep working at its current location until at least 2009, so is in a consolidatory strategic phase after successful establishment. The medium term challenge is, bluntly, whether to progress or stagnate.

If no increase in capacity is achieved by members, either through increased direct contributions, increased municipal and regional membership in all states where health promotion responsibility is at least partly devolved – therefore in most countries – or by attracting new donors who currently prioritise NGO sectors rather than state level bodies, the only prospect is to return to the position at the turn of the century when a small central office provided information on a modest basis and visibility was negligible.

2007 will see the end of a major phase of project work for this network. It will also see the start of a new policy based phase of relevant work by the EC, a new EU Public Health Action Programme and an overall strategic framework for health. There will be new strategies put in place on nutrition and physical activity, mental health and smoke free workplaces, plus the implementation of the new alcohol strategy. There will be initiatives on health care services.

The 2009 commitment for this network deliberately mirrors the crucial phase of EU development: the key review of the Lisbon and sustainable development processes with health indicators incorporated; the conclusion of reviews of EU food and agriculture policies; European Parliamentary elections, the start of a new Commission and possibly a new constitutional treaty.

Therefore it is vital that this network uses 2007 to look ahead constructively rather than look back at a decade of progress. It is possible to be optimistic, to envisage greater health equity and determinants based approaches, more mainstreaming of health policies, greater global impact, better partnerships with WHO. That vision must be balanced with realistic provision of means to address commonly identified demands and needs.

The gap between national policy and practice rhetoric and action is large, as evidenced in several policy analyses in 2006. If member states want an effective approach to health promotion at national and EU levels, the resources will, bluntly, need to be increased and better allocated.

Clive Needle
Director

1.2 Network objectives

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

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

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

Participation criteria

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

2. Projects

2.1 Health Inequalities

An important part of EuroHealthNet's work is the "Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe" project, which we are coordinating in collaboration with the German Federal Centre for Health Education (BZgA). This project is being funded through the EC under the Public Health Action Programme and participant contributions. This three year project will be completed in May 2007.

Aims and Objectives

While there is much evidence regarding the existence of health inequalities, less is known about how to reduce them. 'Closing the Gap' therefore aims to build on what is known, and to stimulate effective action.

The specific objectives are as follows:

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

Participating countries have identified the current situation with respect to tackling health inequalities in their countries, in order to establish how best to take this situation forward. They have also identified evidence-based examples of initiatives from their countries to tackle health inequalities, thereby encouraging the exchange of good practice in this area. In addition, the project aims to assess the influence of EU policy on health inequalities in EU Member States, which has not been done before.

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

Participants

The 21 project partners mostly include EuroHealthNet members from the Czech Republic, Denmark, England, Estonia, Finland, France, Germany, Greece, Hungary, Italy, Latvia, Ireland, Norway, the Netherlands, Poland, Portugal, Scotland, the Slovak Republic, Spain, Sweden, Switzerland and Wales.

The project also benefits from the involvement of the Scientific Advisory Board consisting of leading experts in the field of health inequalities.

Activities

While the emphasis in the first half of the project period was on establishing effective project frameworks and gathering information, the focus during the second half has been on identifying and implementing effective action.

The most important activities to take place in the context of this project were the third and fourth business meetings, since they provided project partners the opportunity to convene, to share and assess the work that they had undertaken, and to discuss upcoming activities.

During the third business meeting that took place in Brussels, workshops were held on those topics that project partners identified as being of importance to take further action in the area of health inequalities; Awareness Raising, Evidence and Evaluation, Health in All Policies, and Support for the Regions. Workshop outcomes were incorporated into a Took Kit, which project partners used to develop Strategic Initiatives, outlining how they intended to take concrete action on health inequalities in their countries.

During the fourth and final business meeting in Berlin project partners shared their Strategic Initiatives, as well as plans for their National Seminars, most of take place in 2007. These Seminars will provide project partners with the opportunities to share their knowledge, get further input from, and mobilise policy makers, public health professionals and other key stakeholders from their countries. Preparations for the final Conference, 'Action for Health Equity', which will take place in Brussels on 8 May 2007, were also agreed.

Health Inequalities Portal

The further development of the Health Inequalities (HI) Portal (www.health-inequalities.eu), which displays all project outcomes, was prioritised. The Portal includes a 'Directory of Good Practices' which contains over 90 projects and programmes that are contributing to the reduction of health inequalities. The Portal also contains a section on EU policies.

Events and dissemination

In addition, the project was also presented at a wide range of Conferences and Events throughout the EU, including:

- EC Finnish Presidency Conference on Health in All Policy Areas, Kuopio
- Action for Health Equity Conference, Dublin
- National Public Health Convention, Italy
- 7th IUHPE conference on Globalisation and Equity, Budapest
- Urban Health Conference Amsterdam
- EC High Level Expert Group on Health Inequality Meetings, Luxembourg
- Poverty and Health Conference, Berlin

Information about the project has also been widely disseminated through an informational brochure, a newsletter providing Brussels-based organisations a voice on health inequalities and EU policies, and the launch of an electronic newsletter on 'what is new on the HI Portal'. A short film about the project has also been developed.

The final half year will prove to be a busy and eventful one that will undoubtedly help to achieve the project's main objective of generating further action on health inequalities across the EU. National Seminars and a final Conference will be held, final publications written and delivered, and action plans discussed and launched.

We are pleased that the work undertaken during this project will not come to a halt in May, 2007, since it will serve as a basis for the new DETERMINE project, which looks likely to begin shortly following this date.



2.2 Capacity Building for Health Promotion

The project started in January 2006 and will last until June 2007. It is jointly coordinated by the Health Promotion State Agency in Latvia and EuroHealthNet

Aim and objectives

The aim of the project is to improve the capacity of Agencies in Central and Eastern Europe to respond effectively to the major health needs in their countries and more particularly:

- To identify the existing capacity and needs of the National Agencies for Public Health and Health Promotion in the new EU Member States and accession countries to address the wider socio-economic determinants of health.
- To strengthen national platforms for Public Health and Health Promotion in the new EU Member States and accession countries to consult, communicate and disseminate European health - related activities.
- To develop and enhance Health Promotion in the new EU Member States and accession countries (at national and regional level).
- To provide training to the National Agencies for Public Health and Health Promotion in the new EU Member States regarding: cross cutting approaches to health promotion, health at the European level and strategic programming in health promotion.
- To discuss the knowledge, experiences and different approaches that the new EU Member States and Accession Countries can offer and bring to the network.

The project will further contribute to generate information and improve the understanding of strengths and challenges of Public Health and Health Promotion in Central and Eastern Europe.

Participants

Capacity Building for Health Promotion involves Public Health and Health Promotion Institutes from eleven European Member States and Candidate Countries of the European Union, namely Bulgaria, the Czech Republic, Estonia, Greece, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia and Slovenia.

Activities

- **Capacity Assessment Tool**

A tool was developed in order to assess the capacity of participating agencies in new Health Promotion developments and trends as well as their organizational structure.

The tool has been completed, providing key information on the countries' context and the capacity of the different institutes to undertake crosscutting health promotion programmes.

- **Training**

- 26 participants took part in the first training on 'crosscutting approaches to health promotion' held in Ljubljana. The interactive training provided participants with a good understanding of socio-economic determinants of health and familiarized them with the concepts of multi-sectoral work. The training further explored how to incorporate these approaches to the work of Public Health and Health Promotion agencies in Central and Eastern Europe.
- A study visit was organized in Brussels to introduce/ further familiarize participants with EU key institutions, actors, policies and resources. The interactive sessions notably enabled participants to learn and exchange on potential opportunities for funding, develop their understanding of European policy developments and enhance their skills in project proposals.

- **Train the trainers**

Some institutes undertook initiatives to disseminate these trainings to Health Promotion actors within and outside of their institutes.

- The Institute of Public Health of Slovenia organized a seminar for 39 health promotion and public health actors, addressing crosscutting approaches to health promotion and presenting good practice carried out in the country in the field of health inequalities
- The institute of Iasi in Romania organized a seminar for Health Promotion actors on EU policies and actors
- The National Institute for Health Development in Hungary is currently translating an adapted version of the toolkit¹ on 'EU and Health' to be disseminated to relevant Public Health and Health Promotion actors.

- **Newsletters**

Two newsletters were published with the collaboration of project partners. The newsletters include information on the project development, news and initiatives undertaken in the field of health promotion in central and Eastern Europe and interviews.

¹ The tool kit is extracted from the 'Guide to the European Union, the EU Public Health Programme and opportunities for the region' compiled by Clive Needle and commissioned by the Governmental Offices for the South East Region and East Midlands Region.

2.3 Health Impact Assessment

EuroHealthNet is part of the steering committee in a project that is being coordinated by The European Observatory on Health Systems and Policies on the 'Effectiveness of Health Impact Assessment'. This three-year project, in which thirteen countries are participating, 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, while other assessment methodologies, such as Environmental Impact Assessment (EIA), may also include health elements.

This project aims to map the use of HIA both within and outside of governments, evaluating the effectiveness of the tool and advancing understanding of the determinants of successful implementation.

Activities

The issues of health inequalities and Health Impact Assessment are closely related. EuroHealthNet's role in the project is to contribute expertise from a health inequalities perspective and to comment on the tools that are being developed to carry out the project. Our participation also stems from previous work that we undertook on this topic in collaboration with the Welsh Assembly Government.

EuroHealthNet participated in the third HIA project meeting that took place in April in Cardiff, Wales, and attended the 7th International Health Impact Assessment Conference, which took place after the meeting. In addition, EuroHealthNet participated in the HIA project Steering Group meeting where project outcomes to date were assessed.

EuroHealthNet's Health Inequalities project and the HIA project have benefited from a mutual exchange of information, as Dr. Matthias Wismar and Julia Blau, the project leaders, contributed to a workshop on Health in all Policy Areas (HIAP) and HIA that took place at the third 'Closing the Gap' business meeting (March 2006).

The focus of the Finnish Council Presidency in the second half of 2006 was on HIAP. The European Observatory was in this context commissioned to write a chapter in a book that served as background reading for a Finnish Presidency Conference on this topic. EuroHealthNet contributed a case study on a Health Inequality Impact Assessment (HIIA) in Wales.

In addition EuroHealthNet acted as chair and rapporteur for the workshop on 'Health Inequalities as a Multisectoral Challenge' in which one of the key recommendations was the need to apply more Health (Inequality) Impact Assessments of policies and programmes at both the national and at European level.

2.4 Healthy Ageing

The project has been managed by the Swedish Institute for Public Health since 2004 and comprises ten national partners (Austria, Czech Republic, England, Finland, Italy, Netherlands, Norway, Portugal, Scotland and Sweden) plus the international organisations AGE, WHO and EuroHealthNet. It receives 60% funding from the EC, DG Health & Consumer Protection.

Activities

The main 2006 activities were a technical business meeting in Prague during which much of the content of the main project report was considered; and a policy seminar in Helsinki held with the kind support of the Finnish Presidency of the EU, which attracted a wider range of policymakers to discuss progress. A further business meeting to agree priorities was held in Edinburgh.

The major output has been a thorough report “Healthy Ageing – a challenge for Europe” pulling together the evidence around healthy ageing and proposing a series of recommendations at international, national and local levels. This report, aimed at experts and practitioners in the field, has been distilled into a shorter version aimed at policymakers in 2007, when the project ends with a seminar in Brussels.

A vivid website provides full information about all activities, downloadable versions of reports, contact details and links on the subject.

www.healthyageing.nu

2.5 Mental Health

The project Implementation of mental health promotion and prevention strategies concluded successfully with events in Budapest and Tallinn in 2006 and the publication of a final report for the European Commission which provided co-funding.

The project was managed by the Federal Institute for Occupational safety & Health Germany and comprised 5 other organisations or networks, MHE, WHO, MHP, STAKES and EuroHealthNet. The objective was to take forward learning from previous work identifying potential strategic approaches to mental health promotion, and to stimulate implementation in participating countries. Not all EuroHealthNet member agencies have responsibilities for mental health, but those in Austria, Czech Republic and Slovakia took a particular interest and supported national events as part of a series of initiatives.

The project has now concluded but information is available via the project section of the EuroHealthNet website.

2.6 New Projects

DETERMINE

By far the most important new development for EuroHealthNet during 2006 was the planning, preparation and negotiation of a proposal for a new style of project co-funded by the European Commission DG SANCO within the Public Health Action programme.

Following consultations with members and partners, an ambitious proposal was created and submitted for the 2006 EC work programme call. The draft project is called DETERMINE, and aims to establish a consortium of over 50 partners to use existing knowledge and mechanisms to address social and economic determinants of health at EU levels and within member states.

A system of work packages led by partners with coordination from the EuroHealthNet office has been set up, including gathering evidence, addressing capacity, encouraging action, identifying challenges and exchanging information. It will provide a sustainable platform for taking forward current project outcomes and for liaison between partners, member states and international organisations, including IUHPE, WHO and the EC.

This received a very high independent evaluation score and has attracted a high level of interest from experts and policy makers in the field. However, the process of negotiating the financial and administrative details has been complex. As this report is written, contracts to be managed by the National Institute for health promotion of the Czech Republic have not been signed.

This causes considerable concern. Because of the new approach to responsibility for work packages the project offers few financial benefits to the network. The restrictions and documentation required by the new EC Public Health Executive Agency threaten to stifle the innovative approach foreseen in the project development. This has also demanded a disproportionate amount of staff time to the detriment of other core work.

This is not a problem unique to EuroHealthNet. Other organisations have encountered similar frustrations, but as our project is particularly large the impact has been great. It is therefore not possible to consider future DG SANCO project applications with office support until such administrative issues are clarified.

Nevertheless, the content of the project remains worthwhile and it is hoped to launch the work at the final event of the Closing the Gap project in May 2007. DETERMINE will then run for 3 years in close synergies with EU Presidencies.





Other collaborations

In the EC call for proposals within the Public Health Action Programme during 2006, EuroHealthNet was contacted by numerous organisations for reciprocal support on relevant projects, in the same way that we invited partners for DETERMINE.

As a result of the evaluations, EuroHealthNet is provisionally linked with projects to be launched in 2007 on

- *Healthy Stadia*, an initiative to link sports stadia with communities to promote health; with a consortium working to promote heart health promotion; and with a steering group working on policies to address alcohol abuses.
- A separate project *Euro-Urhis* funded by the Public Health Action Programme is addressing urban indicators of health and EuroHealthNet is provisionally scheduled to support dissemination and awareness in 2007-8.
- Following a call for tender by the EC Directorate for Employment and Social Affairs, EurohealthNet was invited to become part of a successful working group *HealthQuest* to identify approaches to address inequalities in health care services.

Lastly, initial consultations with members have indicated a favourable approach to developing a proposal to further research into health inequalities within the new EC 7th Framework Research Programme, which has a very different dynamic and funding basis to the restrictive public health action programme mentioned above. This will be progressed in 2007.

The newly introduced regional and social action programmes are also being actively monitored and considered for appropriate activities which may be suitable for proposals by EuroHealthNet, its members and partners in 2007.

3. Policy

Consultation responses

EuroHealthNet responded to several public consultations by the European Commission in 2006, including:

- The modified proposal for a public health action programme 2007-13
- The communication on strategies to counteract obesity
- The communication on strategies to combat alcohol abuse
- The communication on strategies for mental health
- Proposals for reforms to the fruit and vegetable sector of the Common Agricultural Policy
- The communication on demographic change
- Proposals for guidelines for use of structural funds 2007-13
- Communication on patient mobility and health care services
- Informal consultation on an EU health strategy
- Consultation on stakeholder involvement

Members are thanked for their inputs to these responses.

One outcome of the process to improve co-operation with the Regional Committee for Europe of IUHPE has been the excellent liaison on such responses, which has meant that the distinct voices and perspectives for health promotion that are offered by each network has been more effectively advocated. EuroHealthNet is grateful to IUHPE, and particularly to Spencer Hagar plus regional and global offices, for its welcome cooperation.



EU Presidencies

EurohealthNet participated prominently in preparations for and during the Finnish Presidency Conference on Health in all Policies, and welcomed the resulting conclusions that were adopted by the Council of Ministers in December 2006. It will be a challenge for EuroHealthNet to encourage, monitor and advocate for implementation of the commitments indicated in the Conclusions, for example on mainstreaming and health impact assessments.

This process will be focussed in 2007 on the belated adoption of a strategic overall approach by the EC to implement the provisions of Article 152 and other EU intergovernmental treaty commitments.

EuroHealthNet members also participated at events during the Austrian presidency.

As this report is written, preparations are well advanced for EuroHealthNet participation at Presidency events during 2007 in Germany and Portugal.

Platforms

The most stimulating, but also most onerous, policy development in 2006 was the introduction by the EC DG SANCO of varying types of multi stakeholder platform to address policy issues.

EuroHealthNet was invited to join both the Platform on Diet, Physical Activity and Health and the Consultative Platform on Mental Health in late 2005. During 2006 they became a considerable commitment.

The Platform on Diet, Physical Activity & Health was established from 2005 -2007 to bring together stakeholders from health, consumer and industry perspectives to seek voluntary actions to help counteract obesity. It is managed by the EC DG SANCO. Its meetings are relatively rare and feature stakeholder presentations with little consensus on policy issues, but each participant is required to take action within its powers and provide substantial evidence of impacts.

Most interest has focussed on promises by food, beverage and advertising industries to adopt new practices, modify existing actions, or develop new partnerships to influence consumer behaviour.

Following initial submissions by some members concerning topical health promotion actions to counteract obesity, it was agreed at the 2006 General Assembly to gather as much information as possible to contribute to the EC database, to help inform stakeholders about existing actions, to form a basis for exchanges of good practices and needs and to advocate for health promoting approaches.

Anne Auffret was recruited to support this process, and contacted all members before establishing a contact list of experts in member agencies. The main output has been a draft report: *The contribution of health promotion to counteracting obesity in the EU*.

This also drew on other published sources, notably information contributed by governments to the

WHO background documents for the ministerial conference in Istanbul, and for the German Presidency Conference in Badenweiler.

The 2007 EuroHealthNet General Assembly will decide how to take this draft work forward.

Requests for information were not so successful, however in respect of the subsidiary commitments regarding collaborations with countries beyond the EU to follow up the Platform liaison with the USA; on public private partnerships to link to the Platform multi stakeholder approaches; or on agency actions to promote healthier lifestyles among employees, to contribute to the Platform Lifestyles working group. The 2007 General Assembly will also be asked to consider how those commitments might be better fulfilled.

The future of the Platform is being considered by the EC in close synergy with the imminent publication of an EU strategy on nutrition and physical activity.

In 2007 EuroHealthNet will need to consider within its work programme how it might work on this issue and fulfil its cooperation agreement with IUHPE to establish a joint special interest group, given lack of capacity.

The Mental Health Platform was a body established for a limited time as part of the consultation on a future EU strategy in the light of the WHO ministerial action plan for Europe. It met four times in Luxembourg and Vienna during the Austrian Presidency, and comprised relevant experts, organisations in health and other sectors and economic operators.

EuroHealthNet participated vigorously, providing the rapporteur and chair, who drafted a widely welcomed final report now available on the EC website.

The EC strategy proposals are awaited in 2007, when the EuroHealthNet General Assembly will consider if the network should prioritise mental health promotion as part of its policy cooperation work with IUHPE.

The EC Health Policy Forum and other events

EuroHealthNet and IUHPE provided strong voices for health promotion perspectives at two meetings of the EU Health Policy Forum in 2006. Although no Open Forum was held, sessions of the 50 strong body comprising health NPOs debated EU health topics. The second occasion was a consultative forum on health strategies, organised by IUHPE and chaired by EuroHealthNet.

The IUHPE Regional Conference in Budapest included participation by many EuroHealthNet members and was splendidly hosted by the Hungarian member agency the National Institute for Health Development. Inter alia, the Closing the Gap project was presented as well as meetings of the Joint Special Interest Group on Evidence, and EuroHealthNet debated networking in a plenary session with IUHPE and EUPHA.

The European Health Forum in Gastein featured several EuroHealthNet members and the network was prominent in debates and workshops.

EuroHealthNet members and staff have participated in a plethora of international and national events, seminars, meetings, workshops and study groups in Brussels and across the continent too numerous to list in this short report, which have added to the prominence of the network and its member agencies.

This growing success does constitute a challenge, in that capacity to participate in unfunded events is so limited that many interesting invitations have to be declined to prioritise core work.

In 2007 an important aim emerging from project learning will be to diversify participation into non health sector events such as transport, education, economic and social sectors where EU competences impact on health determinants.

4. Communications

The network website underwent a substantial update in 2006, which was necessary to take into account technical and content developments since its establishment. Many useful inputs were received from members. The site also became among the first to successfully adopt the .eu domain suffix. Site traffic has increased significantly during the year, and it is hopefully a useful tool for members to disseminate information about national activities as well as a network product.

More than one issue per month of the Health Highlights electronic newsletter was produced, which also underwent some stylistic and content changes to freshen up its delivery. It is now much in demand in national bodies and EU institutions as a simple mechanism to provide information about relevant developments at EU level and from member states.

Detailed information about funding opportunities, network business, policy consultations and other internal matters is provided via the Health Action Memo series which was sent directly to members and partners throughout 2006.

Feedback on the communications methods used has been very positive again and is an important part of developments.



5. Networking

The prime opportunity for networking is the annual General Assembly of members and partners. In 2006 this was held in Brussels in May, when a roundtable exchange was organised to enable members to share national news and activities.

Presentations from WHO, the European Commission and the Finnish Presidency of the EU were also well received, and a presentation was also made by McDonalds Europe and part of the debate about network activities in nutrition and physical activity.

The networking activities of EuroHealthNet are mentioned throughout this report, including exchanges in communications; project meetings and publications; consultative policy work; events participation; and the myriad informal contacts that take place during core work in Brussels, in the EU institutions, within national and regional capitals.

The negative aspect mentioned elsewhere is the loss of a specific networking post within the office due to lack of resources, which needs to be overcome in 2007.



6. Funding and finances

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

Project 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.

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

2006 Headline figures

	Income		Expenditure
Membership fees	165,300	Personnel costs	305,100
Project incomes	189,911	Other office costs	79,745
Sub totals	355,211		384,845
Transfers from reserves	29,634		
TOTALS	384,845		384,845
Reserve remaining	40,000		

7. The office team

The office team comprised:

- Director and policy advisor (part time): Clive Needle
- Programme Manager (part time): Caroline Costongs
- Health Inequalities Project Coordinator: Ingrid Stegeman
- Capacity building and inequalities projects officer: Sara Bensaude de Castro Freire
- Financial administrator: Karin Lotz
- Stagiare (second part of 2006): Anne Auffret

During 2006 the office team bade farewell to Kasia Jurczak, who had contributed much to the projects on health inequalities, capacity building and mental health promotion; and to Lea Coulet, who was well known to members as our membership, communications and networking officer.

To follow Kasia we were very fortunate to recruit Sara, who has worked extremely hard in a short time to develop the capacity building project as a valuable mechanism for progress in several states, and to support other projects and work.

But we were unable to directly replace the work contributed by Lea. Karin has ably taken over the administrative and financial roles, including membership, but continued funding for the communications role has not been available. Therefore the functions have been divided between other colleagues, and this has pressurised policy work in particular.

We have been fortunate also to attract high quality applicants for internship (stagiaire) positions to support events and policy work. Nevertheless, the Board has been informed of the concerns of staff that training and personal development is limited, and therefore the ability of the organisation to retain trained, informed and valuable staff is vulnerable.

We were also grateful for additional voluntary support to Ann Wood, and for IT support from various providers.





8. Membership

- 1. Austrian Health Promotion Foundation**
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<http://www.szu.cz/>
- 6. National Board of Health**
Islands Brygge 67
PO Box 1881
DK - 2300 Copenhagen
Denmark
<http://www.sst.dk/>
- 7. North West Region Health Authority**
North West House,
Rue du Marteau 21, 1000 Bruxelles
Belgium
- 8. Department of Health**
Skipton House
80 London Road
London SE1 6LH
England
<http://www.dh.gov.uk>
- 9. National Institute for Health Development**
Hiiu 42,
11619 Tallinn
Estonia
<http://www.tai.ee>
- 10. Finnish Centre for Health Promotion**
Karjalankatu 2 C 63
FI-00520 Helsinki
Finland
<http://www.health.fi/>
- 11. National Institute for Prevention and Health Education (INPES)**
International Department
42 boulevard de la Libération
93 203 SAINT-DENIS cedex
France
<http://www.inpes.sante.fr/>
- 12. Bundeszentrale für Gesundheitliche Aufklärung (BZgA)**
Ostmerheimerstrasse 220
51109 Köln
Germany
<http://www.bzga.de/>
- 13. National Institute for Health Development**
Andrassy 82
H-1062 Budapest
Hungary
<http://www.oefi.hu/>
- 14. Public Health Institute of Iceland**
Laugavegur 116, 4th floor,
105 Reykjavik,
Iceland
<http://www.lydheilsustod.is/stodflokkar/english/>
- 15. Ministry of Health, Dept of Health & Children**
Hawkins House
Dublin 2
Ireland
<http://www.doh.ie/>

- 16. Experimental Centre for Health Education, Department of Hygiene and Public Health**
University of Perugia
Via Del Giochetto
06100 Perugia
Italy
<http://www.unipg.it/csesi/>
- 17. Health Promotion State Agency**
Skolas Street 3
LV-1010 Riga
Latvia
<http://www.vva.gov.lv>
- 18. State Environmental Health Centre**
Kalvariju str. 153
LT-08221 Vilnius
Lithuania
<http://vasc.sam.lt/>
- 19. Health Promotion Dept**
Ministry of Health
1 Crucifix Hill
Floriana – cmr02
Malta
www.mt.gov
- 20. Netherlands Institute for Health Promotion and Disease Prevention**
P.O. Box 500
3440 AM Woerden
The Netherlands
<http://www.nigz.nl>
- 21. National Institute of Hygiene – Public Health Research Institute**
Str. Chocimska 24
00-791 Warsaw
Poland
<http://www.pzh.gov.pl/aindex.html>
- 22. Ministerio da Saude**
Alameda D. Alfonso Henriques 45
1056 Lisboa Codex
Portugal
<http://www.dgsaude.pt>
- 23. Institute of Public Health Iasi**
14 Victor Babes Nr. 14
Iasi 700465
Romania
<http://www.pub-health-iasi.ro/>
- 24. NHS Health Scotland**
Woodburn House
Canaan Lane
EH10 4SG Edinburg
Scotland
<http://www.healthscotland.com/>
- 25. National Institute of Public Health of the Republic of Slovenia**
Trubarjeva 2,
1000 Ljubljana
Slovenia
www.ivz.si
- 26. Ministerio de Sanidad y Consumo**
Paseo del Prado 18-20
28071 Madrid
Spain
www.msc.es
- 27. Universidad de la Laguna**
Campus de Ofra, 38071
La Laguna, Tenerife, Canary Islands
Spain
www.ull.es
- 28. Swedish National Institute of Public Health**
Olof Palmes Gata 17
10352 Stockholm
Sweden
www.fhi.se
- 29. Health Promotion Switzerland**
Dufourstrasse 30, Postfach 311
CH 3000 Bern 6
Switzerland
www.gesundheitsfoerderung.ch
- 30. Public Health Authority of the Slovak Republic**
Trnavska cesta 52, 826 45 Bratislava
Slovak Republic
www.uvzsr.sk
- 31. Wales Centre for Health**
14 Cathedral Road,
CF11 9LJ Cardiff
Wales
www.wales.nhs.uk

