



# **EuroHealthNet**

EUROPEAN PARTNERSHIP FOR IMPROVING HEALTH, EQUITY & WELLBEING

## **Our New Partnership, Plans and People for New Programmes, Projects and Policies**

EUROHEALTHNET ANNUAL REPORT 2013-2014



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# Welcome from our President and Executive Board

It has been a very important year in the continuing evolution of EuroHealthNet as a key network organisation within Europe. The General Assembly in April 2013 approved the new constitution and our new structure, which has enabled the network to be more flexible and agile in meeting the health and social inequalities agenda within Europe. The Executive Board members, supported by the Directors and staff in the Brussels office, have met and worked together to develop the new structure and implement the work plan successfully.

Among the achievements which are described within this report, two are of particular note. Firstly, EuroHealthNet has secured a Framework Contract and initial funding from DG Employment and Social Affairs within the new EaSI Programme: this package covers a four year period, which enables the new Partnership to make more strategic planning and operational decisions. The second key achievement was finalising our new organisational system, which resulted in Caroline Costongs being appointed as Managing Director with Clive Needle continuing his work with us as Director for Policy and Advocacy. Other operational management changes have also been put in place.

This is my last full year as President as I demit office from June 2014. I would like to thank all the members of the network for their support over the past four years in working together to address health inequalities across Europe. To my fellow Board members past and present: you have my sincere thanks for all the time you have committed to ensuring that EuroHealthNet has a strong and vibrant future. Finally to all the staff in Brussels, your dedication, commitment and sheer professionalism has been outstanding; as both a Member and as President I would like to acknowledge your contributions over the past year and throughout my term as President.

I commend this report to all readers, as it reflects positive actions aimed at improving the life chances of citizens of Europe. If you are not yet part of EuroHealthNet please consider joining the Partnership: it will make a difference in your country.

David L Pattison, President

# New directions

I am pleased to present you the 2013-2014 annual report of EuroHealthNet.

2013 was a hectic, but important year for EuroHealthNet. At its 2013 General Assembly, members adopted a new strategy (2014-2020) for a European partnership allowing for more organisations to join and work with us on policy (in PHASE) and on research (in CIRI). The strategy also strengthens the core network of statutory health agencies (HPE).

Our vision remains the same, which is to contribute to a Europe where everyone has the opportunity and the support they need to live fulfilling and healthy lives. Reducing health inequalities has been the driving force behind our work since we were established.

For this reason we find it important to bring together all relevant agencies in Europe, from the national, regional and local level, that share our vision. In particular in times of economic challenges it is important to join forces, learn from each other, share the latest knowledge and to be innovative. EuroHealthNet, based at the heart of EU policy-making, is well placed to connect people, to facilitate exchange and to help develop capacities. We are therefore grateful that the European Commission (DG Employment and Social Affairs) has again decided to support us with a multi-annual grant agreement (2014-2017).

The new strategy allows us to also work with those organisations that tackle the underlying causes of diseases. We are gradually developing partnerships with anti-poverty organisations, social service providers, primary care agencies and with other sector organisations. We work with WHO and in several EC DG SANCO co-funded Joint Actions and our research project on the key drivers of health equity is progressing well. We achieved much in 2013, but there is even more to do in 2014 and beyond.

For me personally, it is an honour and a challenge to lead the EuroHealthNet Office, together with the Executive Board and Policy & Advocacy Director Clive Needle. My priorities for 2014 are *visibility*, *capacity* and *quality*, as only then we will manage to advance our work and to maintain health promotion and health equity on political and professional agenda's.

Caroline Costongs, EuroHealthNet's Managing Director



Caroline Costongs  
Managing Director



Clive Needle Policy  
& Advocacy Director

## Our Core Operations within PROGRESS and EaSI Programmes

EuroHealthNet successfully completed its 3 year framework Contract within the PROGRESS Programme 2011 – 2013, including an audit. In December 2013 we were delighted to be awarded a four year Framework Contract within the Employment and Social Innovation (EaSI) Programme 2014 – 2017, plus co-funding of our proposal for 2014 as funding is awarded annually. The approach has been updated in synergy with the EU 2020 Strategy, EU Social Investment Package (SIP) and WHO Health 2020 principles, but will continue to focus on tackling determinants of health and equity through measures outlined throughout this report in our new 2014 – 2020 development plan.

✂ <http://ec.europa.eu/social/main.jsp?catId=1081>

### European Platform against Poverty and Social Exclusion



✂ **2013 Annual Convention of the EU Platform Against Poverty and Social Exclusion** – Workshop co-organised by EuroHealthNet with European Social Network (ESN) and DG Employment “Ensuring adequate access to health care in times of austerity” - Caroline Costongs, EuroHealthNet’s Managing Director; Pavlos Theodorakis, WHO National Counterpart for Managing Mental Health; Maria Magnusson - Department Public Health- University of Gothenburg; John Halloran - ESN Executive Director

EuroHealthNet has been an active contributor to the work of stakeholders who are part of the European Platform. The EU 2020 poverty reduction target is mainly the responsibility of member states and progress has been generally difficult and unsatisfactory. EuroHealthNet has sought to work in three particular ways:

- To build growing awareness and capacity for health promotion agencies to contribute, especially in tackling health and social inequities;
- To build growing concrete partnerships and initiatives within with states;
- To build growing partnerships with other European stakeholders, especially for social care, child wellbeing, active ageing, and tackling poverty.

EuroHealthNet helped to organise a workshop on health services at the 2013 Convention against Poverty and Social Exclusion, the results of which were reported to ministers. Inputs were made on reports and recommendations for the EU Social Protection Committee, European Parliament and European Commission.

✂ <http://ec.europa.eu/social/main.jsp?catId=961>

## EU Social Investment Package (SIP)

EuroHealthNet contributed to consultations on the preparation of the major EU strategic package in the field of inequalities and social protection systems, the SIP. Anticipating its adoption, the Board offered opportunities to states for pilot initiatives to tackle issues identified within country specific recommendations with a health impact. Slovenia has been the first to take up this support, resulting in a collaborative process on healthy ageing and care, backed by EU PROGRESS funds with ministerial support. From 2014 – 17 further initiatives will be rolled out, evaluated and reported for good practice learning.

🔗 <http://ec.europa.eu/social/main.jsp?catId=1044&>



◀ Inter-Ministerial Conference, Slovenia -  
Martin Seychell – European Commission,  
DG SANCO - Deputy Director General

## Health Policy Forum



The multi stakeholder official EU health policy forum met twice in the report period, but with few significant outputs. EuroHealthNet remains a critically supportive member as it believes the body could be better used in anticipating challenges and contributing to planning rather than the limited discussions held. We will contribute to future consultations.

🔗 [http://ec.europa.eu/health/interest\\_groups/eu\\_health\\_forum/policy\\_forum/index\\_en.htm](http://ec.europa.eu/health/interest_groups/eu_health_forum/policy_forum/index_en.htm)

## Platform on Diet, Nutrition & Physical Activity



EuroHealthNet staff and members continued to contribute to shared learning and commitments within the multi-stakeholder Platform, particularly on improved indicators and dissemination, despite some reservations about effectiveness of processes involving private sector bodies. We will support the EU Action Plan on Child Obesity.

✂ [http://ec.europa.eu/health/nutrition\\_physical\\_activity/platform/index\\_en.htm](http://ec.europa.eu/health/nutrition_physical_activity/platform/index_en.htm)

## EU Expert Group on Health Inequalities and Social Determinants

EuroHealthNet participated in two meetings of the EU Expert Group on HI and SDH in Luxembourg together with several EuroHealthNet members. We contributed with presentations and input from our work of the Equity Action and Health Inequalities review.



Together with UCL Health Equity Institute and others we published a report on the Situation of Health Inequalities in the EU.

✂ [http://ec.europa.eu/health/social\\_determinants/policy/commission\\_communication/index\\_en.htm](http://ec.europa.eu/health/social_determinants/policy/commission_communication/index_en.htm)



# Study visits and capacity building

We organised two in country study visits, in each case addressing the themes of collaborative governance; user/multi-stakeholder engagement; equity aspects; transferability; implementation; evidence bases; advocacy.

## Health Promoting approaches in workplaces

This two-day study visit took place at the Prolepsis Office in Athens with representatives of agencies from the Netherlands, Sweden, Wales and Slovenia participating. A field visit to the Titan Cement company took place. The relationship between occupational safety and health and the social determinants of health and equity, as well as the development and implementation of policies on these topics at EU and national levels were considered.



## Social Inclusion & Health Promotion for Young People

A two day visit was held in Lancaster, North West England with representatives of Greece, France, Netherlands, Slovenia, Scotland and Sweden participating plus Public Health England. It included a field visit to Barrow-in-Furness, where participants visited the local council and had a chance to talk to officials sitting on its 'Health and Well-Being' Forum and to see and hear, directly from community members, what an 'asset-based' community development approach looks like in practice.



Both visits were successfully evaluated and disseminated to partners.

In addition a Webinar on Effective Use of EU Structural Funding Instruments, with particular reference to Mursk-Sobota region of Slovenia, was successfully carried out.

# Communications



Our third study visit of the year took place in Brussels on the subject of modern communications approaches. Representatives from eleven agencies plus three EC Directorates participated. As examples of actions possible, NHS Health Scotland demonstrated the successful five-year campaign related to fight against alcohol consumption in Scotland: “A plan to tackle Scotland’s booze culture”, while INPES, EuroHealthNet’s French member, provided the partnership with information concerning its successful campaigns on nutrition “Manger Bouger”.



Through this networking event EuroHealthNet set up “EuroHealthComm”, EuroHealthNet’s internal working group that aims to communicate better at all levels of governance. It is composed of those people responsible for external communications within the EuroHealthNet partnership. EuroHealthComm multiplies communication campaigns and projects at European and at national, regional and local levels.

EuroHealthNet has updated its new communication channels with a clearer, easy access gateway linking them all via [www.eurohealthnet.eu](http://www.eurohealthnet.eu).

Our new tools and outputs in 2013 – 14 have included:

- ✓ An animated video on the consequences of poverty and social exclusion on health - “Poverty is a public health emergency”  
 [youtube.com/user/EuroHealthNet](https://youtube.com/user/EuroHealthNet)
- ✓ A video on our Development Plan Partnership opportunities
- ✓ An Online Magazine where we offer background articles on topical subjects and provide platforms for our Partners to highlight bright ideas.
- ✓ Blog posts on events and topical subjects
- ✓  [facebook.com/EuroHealthNet.eu](https://facebook.com/EuroHealthNet.eu)
- ✓  [@eurohealthnet1](https://twitter.com/eurohealthnet1)



As well as the new methods above, EuroHealthNet continues to produce and publish:

- ✓ Monthly issues of its highly valued Health Action Memo
- ✓ Monthly issues of its well-received EU Health Highlights online newsletter
- ✓ Quarterly issues of its Policy Précis summaries of topical issues bridging health and social policies
- ✓ Frequent news and media releases on activities and public policy subjects
- ✓ Numerous briefings and policy papers for partners, some for public use



# Events



◀ EuroHealthNet office colleagues present the new 2020 plan to John Ryan, DG SANCO Acting Director for Public Health, in Luxembourg

We participated in, monitored and reported almost 200 events, seminars and formal meetings in Brussels and Luxembourg during the year. Our proximity to EU institutions means we linked constantly with the European Union Council, Commission Directorates and Cabinets, Parliamentary Members, Committees and bodies, Committee of the Regions, Economic & Social Committee, plus associated relevant agencies, such as Executive Agency for Health & Consumers (CHAFEA) and the European Foundation for Living & working Conditions (EuroFound), and bodies including the EU Social Protection Committee.

We particularly record our gratitude to the people in EC Directorates, Cabinets and Agencies with whom we are most directly associated via our co-funded and other work: DG Employment & Social Affairs; DG Health & Consumer Protection; DG Research. There are many in those DGs and others too numerous to mention who have been fair and helpful, including in event participation.

We organised our 2013 General Assembly in Brussels, with almost all members represented at senior levels. In addition to governance business, we agreed our Strategic Development Plan 2014 – 20. New members from the Netherlands, Portugal, Ireland and Greece were welcomed and were able to present their work in addition to established members from Poland, Hungary, Slovenia and Spain. We were delighted to welcome presentations from and discussion with senior European commission officials Ms Lieve Fransen (Director Social Policy, DG EMPL); Mr Michael Ralph (Advisor to the Director General of DG REGIO); Mr John Ryan (acting Director for Public Health, DG SANCO); Ms Line Matthiessen (Head of Public Health, DG RTD) plus Ms Jo Nurse (Acting Manager Public Health Action Plan, WHO Europe).

We participated in numerous external events including presidency conferences in Belgium, Ireland and Greece; seminars in Sweden and Portugal, and invited by our members in Austria, France, Italy, Spain, Wales, Belgium, Greece, Slovenia, and England.



EuroHealthNet General Assembly – John Ryan



EuroHealthNet General Assembly – Lieve Fransen



EuroHealthNet General Assembly – Michael Ralph



EuroHealthNet General Assembly - Line Matthiessen

# Collaborations

## World Health Organisation Regional Office for Europe

EuroHealthNet continued to develop support for WHO Europe, advocating for its Health 2020 strategy overall at EU policy and implementation levels, the outcomes of its reports on social determinants of health and governance for equity. But in particular we worked to help develop its component Public Health Action Plan as its iterations and organisation emerged.



◀ Dr Jo Nurse from WHO Europe discusses Health 2020 Public Health Action Plan with EuroHealthNet directors

🔗 <http://www.euro.who.int/en/health-topics/health-policy/health-2020-the-european-policy-for-health-and-well-being>

We continue to offer support for the members of the South East European Health Network (SEEHN) and are pleased they are gradually joining us as we provide information and networking. We mapped bodies working for health promotion as a tool for developing essential operations in that field. Our communications group and knowledge was made available. We consistently liaised with officials including the WHO Europe Director, Programme Directors, representatives of the Brussels office and other experts.



◀ EuroHealthNet participated in the Brussels meeting of the WHO Europe Extended Advisory Group on Public Health. Photo by kind permission of Professor Jose M Martin-Moreno

There were specific focal points:

➤ **Oslo**

EuroHealthNet spoke on equity and health promotion in an expert panel at the European conference on health systems in times of crisis held in Norway.

➤ **Helsinki**

We were part of the steering group for the global Health Promotion Conference in Finland, participated actively throughout via directors and members, and moderated a Ministerial plenary session on policies for health in all policies in times of economic problems.

➤ **Gastein**

We spoke about Oslo and Helsinki outcomes and next steps in a ministerial and EC panel at the European Health Forum (where we also spoke at a research workshop on knowledge transfer and moderated an EC forum on investment in public health).

➤ **Tallinn**

We followed this by speaking on public health services at the conference in Estonia to review the 2008 Tallinn Charter on health systems.

➤ **Venice**

We liaised throughout the year with the WHO teams at its office for Development & Health Investment, particularly on social determinants, health equity and sub national work.

➤ **NCDs –Vienna to Ashgabat**

We moderated a Ministerial session at the European Conference on nutrition held in Austria, followed by moderation of Ministerial and expert panels at the NCD conference in Turkmenistan.

➤ **Bonn**

We participated in and presented at the new WHO network for Environment, Health and Economics (EHEN).

➤ **Galway**

We participated in a meeting of the network of Collaborating Centres held in Ireland, presenting on the EU 2020 strategy and programmes

➤ **Odense**

We moderated and participated in the European Schools Health Conference in Denmark and followed up in liaison with participating members.

➤ **Geneva to Paris**

We moderated and reported on discussions for the transport, health and environment Pan European Programme held at UN HQ and a Ministerial Conference.

## Other Organisations

### ➤ European Public Health

#### Conference Partnership

We made a major contribution to the 2013 European Public Health Conference held in Brussels, in a partnership and steering group led by EUPHA and ASPHER, other associations, the European Commission and WHO Europe. We co-organised and participated in a Ministerial panel plenary session, organised and presented at several workshops on social determinants of health, participated in WHO sessions and meetings, and organised a Reception in the European Parliament with the kind assistance of the President Martin Schulz MEP and the Rapporteur for the EU Tobacco Products Directive Linda McAvan MEP, at which we spoke alongside Antonio Correia De Campos MEP, Chair of the EP Scientific & Technical advisory panel. We will participate in the 2014 Conference in Glasgow.

🔗 [http://www.eupha.org/site/upcoming\\_conference.php](http://www.eupha.org/site/upcoming_conference.php)

### ➤ IUHPE

We naturally maintained friendly links with IUHPE, its global officers and European Regional Committee, including at our 2013 General Assembly.

🔗 <http://www.iuhpe.org/index.php/en/>

### ➤ APHEA

We continued work and meetings as a Board member of APHEA, The Agency for Public Health Education Accreditation (APHEA), established to accredit Master of Public Health Programmes (or their equivalent). APHEA is an autonomous organisation which establishes its own accreditation policies and procedures.

🔗 <http://www.aphea.net/>

### ➤ IANHPI

We participated in the meetings of directors of European public health institutes, held in Dublin and Tirana.

🔗 <http://www.ianphi.org/>



Caroline Costongs participates in IANHPI meeting



### ➤ Medical Professions

We participated in meetings of CPME the EU doctors' association; the EU Social Care Network; and the EU Primary Care Forum, and are working to build further links.

We participated in meetings, events and extensive processes with fellow stakeholders within the EU Health Policy Forum; the EU Platform against Poverty Stakeholders Group; the EU Innovation Partnership for Active & Healthy Ageing; with Regional and Municipal networks and groups including EUREGHA, the Association of European Regions and others, and numerous other organisations. Thanks to all for your collaboration towards a better Europe.



➤ Mr Correio de Campos MEP speaks at the European Parliament Reception hosted by EuroHealthNet



➤ Clive Needle debates in a plenary policy panel with Mr. Correio de Campos - MEP; Vesna Kerstin Petric - Adviser at the Slovenian Health Ministry; Dominique Polton - Head of Strategy at CNAMTS; Miklos Szocska - Hungarian Health Minister.

# Our co - funded EU projects and activities

## DRIVERS

DRIVERS (2012-14) - Addressing the strategic Determinants to Reduce Health Inequity Via Early childhood, Realising fair employment, and Social protection - is a three-year research project funded by the 7th Framework Programme and focused on three of the main drivers of health inequalities:

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

The project, coordinated by EuroHealthNet, brings together leading research bodies – University College London, Dusseldorf University and CHES (the 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). Seven EuroHealthNet members are involved as Third Parties.

DRIVERS' second year built on the successful preparatory work carried out in the first. It saw scientific teams produce high-quality academic papers including several systematic reviews and focused analyses which have been submitted to and published in high-profile journals. It also saw intense discussion about the format and specific aims of the 20 case studies taking place across Europe.



In addition, the work led by EuroHealthNet on advocacy for health equity began. A synthesis review of existing academic and grey literature was conducted, as was an interactive workshop for experts in Brussels. An advocacy mapping exercise was also conducted at the EU level to identify entry points and levers for health equity advocacy. Together, these separate but related activities will build up a solid body of knowledge that will be tested and explored in various ways by EuroHealthNet's members in dedicated advocacy case studies.

The next year will be a busy one: many other academic papers will be finalised and published, public reports will bring together the learning to-date, and the case studies will be finished in the different DRIVERS areas. Highlights will include a case studies meeting, publication of the final public scientific reports, launch of the advocacy toolkit and presentation of final recommendations at the end of the project. All of these should ensure that DRIVERS has high impact on policy making processes.

🔗 <http://www.health-gradient.eu>



## Equity Action



The Joint Action on Health Inequalities (Equity Action) was a three year collaboration 2011 -14 between the European Commission and EU Member States to take forward a number of actions identified in the EC Communication "Solidarity in Health: Reducing Health Inequalities in the EU". It was jointly funded by the EU Health Programme, 15 EU Member States and Norway, and involved 25 partner organisations, 30 regions and numerous stakeholders. The Equity Action programme was built around four core work strands:

- Develop tools and mechanisms to inform policy development and assess the impact of action;
- Provide guidance to national, regional and local government on how to make the best use of EU Structural Funds to support this work;
- Promote knowledge by making the scientific evidence on health inequalities available and useable to policymakers;
- Identify and engage key stakeholders in this work;

EuroHealthNet coordinated the work that focused on subnational action and on how to apply EU Structural Funds to reduce health inequalities. The outcomes of this work were presented at a workshop at the EU Committee of the Regions and were brought together in a final report "Health Equity and Regional Development in the EU: Applying EU Structural Funds". The report provides practical tips and recommendations on how to use EU funds to improve equitable health. EuroHealthNet will continue to build on this learning and develop our online tool providing information and examples.

The report is available on:

 <http://www.fundsforhealth.eu>



Frances Fitzgerald, Minister for Children and Youth Affairs (Ireland) – Clive Needle, EuroHealthNet's Policy & Advocacy Director.



Professor Sir Michael Marmot makes the key note speech at the Equity Action Brussels conference

EuroHealthNet was also involved in the work-strand on stakeholder engagement, which involved two debates offering exchanges of experience and inter-sectoral work on health equity "from the start". Numerous partners organised national workshops while EuroHealthNet brought together bodies working in the health and social policy sectors at the EU-level in November 2013.



Ministerial speakers at the Equity Action Conference: Jon Rouse - Director General, Social Care, Local Government and Care Partnerships, UK Department of Health; Adonis Georgiadis - Greek Minister of Health; Pilar Farjas Abadi - Spanish Secretary General for Health and Consumers Affairs, Ministry for Health, Social Services and Equality; Mark Drakeford - Minister for Health and Social Services, Welsh Government (UK); Frances Fitzgerald - Irish Minister for Children and Youth Affairs; Gediminas Cerniauskas - Lithuanian Vice Minister of Health

We were also involved in the organisation of the Final Equity Action Conference, which took place in Brussels in January 2014. 500 delegates attended and speakers included Professor Sir Michael Marmot and several Ministers of Health and Social Affairs including Greece as EU Presidency.

 <http://www.equityaction.eu>

 <http://www.health-inequalities.eu>



# CHRODIS



In January 2014, the Joint Action (CHRODIS-JA) addressing chronic diseases and promoting healthy ageing across the life cycle started. This three-year project aims to draw on existing experience in countries and regions to identify the best approaches to prevent and treat chronic diseases, addressing cardiovascular diseases, stroke and type 2 diabetes. Since people with chronic diseases face multi-morbid conditions, CHRODIS will also focus on providing more holistic rather than disease-specific care paths.

EuroHealthNet is leading the work on dissemination and communication throughout the project. In addition, EuroHealthNet is co-leading the work strand on "Good practices in health promotion and prevention of chronicity" together with our German member the Federal Centre for Health Education in

Germany (BZgA). The goal is to identify highly promising, cost-effective and evaluated health promotion and chronic disease prevention practices, and to promote the exchange, scaling up, and transfer of effective approaches to different regions and countries. In 2014, EuroHealthNet will lead on the first task and conduct a review of existing work, a situation analysis and needs assessment relating to health promotion and disease prevention, to lay the foundations for this strand of work.

In total, 26 countries and 40 organizations from across the EU participate in this Joint Action that is led by the Spanish Ministry of Health and Social Services and the Institute of Health Carlos III (ISCIII). The following EuroHealthNet Members are involved: BZgA, the Institute of Public Health in Ireland, the Dutch National Institute of Public Health and the Environment (RIVM) and the Slovenian Institute of Public Health (NIJZ).

 <http://www.chrodis.eu>



CHRODIS Joint Action Launch meeting

## RARHA



32 Ministries, Institutes and other relevant organisations are taking part in the Joint Action on Alcohol. The Joint Action focuses on 1) improving comparable monitoring systems relating to alcohol consumption in EU Member States 2) reviewing the scientific evidence regarding drinking guidelines in EU Member States, and 3) providing guidance and tools to policy planners on effective approaches to reduce alcohol related harm.

EuroHealthNet is involved in the dissemination work-package of this three year initiative (2014-16), which is being coordinated by the Ministry of Health, General-Directorate for Intervention on Addictive Behaviours and Dependencies, in Portugal. EuroHealthNet Members the Finish National Institute for Health and Welfare (THL), the Slovenian Institute of Public Health (NIJZ) and Federal Centre for Health Education in Germany (BZgA) are also involved.

 <http://ec.europa.eu/eahc/news/news310.html>

## QUALITY ACTION



Quality Action is the EU-wide 'Joint Action on Improving Quality in HIV Prevention'. The project, which brings together 25 associated and 17 collaborating partners from 25 Member States, started on 1 March 2013 and will run for three years. Quality Action contributes to the implementation of the EC Communication: 'Combating HIV/AIDS in the European Union and neighbouring countries (2009 – 2013)'.

Quality Action aims to increase the effectiveness of HIV prevention in Europe by using practical Quality Assurance (QA) and Quality Improvement (QI) tools. Quality Action develops and adapts QA/ QI tools especially for use in HIV prevention. The project will train at least 60 trainers and facilitators to support at least 80 HIV prevention programs and projects across the EU that will be applying the QA/QI tools. EuroHealthNet is leading on the communication work strand and on the exchange of information. The Federal Centre for Health Education (BZgA) - EuroHealthNet's German member - is leading on this important project.

 <http://www.qualityaction.eu/>

## MENTAL HEALTH



The EU Joint Action on Mental Health and Well-being is a 3-year initiative that aims at building a framework for action in mental health policy at the European level and builds on previous work developed under the European Pact for Mental Health and Well-being.

Involving 50 partners representing 27 EU Member States and Associated Countries and 12 European organizations, the Joint Action focuses on the promotion of mental health at the workplace and schools, development of actions against depression and suicide and implementation of e-health approaches, developing community-based and socially inclusive mental health care for people with severe mental disorders, and promoting the integration of mental health in all policies. The Joint Action is coordinated by the Universidade Nova de Lisboa, Portugal and EuroHealthNet is a collaborating partner. It will end in January 2016.

 <http://www.mentalhealthandwellbeing.eu/>

## IROHLA



IROHLA - "Intervention Research On Health Literacy among Ageing population" focuses on improving health literacy for older people in Europe. It aims to take stock of on-going health literacy programmes and projects. It makes use of knowledge and experience of programmes in other sectors (e.g. private and social sectors) to be applied to the health sector.

The project will identify, validate and present a set of 20 interventions, which together constitute a comprehensive approach for addressing health literacy needs of the ageing population in Europe.

These interventions will be part of an evidence-based guideline for policy and practice for local, regional and national government authorities to start action. The project involves representatives of the ageing population, academia, all levels of governments, the business community and other stakeholders to ensure that feasibility, usefulness and effectiveness of the selected interventions. EuroHealthNet is leading on the dissemination and communication work package of IROHLA, which is funded by DG Research (FP7).

 <http://www.irohla.eu>

## AFE-INNOVNET

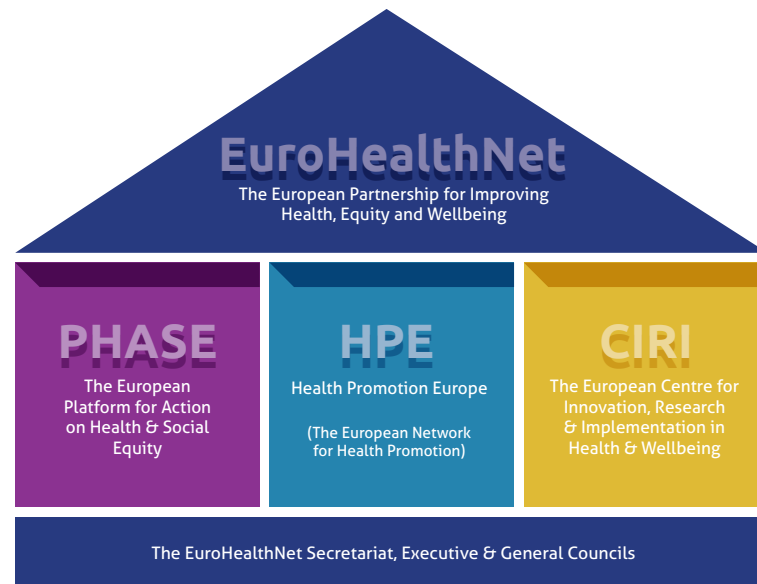


Physical and social environments are key determinants of whether people can remain healthy, independent and autonomous long into their old age. Creating age-friendly environments is therefore one of the most effective approaches to respond to demographic change. To

support this approach, the AFE-INNOVNET network on innovation for age-friendly environments (AFE) was launched in March 2014 and will run for two years. The main objective is to mobilise a wide range of local and regional authorities and other stakeholders to work together on this theme. The consortium is composed of 28 partners, including EuroHealthNet, from 16 EU countries and includes 12 cities and 5 regions. The project is led by Older People's AGE Platform Europe and will run in close cooperation with WHO Europe.

 <http://www.afeinnovnet.eu>

# The new EuroHealthNet Partnership and governance



Following extensive consultations with members, partners and stakeholders, the 2013 General Assembly adopted unanimously the changes recommended by the Board to statutes, rules and other governance processes encapsulated in the "How we work" Operational Framework, to put in place a Strategic Development Plan 2014 – 2020. This represented a vote of confidence in the directions of the network towards a sustainable and widening renewed Partnership.

Following further consultation throughout 2013, including with international organisations such as the European Commission and the World Health Organisation, the Board was able to agree the detailed governance development, to be operationalised through a new annual Business Plan. This established:

The overall governance and operations Partnership of EuroHealthNet

- Health Promotion Europe (HPE)
- The European Platform for Health And Social Equity (PHASE)
- The European centre for Innovation, Research and Implementation for Health & Wellbeing (CIRI)

In December 2013, EuroHealthNet completed its third year of work within the EU PROGRESS framework contract 2011-13, was awarded a new Framework contract within the EU EASI Programme 2014 -17, and launched its new entities to warm welcomes. Simultaneously the newly constituted Executive Board announced the appointment of Caroline Costongs to be Managing Director, while Clive Needle continues as a Director with responsibilities for policy and advocacy. Implementation of the Business Plan and Strategy has begun.

# What we offer: core services, publications, sites

## We continue to aim to achieve four results-based objectives:

- › To improve the conditions in which people are born, grow, live, work and age
- › To promote sustainable economic, social and health equity
- › To address priority public health conditions and determinants
- › To measure problems and understand solutions

The functions of the Partnership have been defined as policy development, project participation, multilateral professional networking and communications as an advisory body at international, national, regional and local levels.

Our General Council elects an Executive Board responsible for governance of operations carried out by an office in Brussels, part funded from membership fees set annually. Specific websites with one single entry-point contain the extent of those operations and offer a global interface with wider stakeholders and communities.

- › [www.eurohealthnet.eu](http://www.eurohealthnet.eu) - to access all our work
- › [www.health-inequalities.eu](http://www.health-inequalities.eu) - our specialist equity and funding work
- › [www.healthyageing.eu](http://www.healthyageing.eu) - including our health literacy work
- › [www.health-gradient.eu](http://www.health-gradient.eu) - our research and DRIVERS FP7 project work

All have received part or specific funding from EU programmes, for which we are grateful. All are structurally supported by EuroHealthNet and its membership.

## We publish

- › **Health Action Memo** - insights, vital work and opportunities
- › **Health Highlights** - latest news of developments
- › **EuroHealthNet Magazine** - background articles and ideas
- › **Policy Précis** - concise summaries of topical subjects
- › **Social media** - Blogs, Tweets, Facebook items
- › **Reports** - Briefings, responses, project outputs

# Health Promotion Europe



The core operation of Health Promotion Europe is for a professional network of national and sub-national bodies responsible for applying established and innovative health promoting and health in all policies approaches in European populations. The special focus is on tackling health inequities.

The purpose is to bring knowledge and evidence from members to bear in development of inter-national policies, but also to seek their application into practice: implementation is the key. Enablers and barriers for scaling up and transferability of good policies and practices will be addressed. Policy advice for developing health promotion and health equity strategies and for accessing and cost effective use of available resources and other innovative approaches will be important.

**HPE** develops transparent and accessible knowledge sharing, capacity building and exchanges at bilateral and multilateral levels, and liaise between the key elements implementing the EU 2020 Strategy and the WHO Europe Health 2020 Strategy and their Programmes and European Action Plan to strengthen public health capacities.

Partnership building is crucial. Links are maintained with the International Union for Health Promotion & Education (IUHPE) and other key partners to enhance the role, performance and implementation for evidence based health promoting approaches.

Health Promotion Europe will apply latest EU and WHO knowledge on building sustainable health systems in the prevailing economic context to 2020 and beyond. HPE also contributes to and applies learning from EU inter-governmental Health Joint Actions such as on health inequalities, non-communicable diseases and healthy ageing, on alcohol prevention, on mental health, and on HIV/AIDS prevention.

 <http://eurohealthnet.eu/hpe/hpe>



# The European Platform for Action on Health and Social Equity (PHASE)



**PHASE** builds on knowledge on the wider determinants of social and health equity across all policies and practices within and beyond health and social systems. It develops new multi-sectoral partnerships, it supports the approach described in the Social Investment Package (SIP) and involves work with the WHO Europe process for Communications, Advocacy and Social Mobilisation.

**PHASE** is an advocacy and action-focused body for EuroHealthNet members plus a wider range of partners from relevant fields in public, private and voluntary sectors willing and able to work on addressing the wider determinants of health. This initiative can therefore reach far wider audiences than health bodies and create alliances beyond traditional actors and thinking and encourage the public health community to play an active and innovative role in the implementation and achievement of wider objectives.

While the HPE focus is on the core mission of health promotion across populations, this pillar is aimed at taking those values beyond usual programmes and modules. That requires an outcome focus based on non-health indicators too: the offer is that the health sector can contribute to other societal goals in economic, social, environmental and cultural fields.

## PHASE:

- analyses and exchange evidence about the links between health and other policy areas
- develops pilot projects and promote examples of effective, adequate and sustainable cross-sectoral approaches to reduce health inequities.
- provides policy advice, promote policy learning and facilitate the implementation of relevant elements of the Social Investment Package
- actively encourages EU Member States and regions to adopt and scale up these innovative policies and practices, with the direct contribution of our members and through the European Semester process;
- uses our communication platforms to bring together stakeholders and bodies working in relevant sectors to positively influence the social and economic determinants of health and help improve health equity
- promotes policy recommendations to all relevant policy-makers and stakeholders at EU, national and regional level.

# The European Centre for Innovation, Research & Implementation for health and wellbeing (CIRI)



Centre for Implementation of Research & Innovation in Health & Wellbeing

**CIRI** is a centre for knowledge development. It aims to translate and transfer the latest knowledge and evidence related to wellbeing, health equity and the social determinants of health between researchers, social innovators and policy makers. This new Centre primarily focuses on research for implementation and practice. It supports the translation of research into concrete policy and practice advice. It also explores new opportunities for action using the principles of social innovation to trigger systemic change.

## Tools and methodologies used by CIRI include:

- Facilitating multidisciplinary research approaches
- Supporting collaboration between researchers, policy makers and social innovators (e.g. employers, third sector organisations)
- Monitoring and analysing the latest evidence; case studies; developing pilots or test-sites
- Monitoring, developing and employing evaluation methodologies, based on the principles of action research, to evaluate innovative and promising European projects and activities
- Contributing and promoting the EU Knowledge Bank(s) and other European information portals facilitating the transfer of research into policy and practice

## Research and study topics include, inter alia:

- Early Childhood - Understanding how socio-economic, behavioural and biological factors affect the development and health status of children in the early stages of their lives;
- Employment – Particularly for young people, build knowledge on links between working conditions, social inequalities and health inequalities
- Income and Social Protection - How social policies and protection measures can contribute to tackling health inequalities and how cost effective health improvement helps address priority social needs;
- Ageing - How to ensure health and wellbeing amid population changes, linked to the EU Innovation Partnership on Active and Healthy Ageing;
- Sustainable Health Systems - Implementing modern health promotion and disease prevention, equity of access and community-based approaches as part of health systems;
- Sustainable Development - How to promote socially cohesive healthy lifestyles and sustainable development;
- Socio-Economic Change - New models of economic and social development for investing in wellbeing while maintaining social equity and health outcomes

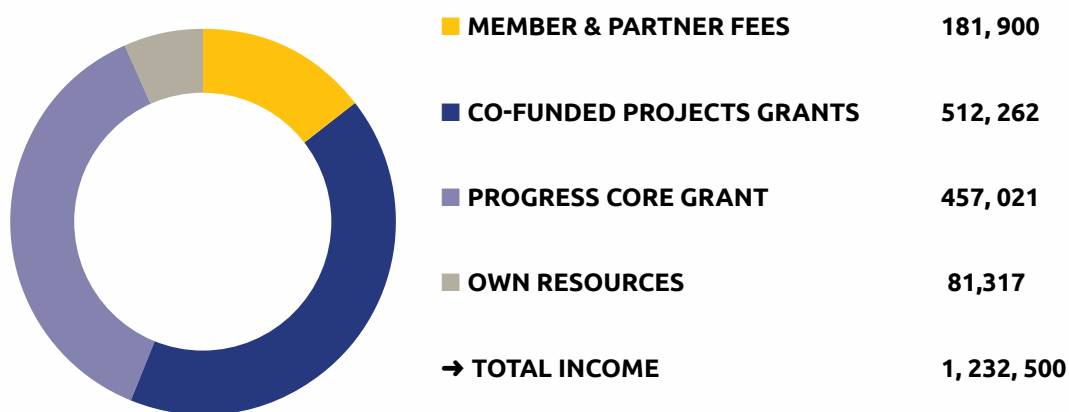
🔗 <http://eurohealthnet.eu/ciri/ciri>

# Our Finances

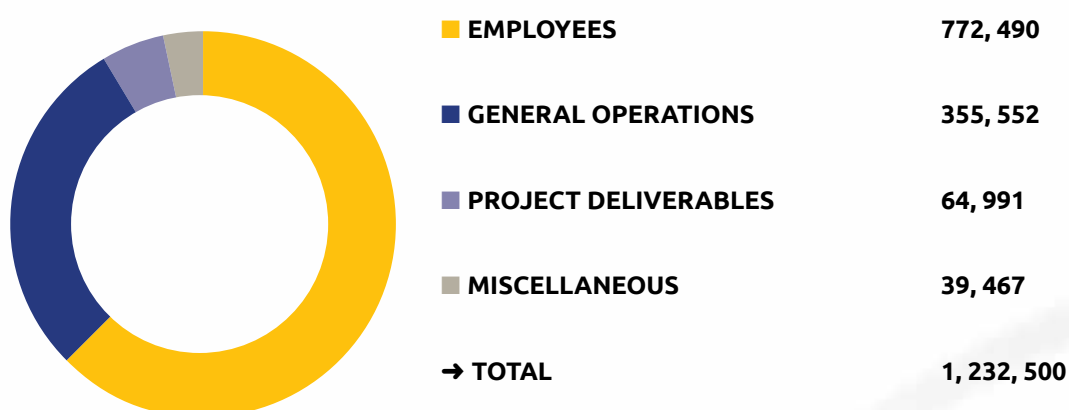
EuroHealthNet receives funds from:

- › Our members and Partners in annual fees decided by the General Council;
- › Our Members and Partners in specific grants or donations
- › The European Commission for co-funded work in Framework Contracts, specific policy or research projects, Joint Actions, studies and reports;

## INCOME 2013



## EXPENDITURES 2013



## Fundraising – what we do with the money, why we need it

The Executive Board has set an objective for 2014 – 17 of increasing the proportion of overall funds received from direct participation. Therefore we have an ambitious Partnership development strategy. We have given much thought to empowering participation from a wider range of stakeholders than was possible until 2013. The unanimous decision of the membership to adopt the new 2014-20 development plan endorses that objective.

We welcome applications to participate from not only those bodies eligible to become full members or partners according to our long standing eligibility criteria, but now also to expert bodies such as universities and research centres as part of our CIRI work; or from any bodies committed to improving health and social equity within our broad stakeholder Platform PHASE. The aim is to strengthen the evidence and advocacy for our common mission, but of course we are realists and every campaign needs to develop sustainably. If you wish to learn more please see our table of information about costs and benefits at the end of this report, or contact us in the Brussels office.

This annual report sets out what we do with the funds we receive. Our Brussels office manages all transactions. Each quarter we produce an updated financial report for our Executive Board to scrutinise via our elected Treasurer. Our annually audited financial report is reported to all partners and scrutinised by our General Council. EU co-funded projects are independently audited according to EC rules. Our procurement, risk assessment, asset management and financial rules are set out for all members, partners and employees in our How we work Operational Framework Document.

Each year the Executive Board proposes a draft Business Plan, matching objectives, activities and budgets, to the General Council. When agreed, this is managed by the secretariat and monitored monthly by the Executive.

# Working for EuroHealthNet

In 2000 EuroHealthNet had just two part time staff in a shared office, with support from projects co-ordinated by our member agencies. Now we have a high quality professional office near to EU institutions and many highly qualified employees, advisors and technical support providers.

In 2013 the EU Heads of State and Institutions eventually agreed the EU Multi Annual Financial Framework (MFF) 2014 – 2020. This period of budget renewal and change is always an anxious time for bodies who seek work and funds from EU Programmes, and for employees whose livelihoods may depend on them. We are no different, although our careful risk assessment and prudent budgeting meant our exposure was less than some other organisations. We are therefore grateful for the loyalty of all employees who continued high quality work throughout this difficult period and into the new Development Plan, and for the patience and commitment of member agencies.

We wish well and thank for all their efforts Chrysi Spyropoulos, Yoline Kuipers, Karen van der Weghe, Giulia Reichmann and Elizabeth O’Conner, who each moved on to work in other organisations during 2013. In turn, we welcome new faces and skills in Makfire Alija, Renaud Rollet, Karoline Noworyta and Anna Gallinat.

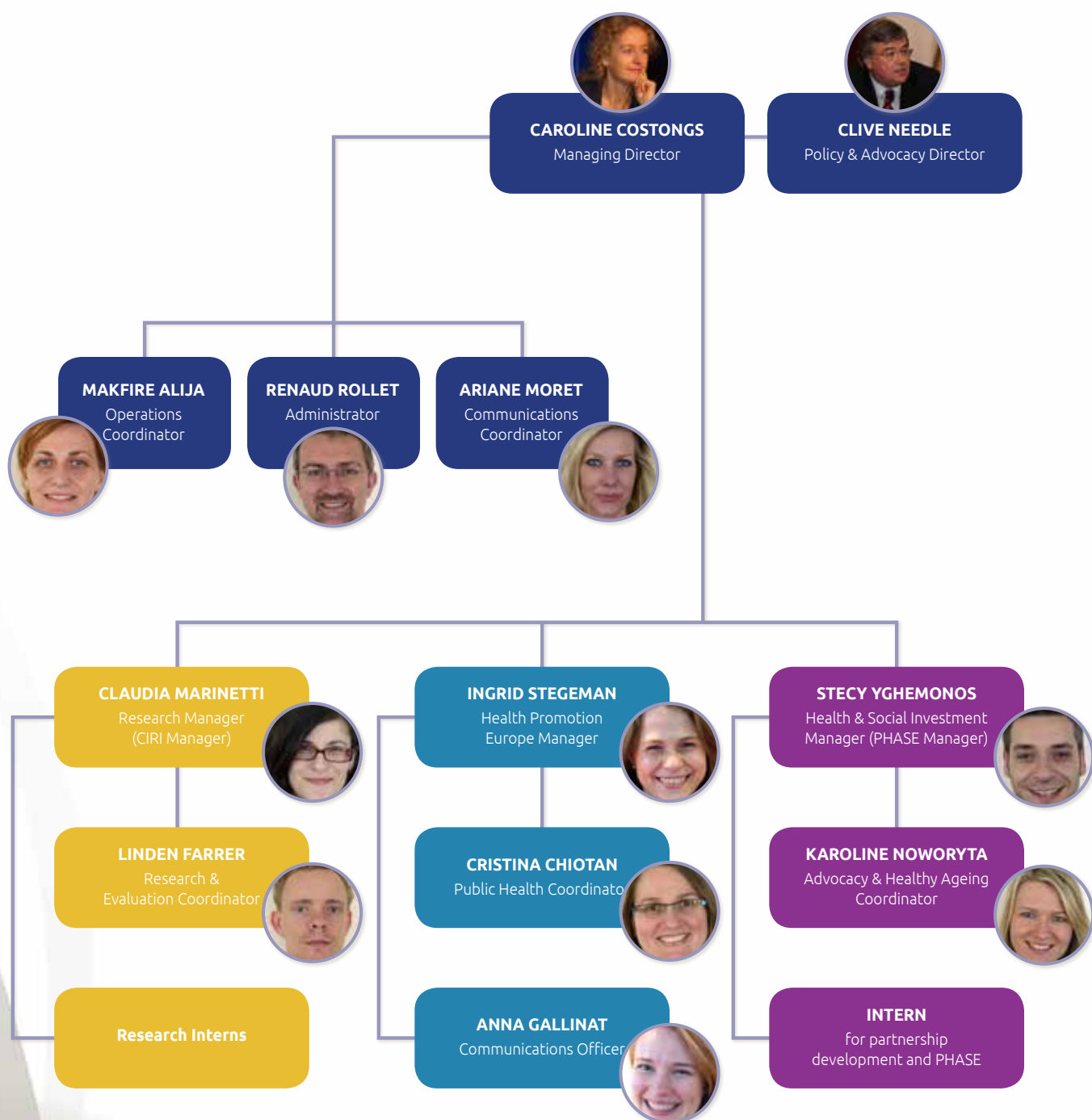
We thank all our interns and volunteers who have contributed and, we hope, learnt much in their temporary work with us:

- |                       |                    |
|-----------------------|--------------------|
| ➤ Andriana Aroni      | ➤ Kristina Pandek  |
| ➤ Aleksandra Kononiuk | ➤ Svenja Schneider |
| ➤ Sietske Krikke      | ➤ Alison Turner    |
| ➤ Juan-Carlos Nava    |                    |

We thank again Graham Robertson for his invaluable advice and facilitation of study visits; and Simon Wilson for his expert evaluations and insights.

We could not have communicated without the technical expertise of Jason Hood, Christel Beulque and Lee Glasby.

We thank our professional property providers at Rue de la Loi 67 in Brussels and our suppliers of necessary office provisions and welcome healthy fresh food, plus others too numerous to mention who help us function.





# Join us

For full information about our new Membership, Partnership and other participation opportunities for 2013 -14 please contact

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# Members

<b>Austria</b>	Austrian Health Promotion Foundation (FGOE)
<b>Belgium</b>	Flemish Institute For Health Promotion and Disease Prevention (VIGeZ)
<b>Czech Republic</b>	National Institute of Public Health (SZU)
<b>Denmark</b>	Danish Health and Medicines Authority (SST)
<b>Finland</b>	Finnish Society For Social and Health (SOSTE)
<b>Finland</b>	National Institute For Health and Welfare (THL)
<b>France</b>	National Institute For Prevention and Health Education (INPES)
<b>Germany</b>	Federal Centre For Health Education (BZgA)
<b>Greece</b>	Society For The Development and Creative Occupation Of Children (EADAP)
<b>Greece</b>	Institute of Preventive Medicine, Environmental & Occupational Health (PROLEPSIS)
<b>Hungary</b>	National Institute For Health Development (OEFI)
<b>Ireland</b>	Institute of Public Health in Ireland (IPH)
<b>Italy</b>	Tuscany Region
<b>Italy</b>	Veneto Region
<b>Latvia</b>	Riga City Council Welfare Department
<b>Netherlands</b>	Netherlands Institute Public Health and The Environment (RIVM)
<b>Netherlands</b>	Dutch Institute For Healthcare Improvement (CBO)
<b>Norway</b>	Norwegian Directorate of Health
<b>Poland</b>	National Institute of Public Health – National Institute of Hygiene
<b>Scotland</b>	NHS Health Scotland
<b>Slovenia</b>	National Institute of Public Health (NIJZ)
<b>Spain</b>	Agencia De Salut Publica De Catalunya
<b>Spain</b>	Universidad De La Laguna
<b>Sweden</b>	Stockholm County Council
<b>Sweden</b>	The Public Health Agency of Sweden
<b>Sweden</b>	Public Health Committee, Region Västra Götaland
<b>England</b>	The Health and Europe Centre/Kent
<b>England</b>	North of England EU Health Partnership (NEEHP)
<b>Wales</b>	Public Health Wales

## Collaborating partners

**Belgium:** Erasmus University College- Department of Health and Landscape & Gardening Architecture

**Belgium:** Department of Public Health – Gent University

**Belgium:** Interface Demography At Department of Sociology – Free University of Brussels

**Croatia:** Croatian National Institute of Public Health

**Czech Republic:** Public Health Authority of Olomouc Region

**England:** Department of Health (Doh)

**England:** East of England Brussels Office

**Montenegro:** Institute of Public Health

**Macedonia:** Institute Za Javno Zdravje Na Republica Makedonija

**Portugal:** Research Centre on Child Studies – University of Minho (CIEC)

**Romania:** National Institute of Public Health

**Romania:** Institute of Public Health Iasi

**Spain:** Ministry of Health, Social Services and Equality

**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



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