

EuroHealthNet Annual Report 2012-2013



Welcome Message from our President & Board

We are very pleased to welcome you to this report, which provides a concise outline of the work undertaken between our General Assemblies of members in 2012 - 2013.

The breadth of these activities should be seen as evidence of a strong and vibrant network committed to our mission of contributing to improvements in health and social equity at local, regional national and European levels. Delivering on these objectives has been difficult due to limits on resources and capacities in challenging times, but as you can see the successes have been tangible and much has been achieved. Details and links for further information are contained in each section.

As we move now into exciting and ambitious strategic plan for 2014 - 2020 we are not complacent; we all face challenges within our respective areas of operations. Some are financial; some relate to capacity from a staff perspective and some to changing policy environments. Whatever these challenges may be, we are undoubtedly stronger together working as part of EuroHealthNet, now a proven partnership and network celebrating its tenth year with our autonomous statute and twenty years of working in connection with the EU health and other programmes. But still we need to learn, to involve innovative new partners, so this year especially we seek additional members to join us to strengthen our actions, voice and reach.

We hope you will find this information useful, either as an existing or potential participant, as a regulator or decision maker whose implementation work we inform, or as anyone working for similar aims who we can support in partnership. You will find links here to how you can benefit from linking with us and encourage others to become members.

On behalf of the Board I thank all colleagues who have participated in our projects, programmes and activities for the support you have given EuroHealthNet in the last year. I look forward to working with you as we go forward to 2020.

David L Pattison, President



David Pattison



Bosse Petersson



Helene Reeman



Malcom Ward



Mojca Gabrijelcic-Blenkus



Birger Carl Forsberg



Nicoline Tamsma



Antti Uutela

Introduction from our Executive Directors

During the period between our General Assemblies 2012-13, the network has had four main focal points.

- ✎ We have worked hard to complete existing work successfully with good quality outcomes, notably the SPREAD and GRADIENT research projects, but also as part of consortia delivering studies for the European Commission on public health capacities and health inequalities.
- ✎ We have produced ever stronger outputs from on-going work, primarily our core social inclusion activities within the PROGRESS programme, together with our growing role in Joint Actions with EU states, projects such as the DRIVERS research into social determinants of health, and contributions to other projects within the PROGRESS framework, all contributing to the EU 2020 strategic goals.
- ✎ We have developed the links and support work with WHO Europe which we initiated through the consultation on the Health 2020 public health strategy and plans, including building our connections with the South Eastern Europe Health Network and other health promotion bodies.
- ✎ Following the 2012 mandate from the general assembly to prepare for the period 2014 to 2020, the Board has led the strategic evaluation and consultation processes with members, donors and stakeholders on options for our development. Now we can announce exciting plans agreed unanimously, for reaffirmation of our mission plus innovative new approaches to meet modern needs and realities.



Clive Needle



Caroline Costongs

All that has taken a major amount of commitment from network members, leaders and colleagues, which is reflected in the summary reports within this text and is set out in most detail in our online sites which radiate from our new gateway site: www.healthpromotion.eu

The need for stronger actions for health promotion with greater equity between and within European states and regions has become ever clearer during 2012-13. We have some promising ideas, some new methods and some hard work ahead. But meanwhile we have achieved much, which we set out here.

Our core work funded by the PROGRESS Framework contract



EuroHealthNet Board

This second year of the Triennial PROGRESS Framework contract (2011-2013) enabled EuroHealthNet to strengthen networking among members and partners, establish new contacts across different policy areas and influence EU and national policy developments relevant for the fight against social and health inequalities. Due to the PROGRESS funding we could further build capacity among members, disseminate information about EU policy agendas, expand the debate around social and health inequalities and facilitate the exchange of good practices around cross-cutting issues. The following detailed activities can be reported:

The **HEALTH EQUITY WEEK OF EVENTS** was successfully carried out, including the General Assembly. The capacity building seminar focused on the European Semester and EC agendas in the fields of employment, social inclusion and health and on the need to strengthen public health capacity in the European Union. The week also included an open event entitled "The road to 2020 and sustainable health systems – A European Challenge".



Health Equity Week – May 2012

We published 21 issues of **HEALTH HIGHLIGHTS** for our wide public readership and 8 issues of **HEALTH ACTION MEMO** for members, EU institutions and key stakeholders.

Three editions of the **POLICY PRÉCIS** series were published:

- ➔ Reorienting health systems: Towards modern, responsive and sustainable health promoting systems
- ➔ E-health and Health Equity
- ➔ Sustainable lifestyles and Health Equity

Three detailed **POSITION PAPERS** were published:

- ➔ Public health in Horizon 2020 (contribution for the EU health policy forum and DG RTD)
- ➔ Going beyond and complementing GDP: Brief overview of developments at the EU level
- ➔ Summary Briefing: European Commission Demography Report 2010

Other **MATERIALS AND PUBLICATIONS** included:

- ➔ Annual Report 2012
- ➔ Poster and Leaflet Healthy Ageing
- ➔ Healthy Ageing website www.healthyageing.eu
- ➔ Brochure National Progress-funded projects on Health Inequalities



RESPONSES TO EU CONSULTATIONS, including major submissions on:

- EC Consultation on the EU environment policy priorities for 2020: Towards a 7th EU Environment Action Programme
- EC Consultation on the preparation of the EU Adaptation Strategy
- Contribution to EC Chronic Disease Reflection process

Two successful **STUDY VISITS** for members were carried out:

- National and Regional strategies on Healthy Ageing in the European perspective, Cologne – Germany
- Innovative Health Promotion Approaches for Rural (excluded or isolated) Communities, Murska Sobota – Slovenia

Participation in **POLICY DIALOGUES** was organised:

- Participation to the SPC thematic reviews on health and long-term care reforms and direct contribution to the SPC annual report (endorsed during EPSCO council on the 28th February).
- Organisation of Health inequalities workshop at the Annual Convention of the European Platform Against Poverty and Social Exclusion



Clive Needle – European Platform Against Poverty and Social Exclusion – December 2012

More than **100 EVENTS WERE ATTENDED AND REPORTED**, often including speaking contributions or network materials distributed, primarily in the EU institutional context in Brussels but also at EU Presidency and other events. Mostly these were carried out by office staff and directors, but when appropriate expert members represented the network.

A positive **EVALUATION SURVEY** of members and partners was carried out in mid-2012, reported to the Board and used as a basis for strategic development planning.

PARTNERSHIP BUILDING

The main development during the year was the organisation of a successful WHO Consultation Conference on the European Action Plan for Strengthening Public Health Capacities and Services (EAP/PHS) and the follow up with WHO Europe from this consultation process as part of the Health 2020 strategic objectives. EuroHealthNet met with WHO leaders at the Copenhagen HQ and was invited to participate in the Regional Committee meeting in Malta where a statement on the action plan was issued. Further informal meetings have taken place and proposals are in development for the network to support essential public health operations (EPHOs) in the period 2013 – 2020.

Such discussions and planning includes cooperation with the Venice Office for Investment, the Observatory on Health Systems, the South-Eastern Europe Health Network (SEEHN), the Network of WHO Collaborating Centres, the informal group of health promoting networks and other networks such as the Schools Health Network (SHE). EuroHealthNet is also part of the WHO network towards a European Strategy on Economics and Environmental Health that met in November 2012 in Bonn.

EuroHealthNet participated actively in the IUHPE Conference in Tallinn and has pursued strong cooperation work with the organisation which we regard as a key professional partner.

EuroHealthNet is an active partner in the European Innovation Partnership on Healthy and Active Ageing, in the stakeholder groups that worked on the EU year of Active Ageing in 2012, and contributed a Healthy Ageing website with support from the EC.

Social equity perspectives were constantly brought to the EU Health Policy Forum and other EU fora such as the Platform on Diet, Physical Activity and Health. EuroHealthNet contributed expert knowledge to the EC Expert Group on Health Inequalities and Social Determinants as well as to the ECDCs Expert meeting on engaging the underserved populations.

Further partnership was established with the public health community such as EUPHA (public health research) and ASPHER (public health schools) in the context of the Public Health Accreditation initiative APHEA and of the 5th European Public Health Conference in Malta.

EuroHealthNet has further actively participated in numerous events with stakeholders in the social and research fields in particular in support of its objectives to promote health in all EU policies.



Clive Needle, Jo Nurse – WHO/EU – Public Health Services, Caroline Costongs



EuroHealthNet General Assembly – April 2013



IUHPE Conference 2012



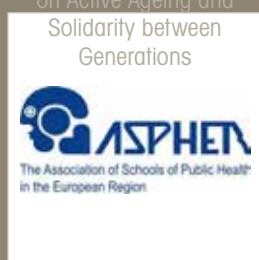
2012 European Year
on Active Ageing and
Solidarity between
Generations



EU Health Policy Platform
on Diet, Physical Activity
and Health



EUPHA



ASPHER



APHEA

Completed projects

1. SPREAD 2050



Through the EU FP7 co-funded project “SPREAD Sustainable Lifestyles 2050”, EuroHealthNet investigated how the health sector can work more closely with sectors in sustainable development to ensure that policies and actions contribute to healthy and sustainable lifestyles. SPREAD 2050 developed the knowledge base on sustainable lifestyles in the area of living, moving and consuming. Health, well-being and social equity have been integrated as cross-cutting themes. Stakeholders from business, research, policy and civil society and from different sectors (such as health, transport, housing, urban planning and economics) collaborated to design future scenarios, as well as a research agenda and a roadmap for sustainable living in 2050.

The promising practices identified in SPREAD 2050 demonstrate positive trends and solutions, relating to new business models and new ways of working. The Time Bank initiative in Helsinki for example (where services (e.g. babysitting, cooking) are exchanged on the basis of time credits rather than cash) is an effective model that also increases social capital and involves unemployed and/or older people in society.

During the final conference practitioners and experts discussed project results and initiated future projects on sustainable lifestyles. Match-making forums brought together experts and practitioners to develop common ideas, activities and future projects to scale sustainable and healthy lifestyles in the EU. Our aim was to demonstrate to other sectors that considering health, well-being and social equity is mandatory in a sustainable society.

Several EuroHealthNet members have contributed to the workshop on Health, Well-being and Social Equity”, by presenting some of their work. INPES (France) showed how small changes can have a big impact, by using a Signage System in cities that encourage people to walk; Public Health Wales highlighted ways and action that need to be taken by health professionals to work with other sectors and counteract obesity; The Stockholm County Council brought up the work done by public health policies in a large and complex urban environment.

All publications, reports and videos of SPREAD 2050 are available on:

- ➔ <http://www.sustainable-lifestyles.eu/publications/publications.html>
- ➔ <http://www.sustainable-lifestyles.eu/publications/videos.html>

2. GRADIENT



“Tackling the Gradient: Applying Public Health Policies to Effectively Reduce Health Inequalities amongst Families and Children” (2009-2012) was a collaborative research project involving EuroHealthNet members NIPH Czech Republic, NIGZ in the Netherlands, BZgA Germany, VIGEZ in Flanders, Public Health Institute of Murska Sobota (Slovenia) and the University de la Laguna (Spain) and the Ghent University. The project was coordinated by EuroHealthNet and received funding from the European Community’s Seventh Framework Programme (FP7 2007-2013).

In all EU countries there is a systematic correlation between the level of health and social status – a step-wise decrease in health that comes with decreasing social position. This correlation exists among children and young people as well as among adults. These social gradients in health are harmful and unjust, particularly when it comes to children and young people, since adversity during the early years negatively impacts on health across the life-course. The GRADIENT project has generated a number of important findings and outcomes that can contribute to learning and action on how to level-up the health gradient among children and young people.

A crucial step to levelling-up the health gradient is to look at policies that can affect the well-being of children and youth through a “Gradient Evaluation Lens”. The GRADIENT therefore developed such a

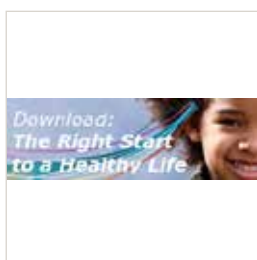
tool (and related app), which highlights key factors that policy makers and practitioners must consider to ensure policy measures are ‘gradient friendly’.

Another significant GRADIENT outcome is the insight that community social capital matters to the health of children and young people. This was previously an understudied area. Evidence from the GRADIENT shows that health gains incurred by increasing social capital is particularly marked for disadvantaged or vulnerable children and youth in communities with low social capital. Measures to promote the development of community organizations and that e.g. foster interaction amongst parents in areas where community social capital is low can help to level-up socioeconomic gradients in health. This evidence can be applied to encourage investments in community development through e.g. the EU Structural Funds.

GRADIENT outcomes also support the premise that the nature of welfare states matters; the findings that countries that invest most in family friendly policies have more level socio-economic gradients comes as no surprise. It also appears that many welfare states are still based on outdated models of single male-bread winners that undermine the potential of women and children. Important measures to improve the health of children and young people are those for example that stimulate ‘mama working’. This is only effective of course, if women have quality employment that allows for good work-life

balances and if this is paired with a good availability of affordable and high quality early child care and education programmes.

The outcomes of the four research components have been synthesized and brought together into a book – *The Right Start to a Healthy Life* – which includes a set of policy recommendations which are widely disseminated to policy makers and professionals in a user-friendly format across the EU. This information is particularly timely in the context of the financial crises, when austerity programmes are leading to public spending cuts that tend to fall hardest on lower income families. The steepness of socio-economic gradients in health among children, young people and families in a country are a clear barometer of that country's current and future well-being. This barometer should be at the forefront of policy maker's minds as they respond to the current economic crisis.



Download the **THE RIGHT START TO A HEALTHY LIFE**
or read it on health-gradient.eu/other-research/gradient

Download the **GRADIENT EVALUATION FRAMEWORK** (from DropBox)
or from health-gradient.eu/other-research/gradient

Download the **GRADIENT EVALUATION FRAMEWORK APPLICATION** on
gradient-evaluation.eu

PAPER: *Does neighbourhood social capital aid in levelling the social gradient in the health and well-being of children and adolescents? A literature review* (by Vyncke et al., 2013)

3. PUBLIC HEALTH CAPACITY REVIEW

EuroHealthNet was part of a consortium producing a report on reviewing capacities for public health in EU states for DG SANCO. This has been submitted and when released for publication by the EC will be disseminated.



4. HEALTH INEQUALITIES REVIEW

EuroHealthNet was part of a consortium producing a report on the situation of health inequalities in EU states for DG SANCO. This has been submitted and when released for publication by the EC will be disseminated.

5. CROSSING BRIDGES

“Crossing Bridges” (2011- 2012) was an EC co-funded initiative coordinated by EuroHealthNet that aimed to address the question of how the health sector can work more closely with other sectors to ensure that their policies and actions contribute to improved health and well-being. The initiative included 13 EuroHealthNet members from 12 EU countries.



The Crossing Bridges project primarily aimed to build the capacities of public health practitioners to engage with other sectors to improve health. Partners identified and analyzed case studies to explore factors that could ensure a successful HiAP approach. This analysis revealed that the factors leading to the success of HiAP is often contextually based, depending on for example the kinds of organizational structures in place, cultural factors and the individuals involved. While it is therefore difficult to develop a specific

methodology to implement HiAP, Crossing Bridges identified important factors and entry points to this approach. These are: establishing mandates and regulations; building relations and negotiating interests; engagement through the joint implementation of policies and initiatives; and collecting and sharing the evidence. The partnership also identified common challenges to engaging with other sectors that must be considered and overcome. These include difficulties in attributing health related outcomes to interventions made through other sectors and therefore in justifying health expenditures that advance the objectives of other sectors.

The main results are:

- ✎ Overview of good practices and practical examples of how concepts of health in all policies are being put into practice in the EU in three areas 1: Health and Education, 2: Health, Planning and Transport, and 3: the EU School Fruit Scheme, which reflects a collaboration between the Health, Agriculture and Education sectors.
- ✎ A Capacity Building Training Programme to promote Health in all Policy: “Achieving the win-win for health and health equity.” The Programme is available on line, along with additional resources on this topic.
- ✎ A Conference to present and discuss outcomes on “Working together for Health and Well Being” took place in Brussels.
- ✎ A publication “Health for All Policies: Working together for Health and Well-being” developed in three versions (full version with examples of HiAP for practitioners, a summary version and a leaflet). These publications and other Crossing Bridges reports are translated into nine languages (D, EL, HU, I, NL, SI, CZ, PL, Welsh).



ALL PROJECT OUTCOMES ARE AVAILABLE ON:

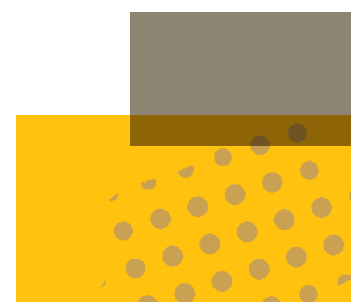
http://www.health-inequalities.eu/HEALTHEQUITY/EN/projects/crossing_bridges

6. WORKING FOR EQUITY IN HEALTH

“Working for Equity in Health” was a project funded by the European Commission PROGRESS programme. It was managed by HAPI and led by the Scottish Government. It aimed to explore the relationship between work, worklessness and social protection as key social determinants of health inequalities, with an assets based approach. Specifically it aimed to raise awareness of health inequalities, to identify effective practice in work, worklessness and social protection to help to address health inequalities and to draw together the knowledge base on what works.

EuroHealthNet contributed to the project hub, to the dissemination work package and to events. Outputs included the following reports:

- The Pan-European macro-drivers that impact on work, worklessness, social protection and health inequalities: Main issues, themes and futures scanning. This is a short report based on discussions at a high level forum held with stakeholders and background research.
- The Working for Equity in Health context, situation analysis and evidence review. This presents a comprehensive overview of the evidence linking work, worklessness, social protection and health inequalities in Europe.
- The work, worklessness, social protection and health inequalities: A policy-benchmarking tool. This has been developed aiming to help people who are in a position to influence policy and practice with regard to improving health equity through action on the social determinants of health, especially those linked to work, unemployment and employability.
- The Hungarian Case Study: action on employment and health assets at local level in a Hungarian Roma population. This case study used an assets based approach of the prerequisites for a successful active labour market program (ALMP) under the conditions of poverty, deprivation and unemployment experienced by the Roma population of Esztergom.
- An action learning project in Ketrzyn municipality, Warmia and Masury voivodeship, Poland. This project showed how using an assets based approach to health can improve health and employment related outcomes for socially excluded people using the Social Inclusion Club (SIC) in Ketrzyn Municipality.



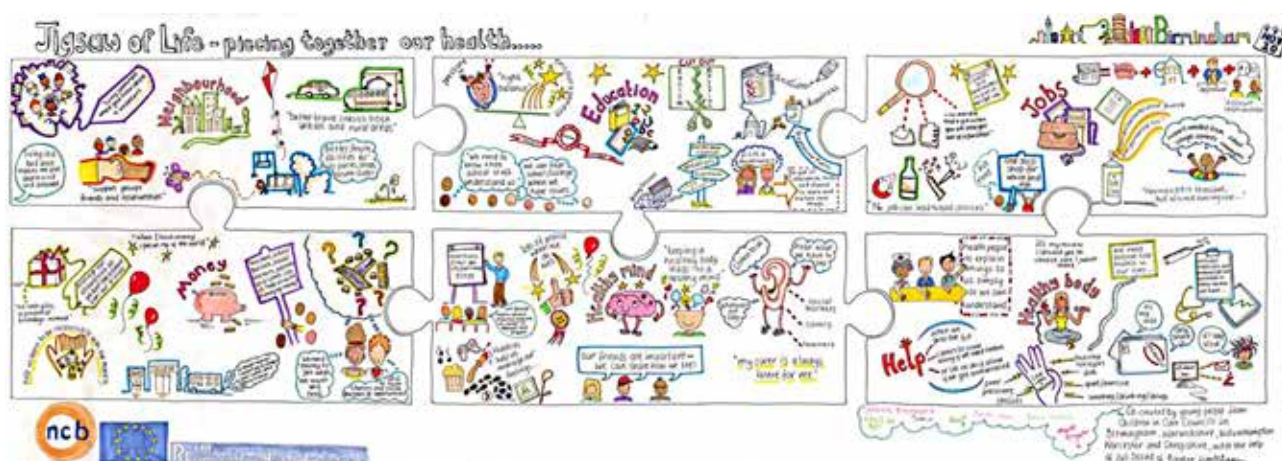
RETHI

ReTHI is a project supported under the European Community Programme for Employment and Social Solidarity - PROGRESS (2007-2013) and was



coordinated by the Veneto Region. ReTHI focused on promoting activities aimed at reducing health inequalities in the EU through stimulating debate on the issues of health inequalities, the planning of policy strategies and their possible implementation in order to tackle them. It was decided to breakdown the interventions by focusing on specific vulnerable target populations. Many regions are struggling to provide appropriate responses to the needs of these populations.

EuroHealthNet provided the evaluation of the project.



TO KNOW MORE ABOUT RETHI:

www.rethi.eu/rethi

1. DRIVERS



DRIVERS (2012-2014) - Addressing the strategic Determinants to Reduce health Inequity Via Early childhood, Realising fair employment, and Social protection - is a research project funded by the 7th Framework Programme, focused on three of the key drivers of health inequalities:

- Early Childhood Development
- Working & Employment Conditions
- Income & Social Protection

The project brings together leading research bodies – University College London, Dusseldorf University and the CHES (Swedish Centre for Health Equity Studies) in partnership with organisations representing the public health sector, civil society and business (EuroHealthNet, Eurochild, Business in the Community and the European Anti-Poverty Network) and seven EuroHealthNet members as Third Parties.

Last year was the launch of the project, and in addition to various preparatory meetings, DRIVERS launched its website, produced leaflets and posters and started work on four systematic reviews and various academic papers examining different aspects of the relationships between the three driver areas and health inequalities.

In addition to the production of many different scientific reports including novel analyses of international data and final reports which will tie them all together, work will also commence on advocacy and the case studies.

The advocacy work package aims to answer the following important question: “What are the most effective means of advocating for health equity in each of the DRIVERS areas, for different stakeholder groups and for different political constituencies?” It will be led by EuroHealthNet, and involve a broad review of academic and grey literature, preparation of a discussion paper in May, an expert consultation workshop in June, interviews with key target groups in the late summer, and implementation of practicable elements of an advocacy strategy later on in the year. Work will continue well into 2014, and will inform final recommendations of the project. This will be exciting and novel work.

Case studies on the main driver areas and advocacy will also begin later on in the year. These will act as a sounding board and will test the scientific work being carried out in the driver areas. Led by UCL, seven EuroHealthNet members will take part in the case studies in addition to members of the European Anti-Poverty Network and Eurochild. Each case study will produce a report, and the work will also help inform final recommendations of the project.



FOR MORE INFORMATION:

www.health-gradient.eu

2. EQUITY ACTION



Equity Action (2012-2014) is the EU funded Joint Action programme on health inequalities. It is designed to turn the ambitions of the EU communication on health inequalities, “Solidarity in Health”, into reality. One of the four main work-strands of Equity Action aims to identify and support regional approaches to health equity. A network of 30 regions from 12 countries was established by EuroHealthNet to capture and share regional approaches to reduce health inequalities, and to strengthen understanding on how to influence and use Structural Funds to address health equity issues.

The regional network conducted a Case Study exercise to assess and inform on how they are addressing health inequalities. Despite differences in population size, type of administrations, demographic characteristics and competencies, the exercise showed that most of the regions have significant influence on wider determinants of health and health inequalities. Particularly since regional governments are more likely to have a better insight into the specific needs of their populations and are better able to develop integrated policy responses to address these needs. The objective of this exercise has therefore been to capture and share experiences on what different regions in the EU are doing to reduce health inequalities, with the aim of informing and inspiring further regional and local-level action.

All regions produced a case study report, and EuroHealthNet has compiled learning and experiences in an analysis report. The content of the individual regional reports focus on health inequality practices and describe supporting governance structures and regional health inequality policies that have been implemented. Examples of tools such as health impact assessments or specific evaluation methods to measure health equity, and successful engagement processes with sectors other than health, are also included.



Partners of the regional work strand of the Equity Action programme conducted a review within their countries on the use of EU Structural Funds (SF) for health equity. The Structural Funds are a financial instrument set up to implement the regional policy of the European Union and to reduce regional disparities in terms of income, wealth and opportunities.



FOR MORE INFORMATION:

www.equityaction.eu

National and Regional Equity Action partners worked together to collect concrete examples of projects, funded by the SF, that address health inequalities, and identified opportunities and barriers of applying these funds. They also got involved in preparation and negotiation processes of the upcoming Structural Fund programming period (starting in 2014) to increase awareness among (public) health actors of the funds and their potential, and to stimulate further action.

Outcomes of these reviews, and a Structural Funds tool for public health actors can be found on the health inequalities portal: www.health-inequalities.eu. EuroHealthNet has also developed a 'Regional Networking Newsletter'.

EuroHealthNet organised the Regional Equity Action Workshop: "Health as a determinants for Growth: Tackling the wider determinants of health and applying Structural Funds to address regional health inequalities". The event took place at the Committee of the Regions and was supported by David Wilcox, elected Member of the CoR. The workshop brought together over 100 participants and an Equity Action market place was set up to showcase concrete examples of regional health inequality practices and policies within regions of 12 EU Member States.

The website has been visited by nearly 40.000 people since its re-launch (over 2700 visitors per month), covering almost all countries globally. A substantial number of visitors entered the Health Inequalities Portal through external sites that are linking to the site. The statistics show that several member websites were successful in bringing visitors to the portal.

EUROPEAN PORTAL FOR ACTION ON
HEALTH INEQUALITIES

Regional Equity Action Workshop – March 2013



Charles Price
European Commission
- Directorate General for
Health & Consumers



Dave Wilcox
Member of the Committee
of the Regions



Clive Needle
EuroHealthnet's Director



Caroline Costongs
EuroHealthnet's Deputy
Director



Gabor Toth – European Commission – DG Employment ; Andor Urmos – European Commission – DG REGIO ; Caroline Costongs



Yoline Kuipers, Dave Wilcox

3 IROHLA



Together with AGE Platform Europe, EuroHealthNet is involved in developing the communications and dissemination work of the IROHLA project – Intervention Research on Health Literacy among the Ageing Population. This project started in December 2012, with first a literature review on health literacy. In the framework of the project, we are looking for best practices of health literacy interventions in the private, social and health sectors to be posted on the website and used in work packages.



PLEASE VISIT

www.irohla.eu

EuroHealthNet operated the Equity Channel, an important informative and professional networking site for everything relevant to the link between health and social equity, including social determinants, social inclusion, employment, gender, anti-discrimination and tackling poverty. It focusses on Europe but has a global reach with contributors from across the world to interest groups or information pages. This is where you will find news about the EU PROGRESS programme and its components or projects – www.equitychannel.net



EuroHealthNet launched a range of new communication channels with a new gateway linking them all via easy access – www.healthpromotion.eu



The new EuroHealthNet communication tools include:

- an animated video on the consequences of poverty and social exclusion on health – “Poverty is a public health emergency” – which is available on EuroHealthnet’s YouTube Channel here youtube.com/user/EuroHealthNet
- an online magazine where EuroHealthNet explain its projects, its members and partners and its ways of working.



PLEASE VISIT

www.healthpromotion.eu



EuroHealthNet’s online magazine:

healthpromotion.eu/ehn-magazine



EuroHealthNet’s videos:

youtube.com/user/EuroHealthNet



EuroHealthNet’s facebook page:

facebook.com/EuroHealthNet.eu

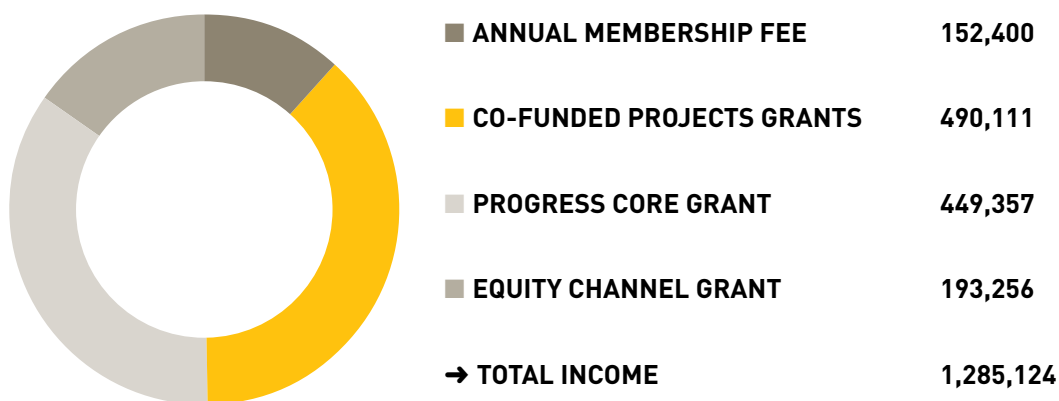


EuroHealthNet’s twitter account:

go on @eurohealthnet1

How we are funded

EuroHealthNet operates a Code of Conduct and is signatory to the European Commission Transparency Register. We receive fees from members agreed annually by our General Assembly, plus income from public sector grants for project work. Under certain ethical conditions on a case by case basis, by agreement with our Board, we are permitted to consider funded work from external sources such as foundations and third parties. Bodies wishing to discuss this should contact the Director.



How we use resources

Our Annual Work Programme and Budget is agreed by our General Assembly and implemented by our Board and office. People are our greatest resource, whether the experts in our member agencies who contribute on co-funded basis in projects or by submissions to our policy, advocacy or knowledge sharing and capacity building core work; or the talented team we have built since 1996 at our Brussels office. Hence our major expenditure is our salaries and social protection for these people. We are committed to carrying out our work in an open and transparent manner securing best value for money and in adherence with the principles of sustainable development.



Thanks to our accountants Pyxis.

RESEARCH & KNOWLEDGE



Claudia Marinetti
Research Manager



Cristina Chiotan
Public Health
Co-ordinator



Linden Farrer
Research &
Evaluation
Co-ordinator

HEALTH EQUITY



Ingrid Stegeman
Knowledge & Evaluation Manager



Yoline Kuipers
Equity & Advocacy Co-ordinator

POLICY & ADVOCACY



Stecy Yghemonos
Social Policy & Innovation Manager



Giulia Reichmann
Liaison Officer

NETWORK DEVELOPMENT & COMMUNICATIONS



Elizabeth O'Connor
Operations & Network Development
Manager



Ariane Moret
Communications Co-ordinator

ADMINISTRATION



Chrysi Spyropoulos
Senior Administration Officer

Participating in EuroHealthNet

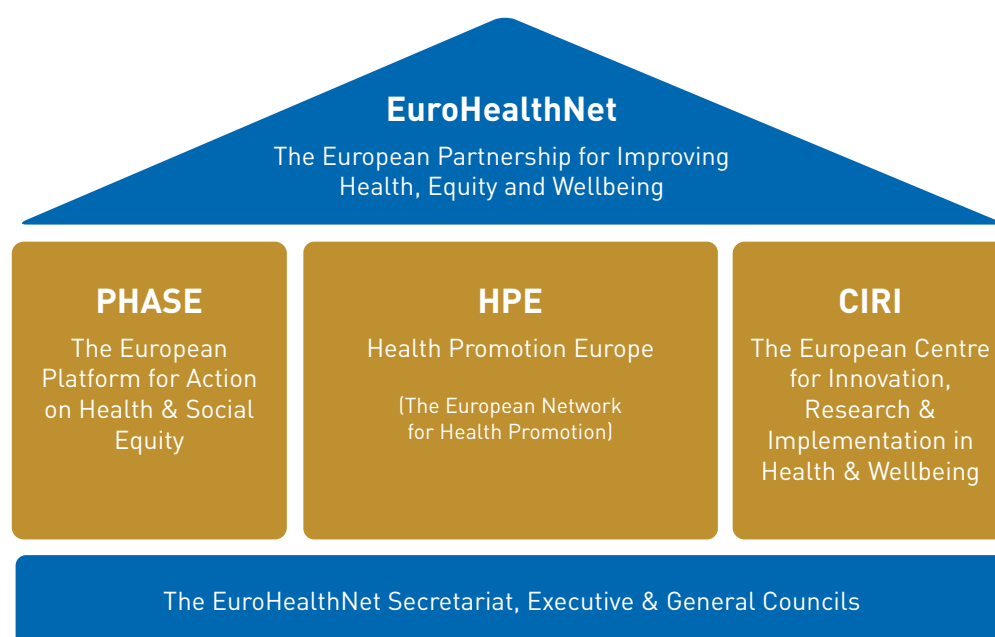
EUROHEALTHNET is a not for profit partnership of public bodies working from local to regional, national and international levels across Europe. Our mission is to help build healthier communities within and between countries. EuroHealthNet achieves this through its membership, of which there are now over 40 participants, by supporting their work in EU and associated States through policy and project development, networking and communications. EuroHealthNet is committed to participatory, sustainable growth, thus ensuring the organisation continues as a valued partnership for networking and policy development.

Please see page 24 for **NEWS OF NEW DEVELOPMENTS FOR 2014**

MEMBERSHIP BENEFITS 2013

- Members have opportunities to participate in **PROJECT ACTIVITIES**, find project partners and participate in **CAPACITY BUILDING** events, webinars and **STUDY VISITS**.
- Members can access the **MEMBERS-ONLY AREA** on the EuroHealthNet website and are featured on a **DEDICATED SECTION** where Members can have their materials, information and web links.
- Members can **EXCHANGE INFORMATION** and news.
- Members can participate in **WEBINARS, MEETINGS, WORKSHOPS AND CONFERENCES**.
- Members receive regular updates on developments through the electronic monthly **HEALTH ACTION MEMO BRIEFING** which includes the latest news of **EU FUNDING PROGRAMMES** and key activities related to health such as EU policy consultation and events.
- Members receive a monthly **HEALTH HIGHLIGHTS** promoting the work of our members to European policy makers and sharing topical and relevant international news.
- Members access our **HELP DESK SERVICE** from the Brussels Office.
- Members **VOTE AT THE GENERAL ASSEMBLY**, the highest governing body of EuroHealthNet. Our members decide which projects we carry out, how the network is run by electing our board and inform policy decisions of the network and the EU.

NEW FROM 2014: THE NEW LOOK OF EUROHEALTHNET: OUR DEVELOPMENT PLAN 2014 – 2020



From 2014 a wider range of bodies in more sectors may become part of

- Health Promotion Europe, the network for health promotion agencies across Europe (HPE);
- The European Centre for Innovation, Research & Implementation for Health & Wellbeing (CIRI);
- The European Platform for Action on Health And Social Equity (PHASE)

A series of launches are planned for late 2013 into 2014 as part of our plans through to 2020, in support of and to inform implementation of the EU and WHO 2020 strategic plans and goals.

ENQUIRIES

For full information about our new Membership, Partnership and other participation opportunities for 2013 -14, the new benefits and partnerships and how to participate, please contact

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EuroHealthNet - who we are

28 MEMBERS AND 13 COLLABORATING PARTNERS IN 26 EUROPEAN COUNTRIES

AUSTRIA	Austrian Health Promotion Foundation (FGOE)
BELGIUM	Flemish Institute for Health Promotion (VIGeZ)
BELGIUM	Erasmus University College, Department of Health and Landscape & Gardening Architecture
CZECH REPUBLIC	National Institute of Public Health (SZU)
DENMARK	Danish Health and Medicines Authority (SST)
ENGLAND	Department of Health
ENGLAND	North West Brussels Office
ENGLAND	Kent and Medway NHS Health and Europe Centre
FINLAND	Finnish Society for Social and Health (SOSTE)
FINLAND	National Institute for Health and Welfare (THL)
FRANCE	National Institute for Prevention and Health Education (INPES)
GERMANY	Federal Centre for Health Education (BZgA)
GREECE	Institute of Preventive Medicine, Environmental & Occupational Health (PROLEPSIS)
GREECE	Society for the Development and Creative Occupation of Children (EADAP) (E.A.Δ.A.[.])
HUNGARY	National Institute for Health Development (OEFI)
IRELAND	Institute of Public Health in Ireland (IPH)
ITALY	Veneto Region
MACEDONIA	Institute of Public Health of the Republic of Macedonia
NETHERLANDS	National Institute for Public Health and the Environment (RIVM)
NETHERLANDS	Dutch Institute for Healthcare Improvement (CBO)
NORWAY	Norwegian Directorate of Health
POLAND	National Institute of Public Health - National Institute of Hygiene
SCOTLAND	NHS Health Scotland
SLOVENIA	National Institute of Public Health (IVZ)
SPAIN	Universidad de La Laguna
SPAIN	Catalan Agency of Public Health
SWEDEN	Stockholm County Council
WALES	Public Health Wales

COLLABORATING PARTNERS

BELGIUM - Department of Public Health, Ghent University

BELGIUM - Interface Demography at Department of Sociology, Free University of Brussels

CROATIA - Croatian National Institute of Public Health

CZECH REPUBLIC - The Public Health Authority of the Olomouc Region

ENGLAND - East of England Brussels Office

MONTENEGRO - Institute of Public Health

PORTUGAL - Research Centre on Child Studies - University of Minho (CIEC)

ROMANIA - National Institute of Public Health

ROMANIA - Institute of Public Health Iasi

SWEDEN - Swedish Association of Local Authorities and Regions - SALAR

SWITZERLAND - Global Health Equity Foundation

UNITED KINGDOM - Drug and Alcohol Research Centre
- Department of Mental Health, Social Work and Inter-Professional Studies - Middlesex University

INTERNATIONAL HEALTH PARTNERSHIP - Health Action Partnership International (HAPI)



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