

# ***Draft Annual Report 2007***

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## Our Network Objectives

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

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

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

*To meet our participation criteria, you must be:*

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

*Details of how to apply and current fees are available from our website [www.eurohealthnet.eu](http://www.eurohealthnet.eu)*

*“EuroHealthNet and its members.... represent a unique and vital group of stakeholders for public health. I very much welcome your focus on equity oriented health strategies as a priority which I am sure will be helpful as we develop our own initiatives on health inequalities outlined in the EU health strategy.”*

**Robert Madelin**, Director General for Health & Consumer Protection,  
European Commission. (*December 2007*)

## Governance

This annual report sets out how we have operated during 2007.

We have existed since 1996, when a smaller group of national health promotion agencies came together with the assistance of the European Commission to work together at EU levels. In 2003 the growing body became an autonomous entity with a legal statute in Belgium, as its office is based in Brussels and staff are employed there. It has now grown to 33 member or partner agencies in 29 European countries.

Each year those members come together in a joint meeting called a General Assembly, held alternately in Brussels and a member state. Each member has a decision role in the activities for the next year, and holds the Board and staff to account. This Report is presented to that Assembly and its member organisations.

The Board is elected from among all members at the General Assembly, and each Board member serves for two years before re-election. In 2007 the Board consisted of:

- **Maggie Davies** (Department of Health, England, *President*)
- **Helene Reeman** (BZgA, Germany)
- **Lynette Thomas** (Wales Centre for Health)
- **Bosse Pettersson** (Sweden, Honorary Former President)

Lynette Thomas stepped down during the year, and

- **Graham Robertson** (NHS Health Scotland, *Treasurer*)
- **Tatjana Nicolic-Kranjk** (Murska Sobota Regional Health Institute)

were subsequently co-opted.

*Thanks are due to all Board members for their invaluable interest and leadership.*

The office director and programme manager advise the Board on activities. The annual work programme is determined by the Board and adopted at the General Assembly, where reports and audited accounts are considered.

Funding is obtained through

- *Membership fees*, paid annually in advance depending on the nature of the organisation
- *Donations* and work related grants from public bodies
- *Subscriptions* and fees for publications and specific services
- *Projects* co-funded by partners and international donors, primarily the European Commission work programmes.

Private sector funding has not been accepted to date; ethical guidelines are in place as part of the network Rules.

Further information may be obtained via [www.eurohealthnet.eu](http://www.eurohealthnet.eu)

*This report is structured to reflect the priority functions agreed when we were set up:*

***Projects - Policy – Networking – Communications.***

## ***Welcome to this report of our work in 2007...***

A year ago I wrote that this network has established a good profile among relevant decision makers in Brussels. The welcome affirmation of that which we have received from leading experts, officials and elected representatives during 2007 shows that again our annual report can highlight significant progress and a good year of hard work. Participants in our project and other work have to some extent met my 2006 challenge to justify that enhanced profile. The chapters of this report set out how.

2007 marked the end of a significant phase of work and the beginning of a new one. This might be characterised as the completion of the wide ranging project based nature of the network, and the start of a more highly focussed approach based on policies into practice, based firmly on improving health equity.

The year saw the successful completion of projects on health inequalities, healthy ageing, capacity building for health promotion and health impact assessments, plus other collaborative work on health systems equity. We launched work on social determinants and took forward input into counteracting obesity. In 2008 we aim to strengthen each of those areas, plus contribute to cutting edge implementation and research on health equity and progress in house work on key EU priorities such as demographic change and sustainable development.

We still have much to do. 2007 has seen the launch of the new EU health strategy with many questions unresolved in terms of process and content. 2008 will see the start of a new Public Health Action Programme. Other more specific policy developments – on determinants of health such as nutrition and physical activity, alcohol and tobacco, mental health and care – have major implications for health promoters in states and regions across Europe.

They need sustained input and action, as do wider economic, social and environmental actions impacting hugely on the root causes of those determinants. I contend that EuroHealthNet is increasingly well placed to offer trustworthy advice, guidance and leadership to policy makers and practitioners, and to support innovative partnerships to help turn policy into practice.

This report is deliberately more outward looking than its predecessors. We have an expanded membership and encourage new applicants from publicly accountable bodies at national and regional levels. We have a renewed board including some who took that key step to participate since dramatic EU growth in 2004. That board has prioritised equity based work and we plan to put our expertise to good use to help to influence positive change.

We have linked work to policy priorities at EU levels: healthy ageing throughout life, counteracting obesity, equitable care services, and effective interventions across all relevant policy sectors. We have developed co-operation with partners, particularly the European Commission, World Health Organisation (WHO) offices across Europe, the globally influential International Union for Health Promotion and Education (IUHPE) and via an innovative consortium of stakeholders in the promising DETERMINE project on the causes of the causes of health.

We have worked hard to communicate effectively. If relevant policy makers in Brussels and beyond did not learn of the outcomes from our work on health inequalities or healthy ageing it was unequivocally their fault: we took key lessons very publicly right to the heart of Brussels and national capitals, and built links with representatives of all EU institutions, governments and civil society.

If practitioners in the newest member states are not developing their work following our capacity building project it is not because support has not been offered. If experts at our member organisations have not taken advantage of information about EU activities, and maximised their opportunities to influence them by responding to consultations, it is not because they have not had the chance to be involved.

I am most grateful to my colleagues in our Brussels office for making all this happen and overcoming the usual pressures of limited time and resources that hamper all such organisations. We are in turn indebted to the member and partner organisations that stood up to be counted in 2007 – contributing more money, assistance and support, leading the project teams, advocating at home and abroad.

Together, I think much of their endeavour has been quite brilliant. I hope you enjoy reading this brief summary and perhaps follow it by accessing us via [www.eurohealthnet.eu](http://www.eurohealthnet.eu). But more than that use it to help your field of work, or to help us to do even better in future. If we can help you in any way, our various contact points are peppered within.

***Clive Needle***  
***Director & Policy Advisor***

## Projects

- ***Closing the Gap***

An important focus of EuroHealthNet's work at the start of 2007 was the finalisation of the '*Closing the Gap: Strategies for Action to tackle Health Inequalities in Europe*' project, which was coordinated in collaboration with the German Federal Centre for Health Education (BZgA). This three year project, which was funded through the EC under the Public Health Action Programme and participant contributions, came to an end in May 2007.

The aim of '*Closing the Gap*' was to build on existing evidence regarding health inequalities, and to stimulate effective action. Its specific objectives were:

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

The 21 project partners mostly included EuroHealthNet members and the project also benefited from the involvement of the Scientific Advisory Board consisting of leading experts in the field of health inequalities.

During the third year of the project in 2007, participants identified key feasible actions ('**Strategic Initiatives**') that could build on the specific situation in their countries to address health inequalities.

They also organised national seminars to raise awareness of health inequalities and to share and discuss key actions to be taken to tackle the issue in their countries. Almost all project partners organised National Seminars, the majority of which took place during the '**Week of Equity in Health**' from 12-16 February 2007. This was a major collective achievement in raising national awareness of issues and actions, and the added value of EU co-operation.

EuroHealthNet staff developed marketing information, including a film about the project, as well as other background information and presentations that could be used during the seminars. They also took part in and presented at a number of these events.

One such event was held to coincide with a WHO European conference on social determinants of health in London. A reception was held in the British Parliament bringing together WHO experts, parliamentarians and Closing the Gap participants.

Information from the Strategic Initiatives and reports from the National Seminars were used to draw up the Final Publication '**Taking Action for Health Equity**', which provides an overview of what each participating country is currently doing to address

health inequalities, and incorporates the project's key conclusions and final recommendations.

The Final Conference '**Action for Health Equity**' took place in Brussels on 8 May, 2007. The Conference was included in the German Council Presidency Programme. Some 130 participants (policy makers from the health and other policy sectors, representatives from various European organisations and networks, as well as EU government officials) took part.

Ongoing work continued on the **Health Inequalities (HI) Portal** ([www.health-inequalities.eu](http://www.health-inequalities.eu)), to provide information on the project and share outcomes. The content includes the '*Directory of Good Practices*' with over 90 good practice projects and programmes.

At the end of 2007, the Health Inequalities Portal was restructured and assumed the branding of the follow-up project **DETERMINE** (see later). All '*Closing the Gap*' outcomes are available on the Portal.

In addition, the project was also presented at, and EuroHealthNet staff took part in a range of health-equity related initiatives, including:

- **EC Expert Group on Health Inequalities and Social Determinants:** EuroHealthNet is an active participant of this group, where it presented on and exchanged ideas on a number of '*Closing the Gap*' outcomes.
- A series of meetings with key Belgian experts organised by the Belgian **King Baudouin Foundation** to identify priorities for action in Belgium and get health inequalities onto the Belgian political agenda..
- Learning from *Closing the Gap* was reported to senior decision makers and strategists at the European Commission at a meeting in Brussels. The discussions and conclusions of the meeting fed into planning for the **EU Health Strategy** and internal EC policy preparations.

Technical and financial reports, covering three years of work, were submitted to the European Commission. Project evaluation outcomes indicate that all objectives were met, and the subjective sense of the partnership is that the initiative was a successful one.

*Closing the Gap* has helped to raise awareness about health inequalities in partner countries and it has brought together valuable information regarding -and in some cases given impetus to - small and large scale initiatives that are being carried out to tackle health inequalities across European countries.

We are very pleased that we can continue to build on the outcomes of this project in the context of the DETERMINE project, which will focus on addressing the socio-economic determinants of health that underlie health inequalities.

- ***DETERMINE: An EU Consortium for Action on Socio-Economic Determinants of Health***

June 2007 marked the start of this ambitious new project, which is being managed by EuroHealthNet, in close collaboration with the National Institute of Public Health in the Czech Republic (contract holder). The main aim of *DETERMINE* is to ensure greater awareness of the responsibility that all policy sectors have in improving the health of EU citizens and to reducing health inequalities, and to gather the evidence of the benefits of greater collective investments in health. The project therefore lies at the heart of EuroHealthNet's work.

Building on the outcomes of the '*Closing the Gap*' project as well as the work of the WHO Commission on the Social Determinants of Health, *DETERMINE* seeks to provide the leadership to take forward a Social Determinants of Health approach in the EU, and to develop capacity and stimulate further action in this area.

The Consortium is comprised of 59 governments, health bodies, organisations and institutions from 26 countries, committed to various extents to *DETERMINE*'s activities. Given the wide range of expertise and has a broad reach that the Consortium embodies, it can effectively bring together and apply evidence based approaches on how to engage other policy sectors across the EU and its Member States in efforts to improve population health and levels of health equity.

*DETERMINE* is innovative and different from previous projects in some ways: Working practices have been changed by the involvement of the new EU Public Health Executive Agency, with greater decentralization and new cost burdens on project partners. This required an exhaustive negotiating process before the contract was signed in May and work begun shortly after. As a result the network members expressed major concerns about potential barriers to participation in future EU programmes.

*DETERMINE*'s activities will take place in the context of 7 Work Packages, led by different project partners collaborating via a management team which has met twice so far. *The initial work so far has included*

- **A workshop at the IUHPE global conference in Vancouver**
- **Cooperation agreements signed by all partners**
- **A meeting of the full Consortium in Lisbon with the support of the Portuguese EU Presidency**
- **Development of guidelines and questionnaires for the three key content work packages (Evidence, Innovation and Policy Making Approaches) with a consultative meeting in Dublin**
- **Partners began national mapping using questionnaires**
- **Advocacy and awareness raising at events e.g. those linked to the WHO Commission on Social Determinants of Health and EU expert group.**
- **Evaluation under way already**
- **Transfer from the health inequalities portal started by *Closing the Gap* to the host site for *DETERMINE* and all associated work at [www.health-inequalities.eu](http://www.health-inequalities.eu)**



- **Capacity building for Health Promotion**

An investment in health promotion as a multi disciplinary and integrated approach is crucial to address health inequalities, to promote health, to prevent non-communicable diseases and to reduce the costs of ill-health in Central-Eastern European countries. Building and enhancing the institutional capacity to deliver sustainable and quality health promotion is therefore essential to improve health in those countries. This means increasing the range of people with expertise in health promotion and in addressing health problems that arise out of social inequalities and social exclusion.

EuroHealthNet concluded its Capacity Building work in 2007 in collaboration with the contract holder The Health Promotion State Agency in Latvia. We organized a **third interactive training session** in Bratislava in January. Professor Spencer Hagard contributed to the training via face-to-face consultation sessions with the different participants. Two intensive workshop sessions were organized based on the *Framework for Building Capacity to Promote Health* on the following 5 key action areas:

1. Organisational change
2. Workforce development
3. Resources allocation
4. Partnership and coalitions
5. Leadership

As a follow up to this training, the different institutes then organized meetings with partner institutes or other relevant actors in their country, in order to jointly draft a **National Capacity Plan**.

The different capacity plans are available in English at [www.eurohealthnet.eu](http://www.eurohealthnet.eu) together with the **final report** on capacity assessments and an analysis of the plans in Central and Eastern Europe. The executive summary of the final report was **translated** in all 10 languages of the CEE countries.

Final technical and financial reports were submitted to the EC DG SANCO in September.

Results of the project were presented at the **open days** organised by the EC Regional Affairs Directorate in the autumn, in Brussels.

- **Healthy Ageing**

By 2025 one third of Europe's population will be aged over 60. A three year project (co-funded by EC DG SANCO and led by the Swedish National Institute for Public Health) published the results of its work across 17 European countries on the state of the art in promoting healthy ageing.

Evidence based recommendations include:

- It is never too late to start to promote health among older people – health initiatives can work throughout and prolong life
- Discrimination against older people, in workplaces and communities, can be tackled and bring health benefits
- The involvement of older people in designing approaches is crucial
- Europe wide agreement on exchanges of good practices and indicators of progress is cost effective and needed

EuroHealthNet supported the project manager (NIPH Sweden) in the management and financial aspects of the project. An important partner **seminar** was held in Rome in January.

EuroHealthNet drafted a response to the European Commission consultation process for the new **EU Health Strategy**.

We helped to organise the **final conference** - a major event of the year in June 2007- held opposite the EU Headquarters in Brussels, featuring the Minister of Public Health for Sweden, the Head of the WHO directorate for older people and EU officials with active support from parliamentarians, EU Institutions and civil society in Brussels.

We also gave guidance to the final EC technical and financial reports.

***The outcomes are summarised and links for follow up work are provided at [www.healthyageing.nu](http://www.healthyageing.nu)***

- ***Health Impact Assessment (HIA)***

EuroHealthNet was part of the steering committee of a three year project on the **'Effectiveness of Health Impact Assessment'** that was coordinated by The European Observatory on Health Systems and Policies. The project mapped the use of HIA both within and outside of governments, evaluating the effectiveness of the tool and advancing understanding of the determinants of successful implementation.

HIA is integral to advancing health equity and the socio-economic determinants of health. EuroHealthNet therefore benefited from the learning gained through this project. Our role was to contribute expertise from a health inequalities perspective and to comment on the tools that were developed to carry out the project and its outcomes. EuroHealthNet attended the final project meeting, the book launch of the final publication and a European Meeting on Health and Health Systems Impact Assessment that took place in Lisbon, Portugal.

- **Health Quest**

During 2007 EuroHealthNet participated in a project funded by the Employment & Social Affairs Directorate of the EC about the **quality in and equality of access to health care services**, coordinated by The European Health Management Association (EHMA).

The aims were: to identify and analyze barriers to access health care services that are faced by certain vulnerable groups (older people, people with mental health problems, and migrants) and to review the most effective policy initiatives to ensure equal access.

The literature reveals that barriers stem from:

- health service supply (waiting lists, geographical location, administrative difficulties, costs, incomprehensible information)
- health demand (age, gender, health beliefs, knowledge, preferences etc)

The project provided an-depth description of the situation in selected countries (on barriers, policy initiatives), a mental illness case study, following a stock-taking using a country report template plus analysis and description of good practices

EuroHealthNet contributed to *'Health Quest'* by analysing and building on the work that we have undertaken in the *'Health and Social Inclusion'*, *'Closing the Gap'* and *'Healthy Ageing'* projects. EuroHealthNet examined the **150 good practices** that were collected in the context of these projects, and identified those that are related to improving access to health care.

An **analysis of these good practices** reveals that health promotion measures can contribute to improving access, for example, in the following ways:

- The establishment of low barrier community health programmes and centres that address needs that have been identified by target groups themselves, through programmes that they also then facilitate (participation)
- The use of (intercultural) mediators, and of primary health care nurses and 'coaches' that provide health related information and help guide people through the process of adopting healthy patterns of behaviour.
- Partnership working between e.g. public/private sector to ensure necessary information and care reach people and that work places incorporate policies that stimulate well-being.
- Partnership working to ensure a holistic approach to health, and to cross reference (e.g. social and medical facilities) to maximise efficiency, reduce administrative burdens and to ensure that the necessary assistance is sought and provided.
- Ensuring that consideration for access to health care is incorporated into local, regional and national development plans.
- Social marketing campaigns to reduce stigma and health literacy campaigns to raise awareness and encourage people in need to seek treatment.

We took part in project meetings, and Claire Blanchard supported the EuroHealthNet office by drafting a 34 pages report on "**The contribution of health promotion related policies and interventions to promote and facilitate equal access to health care services**"

- **Euro-Urhis**

EuroHealthNet has begun to support the Urban Health Indicators System project (Euro-Urhis) managed by partners from our member agency in NW England to develop a work package on communication. A summary of the project is at: [http://ec.europa.eu/health/ph\\_information/indicators/urban\\_en.print.htm](http://ec.europa.eu/health/ph_information/indicators/urban_en.print.htm)

- **Gradient**

At the time of writing, we are hopeful but not certain of the award of a major grant within the EU 7<sup>th</sup> Framework Research Programme to begin in autumn 2008. A great deal of work was carried out during 2007 to bid for this opportunity.

Work began in Spring as information emerged about potential funding in the programme for work on health equity. This is part of our purpose to operate an office in Brussels – to identify such options.

We took part in the “*European Public Health Research in action: INFORMATION DAY*” in Brussels organised by the European Commission – Directorate General for Research, then gradually built a partnership of interested and qualified bodies plus the details of content. The bid was developed before submission; evaluation has been positive and final decisions are awaited.

The **Abstract** for the proposal sets out that health inequalities are currently regarded as one of the most important public health challenges in the EU. There is however not sufficient knowledge of what actions are effective to level up the gradient in health inequalities. ‘*Tackling the Gradient*’ aims to address this, to ensure that political momentum is maintained and that operational strategies can be developed to make progress on this issue.

The focus of the research project will be on families and children, since the greatest impact on reducing the health gradient can be achieved through early life policy interventions and by creating equal opportunities during childhood and adolescence.

***Tackling the Gradient involves the following components, which directly address the theme of the call:***

- ***Develop a common Evaluation Framework that can be applied across the EU to assess and determine what works.***
- ***Determine whether and why traditional public health and health promotion policy measures don’t reach or fail to change behaviours amongst the more socially deprived groups.***
- ***Explore some currently understudied protective factors (particularly the influence of social capital on children, adolescents and families) that could be important to tackling the health gradient.***
- ***Identify what targeted and universal policy approaches to protect families and children from falling into poverty and ill health are currently being applied, and appear to be effective in tackling the health inequalities gradient***

- ***Widely disseminate the outcomes and results to politicians and practitioners in the form of scientifically sound recommendations at the local, national and EU levels.***

This work will be undertaken by a research consortium comprising of 34 members from 12 institutions with expertise in the areas of public policy, public health and health promotion, and child and adolescent health at the local, regional, national, EU and international level. The work will be coordinated by EuroHealthNet, which has considerable expertise in managing EU projects in the area of health inequalities, and is well placed to feed research results into policy making processes at the national and EU level. A Scientific Advisory Board consisting of four leading experts will in addition help to ensure scientific excellence.

## Policy

The majority of the work of the office team was necessarily concentrated on carrying out tasks associated with the EU co-funded projects described in the preceding chapter. However, much work was also undertaken with providing information to members, partners and relevant bodies about the impact of policy development on health promotion approaches or the contribution and needs of health promotion for EU policy development. This was often in the form of responses to consultations, usually available via [www.eurohealthnet.eu](http://www.eurohealthnet.eu), plus consistent informal liaison with EU institutions in Brussels, Luxembourg and via member states.

2007 saw the introduction of most new or revised EC work programmes following the 2006 inter governmental agreement on the EU budget for the period 2007-14. This report has indicated the significance for health of the new research programme, for example. But in public health there was delay and some confusion.

Agreement was reached at last on a revised **Public Health Action Programme**, due to be implemented from January 2008. This had been the subject of disagreement between governments and the European Parliament, and the eventual programme was different to the initial EC proposal for a well funded joint health and consumer programme.

EuroHealthNet regretted the delay and lack of impact of the new plan. Coupled with concerns at the increased complexities in project management introduced by the new **Public Health Executive Agency**, the network expressed intentions to produce work from its own resources where possible and to focus on core issues.

Overall there was a “policy pause” at EU level, with a “bonfire of regulations” fuelled by concerns in member states about levels of so-called “red-tape”, in many cases rules relating to safety or protection which health promoters rather favoured. Legislation was an instrument of last resort - strategic communications became the favourite publication, usually containing a list of things other bodies should do to achieve health improvements.

This applied to the publication on **nutrition and physical activity**, produced by the EC in close cooperation with WHO following a ministerial conference in late 2006. EuroHealthNet is a participant in the EU Platform on Diet, Physical Activity and Health, a multi stakeholder body energetically led by DG SANCO officials to encourage voluntary commitments by food and advertising industries, health and consumer groups. We completed and published a modest report outlining current activities and some progress in each member state on health promotion actions to counteract obesity. This unfortunately mirrored a similar though broader based publication by WHO Europe.

But it proved difficult to obtain definitive or evaluated information of how policies are translated into practice. A workshop at our General Assembly was ambivalent about how to progress. A presidency conference in Germany reached a declaration but unfortunately few signs of action resulting from it. Our member for NW England kindly took on direct responsibility for participating in meetings of the Platform, and for 2008 we have clarified how we can contribute more by focussing on equity and obesity.

We also hope to stimulate a special interest group on the subject in partnership with IUHPE. But while the Platform and other measures are to be encouraged and reviewed until 2010, the strategy gave no clear focus how real action in support of member states can be implemented at EU levels.

The EC tried to replicate this approach on **alcohol**, following the reprehensible watering down of proposals by industry supporters. A Platform was established, but we decided not to participate as our capacity to deliver demanding commitments is uncertain. We will continue to monitor and support developments in this topic.

It was a worse story for **mental health**. EuroHealthNet put much work into a consultative Platform in 2005 leading to recommendations welcomed by campaigners. A strategy was expected, again following ministerial recommendations at a WHO event. By the end of 2007, the Health Commissioner had changed the plan, and yet another conference and rather narrowly based consultation was planned, albeit with alleged interest from the EC President.

EuroHealthNet has supported but not led on **tobacco** issues, because most members are part of specific EU organisations such as ENSP or EHN, with whom we collaborate. But the great success across Europe for public health was in the fast increasing numbers of countries introducing bans on smoking in workplaces. This can be celebrated, and a communication on next steps was welcomed.

So lifestyle determinants were addressed to varying degrees of success in 2007. Was this in a cohesive context on overall determinants? Unfortunately that is yet to be decided. After much deliberation, the EC published an overall proposal for an embracing **Health Strategy**, which remains to be taken on board by the other EU institutions. EuroHealthNet has contributed to the debates about this, and seeks to play a constructive role in 2008 in helping to develop implementing approaches.

Much of the coming year is likely to be overtaken by contested debate on a proposal for a Directive on **patient mobility and health care services**. Health equity is a key part of this and we will continue to seek to insert health improvement rather than management values.

Other ongoing debates in which we are continually involved include the future of the **EU budget, social cohesion, sustainable development and climate change** in the post Lisbon scenario beyond 2010, with which we are collaborating with other organisations through the EU Health Policy Forum. Conscious of our mixed membership we do not lobby, but seek to inform policy makers and partnerships of the evidence based case for health promotion policies.

This applies to promoting healthy ageing, where we have sought to input to debates around **demographic change and lifelong learning**. It applies to debates around the ludicrously titled "CAP Health Check" which is nothing of the sort but is an efficiency review which should have been better devoted to reforms of **agriculture** sugar and fats subsidies, for which we shall continue to press.

The period leading up to the fundamental review of EU priorities in the **Lisbon process** around 2010 is an opportunity to make the case effectively for a

determinants approach. We have worked increasingly closely with the **WHO Commission on the Social Determinants of Health**, for example in our DETERMINE project and our response to its Interim Statement, and the various WHO offices for Europe to integrate our work and persuade policy makers.

That is our main task: whether by encouraging effective use of EU instruments such as regional social and structural funds, by application of the Lisbon healthy life years indicator, by use of our or others' research and policy projects, or by effective advocacy at EU and country levels, to focus on our core mission to help to improve the health of citizens in the EU and beyond, and to tackle inequity within and between states.

In 2007 we have continued to make a good, increasingly visible contribution – in 2008 we must step up the urgency, quantity and quality of that contribution and demonstrate that policy and practice change is feasible, achievable and effective. It will be on the agenda of our Board and General Assembly to consider how we do that together.



## Networking

One of the less tangible but more vital benefits of operating an EU network is the bilateral and multilateral contacts that develop between members and other institutions or bodies. This continued in 2007.

Moreover, we have stepped up partnership working with a range of bodies and organisations and it has now become a formal agenda point for Board meetings. Particularly important is our cooperation with IUHPE.

- **Healthy Ageing**

The theme of Healthy Ageing is important to EuroHealthNet members, which was stressed at the 2007 General Assembly in Riga. It was decided to start a **Special Interest Group on Healthy Ageing (SIG-HA)** in order to take this issue forward. The coordinator is: the Stockholm County Council - Public Health Department.

The aim is to keep the issue of 'Healthy Ageing' on the agenda of national public health institutes and other bodies accountable for public health and health promotion, to promote the existing Healthy ageing outputs (in particular the set of recommendations), to exchange further information and to work together where possible.

In December, the SIG-HA consisted of 19 organisations from 12 EU Member states. Two groups were formed: (1) Lifestyle & Healthy Ageing and (2) Health Equity & Healthy Ageing. Workshops are planned at the 2008 EuroHealthNet policy seminar, the IUHPE Europe conference and the Nordic Health Conference.

- **Evidence & Effectiveness**

EuroHealthNet is supporting the work of the group organised by IUHPE Europe as part of its global programme. A meeting was held at the Vancouver global conference and work is being taken forward online led by Ursel Broesskamp-Stone and Viv Speller. A workshop is planned at the 2008 IUHPE Europe Conference.

- **Nutrition and Physical Activity**

This area proved difficult to take forward in 2007. A report was produced by the office setting out contributions from national and regional member agencies in counteracting obesity. This remains to be reviewed, updated and used as a tool for further action as envisaged. An inconclusive workshop and discussion was held at the 2007 General Assembly regarding future action in the context of the EU Platform on the issues. Platform participation is set out in the Policy chapter.

The Board subsequently agreed to prioritise this topic from an equity perspective. In 2008 there will be a workshop at the network policy seminar leading to recommendations to form an action report to the Platform and members.

- **World Health Organisation**

Members liaise constantly with WHO bodies, including the World Health Assembly and as collaborating centres. The network office maintains contact with the main WHO offices and other UN agency bodies in Brussels in particular, but also in Geneva, Copenhagen and Venice. Network staff and advisors participated in numerous events organised or supported by the WHO, some of which are listed in the later section on the office team.

The WHO Commission on Social Determinants is an important initiative for DETERMINE and general network activities, with much work undertaken to monitor and support its outcomes. This will be strengthened in 2008.

- **Health Policy Forum**

EuroHealthNet is a founder member of the EU Health Policy Forum, a consultative body of over 50 non profit European umbrella organisations in the health field run by the EC. 2007 was a reflective year for this body with much consideration of its future structure, but EuroHealthNet chaired a seminar on the proposed EU Health strategy in liaison with IUHPE Europe.

- **Euregha**

Regional partners are extremely important for EuroHealthNet. Liaison was continued with Euregha, a group linking EU regions for health in Brussels. This will be strengthened in 2008.

- **EPHA**

EuroHealthNet is an associate member of the European Public Health Alliance and participates in its policy coordination and other meetings. We also liaise with the related European Environment Alliance.

- **EHN**

EuroHealthNet was a signatory to the European Heart Health Charter and supported other initiatives of the European Heart Network. Robin Ireland (Heart of Mersey) participated on behalf of EuroHealthNet in the Advisory Board for the work package *Mapping and analysing national plans, policies and measures impacting on CVH promotion and CVD prevention*

- **HBSC**

EuroHealthNet supports the advisory board of the Health Behaviour in School Children initiative, and helps to chair the annual conference, held in 2007 in Viareggio, Toscana Region, Italy, in liaison with the WHO.

- **Social Platform**

EuroHealthNet is an observer member of the Platform of EU Social Organisations, participates in its occasional events and liaises on policy issues or through projects such as DETERMINE with many of its members, including AGE on older people, the European Youth Forum, the anti poverty network and FEANTSA, the campaign body for homeless people.

## Communications

EuroHealthNet exists and acts as a body facilitating communications between its members, partners and relevant actors. As such, good communications are inherent for all we try to do. We have limited resources and cannot compete with major advocacy organisations on the European stage, but we have worked hard during the last decade to focus on targeted information to policy makers and, practitioners via established and cost effective communications tools in all our work. Project reports allude to our role in assisting with social marketing for health and timely advice in the policy process.

- **Online**

The revamped website was often cited as a useful source of information by interested organisations globally. Based on comments some improvements have been made. Most news items are now contained within a section for member organisations. The management tool was upgraded to provide each member and partner the opportunity to input material directly with ease. This offers a “shop window” to international seekers of information about health promotion activities.

- **Newsletters**

Monthly editions of the **EU Health Highlights** newsletter were circulated. The primary aim of this is to communicate to member and partner organisations relevant activities in the EU context. Favourable comments continued to be received about the timely usefulness of this information. A by-product needing further development is the reverse direction communication of health promotion issues and updates to the EU institutions which are included in the circulation list. This is deliberately targeted rather than widely distributed.

Members only received regular updates of key opportunities for action via the internal publication **Health Action Memo**. This is arguably the most important benefit of EuroHealthNet membership, a valuable tool to communicate project work, funding opportunities and networking needs.

The office unfortunately was not able to continue a previous post for communications and liaison for financial reasons, which affected frequency of outputs as other priorities required action. However this is hoped to be rectified in 2008.

- **Projects and Events**

Many initiatives and much information was communicated through high quality outputs from projects, such as Closing the Gap or Healthy Ageing, set out in the earlier chapter. Working with support from professional designers and publishing agencies, EuroHealthNet was able to lead and contribute to a range of technical and informative publications and web-based tools, available via [www.eurohealthnet.eu](http://www.eurohealthnet.eu)

Last but not least, members and staff communicated via the larger than ever number of European and international events, conferences, seminars and meetings via presentations, publications, exhibitions and facilitation. Some of those are mentioned in other chapters or in the appended list of office participation in certain events.

## Funding and finances

EuroHealthNet is accountable via its Board to the annual General Assembly. An audited financial report is considered there and has been approved in all years to date. We are grateful to M. Benoit Broekmans for his professional accounting services and advice.

We are able to provisionally report sound progress, thanks to a decision of the 2007 General Assembly to increase membership fees, plus the significant contribution of the co-funded projects set out in this report. A higher than usual surplus has been placed into reserves as that income from projects will fall dramatically in coming years unless new work is undertaken. The network has therefore been prudently and sustainably developed during 2007.

### ***Income***

Membership fees	189,500.00
Contributions from EU co-funded projects	356,445.18
Miscellaneous	585.98
Total	546,531.16

### ***Expenditure***

Office charges	20,895.20
Communications	15,118.32
Travel and events	72,313.40
Professional fees	104,989.41
Staff costs	172,913.27
Miscellaneous	35,719.41
Surplus carried over to 2008	124,582.15
Total	546,531.16

## Members

In 2007 we welcomed Stockholm County Council and the Murska Sobota Regional Public Health Institute to our membership, which now features 33 agencies in 29 countries in or associated with the European Union.

*(List to be inserted for publication)*

## Reports from member organisations

*(Will be added later)*

## The office team

- **Caroline Costongs** is our Programme Manager, responsible for our work programme and office management plus project development and leadership and the Health Action Memo series.
- **Ingrid Stegeman** is our Project Co-ordinator, focussing particularly on DETERMINE and other health equity related projects, also impact assessment, indicator and other policy work.
- **Karin Lotz** is our Finance and Administration Officer and provides support to projects, events organisation, our website and our special interest groups.
- **Serena Fasso** is since January 2008 our Policy Officer working primarily on social and economic determinant issues, a position funded by a major grant from DH for England.
- **Sara Bensaude de Castro Freire** was Project Officer until June 2007, working primarily on the Capacity Building and Closing the Gap project, and has since joined INPES France
- **Anne Auffret** was our stagiere working particularly on obesity issues, and has now joined the strategy unit at the EC DG SANCO
- **Grethe Sondergaard** was our stagiere who worked particularly on preparation of the GRADIENT proposal and has returned to studies in Denmark
- **Claire Blanchard** worked during her placement from Scotland to Brussels on our Health Quest report and has since moved on to IUHPE HQ in Paris.
- **Alexandros Chalamandaris** kindly provided voluntary administrative assistance for the Closing the Gap project.
- **Noel Donaghey of ABC Wireless** provided our essential IT support, without which we could not function as an international communications organisation.
- **Clive Needle** is our director and policy advisor on a consultancy basis, editing *Health Highlights* plus contributing to policy and project work. He also works with other international health organisations, at events and in the media.

*We thank all staff members for their diligent and energetic contributions to our work and development during 2007. We wish those who have moved on every success in their new work and home environments.*

## **Selected networking activities during 2007**

### **Caroline Costongs**

- Presentation Closing the Gap to several national seminars in February (Prague, Oslo, London)
- WHO European Forum on tackling the social determinants of health and reducing health inequities, London UK March
- Participation in SANCO's stakeholders conference, May, Brussels
- Health Policy Forum meeting, June, Brussels.
- Heart Health Charter meeting – June, European Parliament
- Presentation to UK Faculty of Public Health European working Group September
- EHFG Gastein, October
- DG REGIO – Open Days in October two workshops (Presentation on capacity building & on HI)
- Presentation to EHMA management in October
- Presentation to University Maastricht
- Presentation to Central and Eastern European Country representatives (Ministries, National Health Agencies) study visit at Dutch Permanent Representation in Brussels, November
- Presentation of DETERMINE to meeting of the Expert Group on Social Determinants and Health Inequalities, Luxembourg, November
- Madriaga Foundation / CHESS meeting on the EU Health Strategy, December
- Structural funds meeting to achieve health gain, December

### **Ingrid Stegeman**

- WHO Seminar on Health in All Policies in EU Neighbouring Countries, Brussels, June
- Presentation on EuroHealthNet at 3rd International Health Policy Forum, Graz, Austria, September
- Lecture on the work of EuroHealthNet at the Public Health Summer School Graz, Austria, September
- MEP Heart Group Inaugural Meeting, organised by the European Heart Network, October, Brussels
- European Meeting on Health and Health Systems Impact Assessment (HSIA/HIA) Lisbon, Portugal, November
- 6th EU Round Table on Poverty and Social Inclusion, Açores Islands, Portugal, November

#### *Presentations to Study Groups:*

- April, to a group working on home accidents, organized by the Finnish Centre of Health Promotion
- June, to International Summer school students (Master in Health Promotion) at the University of Applied Sciences Magdeburg-Stendal, Germany European
- October to a group representing Finnish NGO's

### **Karin Lotz**

- An Alcohol Strategy for Europe, Eurocare Seminar, January, European Parliament

- Setting an ethical agenda for health promotion. Interdisciplinary conference on the ethics of health promotion, by Ghent University, Free University of Brussels and by the Flemish Institute for Health Promotion (VIG), Ghent, September

In addition the policy advisor, Board and members participated in a large number of events at which EuroHealthNet priorities were advocated.

*-ends-*