EuroHealthNet Country Exchange Visit

Health Inequalities, de-institutionalisation and social inclusion of people with chronic diseases and mental ill health

Host: Bulgarian National Centre of Public Health and Analyses in Sofia (NCPHA)

Sofia, 13-14 November 2018

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Introduction

EuroHealthNet, in partnership with its member the National Centre of Public Health and Analyses in Sofia (NCPHA), organised a Country Exchange Visit (CEV) on health inequalities in Bulgaria and actions to tackle them across the country, with a specific focus of non-communicable diseases (NCDs) and people with mental ill health. The visit took place within EuroHealthNet's contract agreement with the European Commission DG Employment, Social Affairs and Inclusion within the EU Programme for Employment and Social Innovation (EaSI).

The purpose of CEVs is for EuroHealthNet members to learn about specific and general developments in a host country, region or municipality, and to exchange knowledge and learning from the visitor's experiences with a view to mutual capacity building and initiation of follow up links and work. Participating members have completed "Learning Logs" so key messages are captured and shared.

The meetings were jointly introduced and moderated by Prof. Hristo Hinkov, Director of the National Centre of Public Health and Analyses (NCPHA) and Clive Needle, EuroHealthNet Senior Policy Advisor, who each offered introductory welcomes and explanations of the situation, rationale and aims for the CEV from national and EU perspectives. The meeting was co-organised and is reported by Alexandra Latham and Lina Papartyte, EuroHealthNet.

In his introductory remarks, Dr Skender Syla, Head of WHO Mission to Bulgaria, stressed that no people should be left behind in health and wellbeing developments, nor should face financial hardships due to ill health. There is ample evidence that social factors have an impact on health and that health inequalities still exist in both higher and in low income countries. The key to overcoming inequalities is understanding their causes. Health is a political choice, but it is not always among the political priorities.

Throughout the visit participants learned about good practices in health and social inclusion, ways of addressing mental ill health, as well as health promotion and disease prevention activities. The visit also concerned how EU policy and tools can help contributing to the progress in members' work. In addition to the final report, the background document[1] has been developed and shared with participants to facilitate discussions and exchange within different sessions of the country visit.

Health and social inclusion

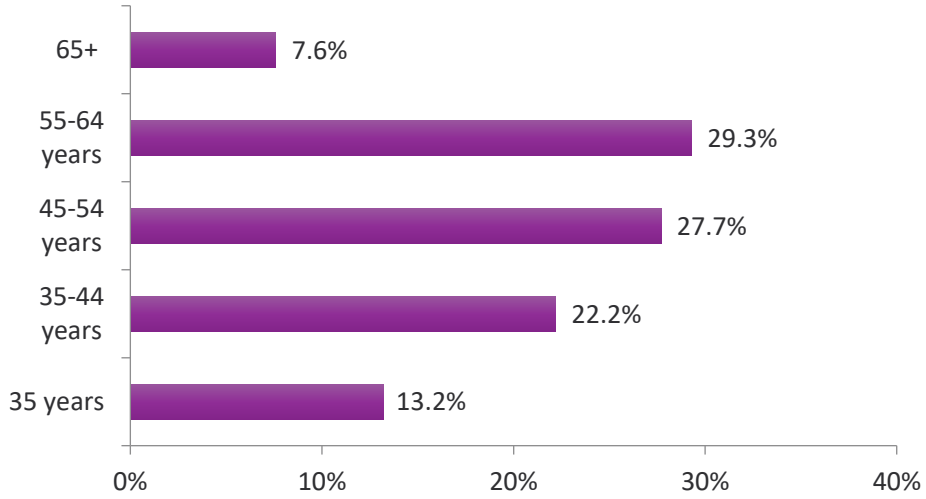
Overview of Healthcare in Bulgaria – *Prof. Hristo Hinkov, Director of the National Centre of Public Health and Analyses (NCPHA)*

Demographic change in Bulgaria is characterised by a steady trend of population decline and ageing. Low birth and high mortality rates and emigration of young people have let to the negative natural

[1] The background document presents a health profile of Bulgaria that includes information on health determinants, health spending, and provides a spotlight on mental health legislation and treatment centres.

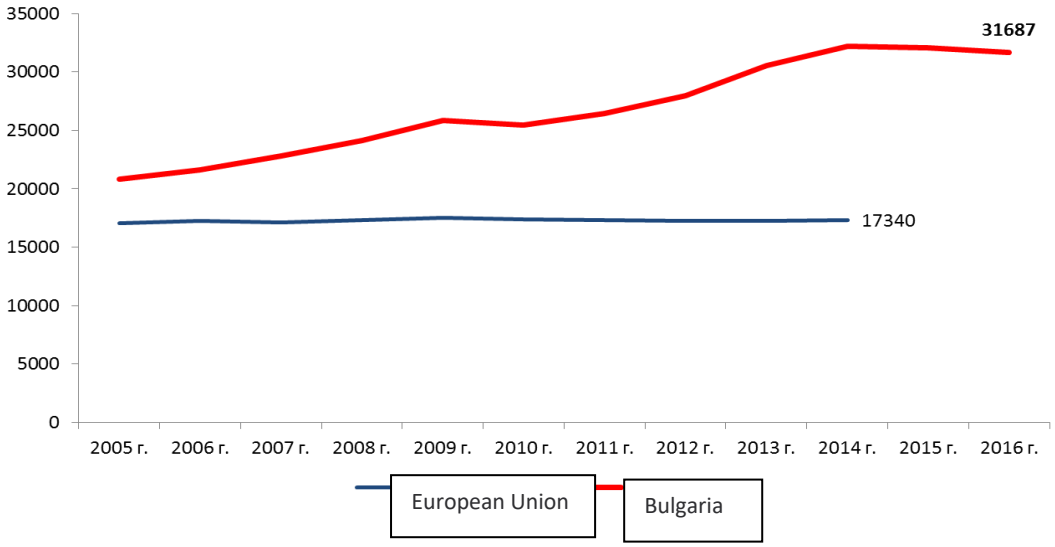
population growth in Bulgaria observed over the last twenty-seven years. Even though there has been a noticeable rise in health care spending over the last 15-years - from 451.182.268 euros to 2.077.576.206 euros or an increase of 450%, there is still a significant lack of spending in public health. Extremely urgent measures are needed to increase funding, with a view to retaining qualified staff and, in the longer term, attracting young highly-trained staff. Currently nearly 50% of doctors are at pre-retirement or retirement age (Picture 1).

Picture 1: Distribution of medical care professionals by age group (2016)



The Bulgarian health system is oriented towards hospitalisation and not primary care (Picture 2). There are 62 GPs per 100 000 inhabitants. In comparison to other European Union countries, the number of hospitalisations in Bulgaria in 2006 - 2016 increased, whereas it stayed the same in the EU. Bulgaria has an almost equal ratio of doctors and nurses (405 and 437 per 100 000 inhabitants), which can seriously compromise the quality of medical care because there is a lack of staff to follow up after complex interventions.

Picture 2: Statistics on hospitalised morbidity for 2006-2016 show that the number of hospitalised patients in health care establishments is increasing, whereas this indicator is not changing in the EU.



Professor Hinkov explained how the National Centre has a key role in training and the provision of reference laboratories for evidence building, standard setting and classifications, although resources for monitoring and evaluations and capacities for interventions remain serious barriers.

Discussion points:

- Currently, the Ministry of Health is working on two models for the future of healthcare, mainly aiming to reform the health insurance system. No decisions have been taken yet.
- Health data in Bulgaria is collected by local authorities and then aggregated at the Institute. Financial information also comes from the insurance funds.
- Salaries of people working at the Institute are very low, which makes it very difficult to attract new people.

EU policies and instruments to support social inclusion: Overview of the European Semester and European Pillar of Social Rights - *Alexandra Latham and Lina Papartyte, EuroHealthNet*

EuroHealthNet's activities and approaches to reduce health inequalities and promote health for sustainable health systems were presented, including opportunities for EuroHealthNet members to be involved. They further explained that EuroHealthNet monitors and advises on developments from the European Semester[2] and were encouraged to explore the potential of European Pillar of Social Rights[3] to improve implementation of the principles nationally. The European Semester is an annually applied mechanism for policy coordination at EU level. It is used to analyse EU Member States' social and economic situation, monitor progress and provide country specific recommendations (CSRs) towards the EU2020 strategic objectives. By understanding what is in the recommendations, health bodies can prepare for the future policy changes.

The Social Pillar, adopted by the European Commission, European Council and the European Parliament in 2017, offers an important set of principles as a basis for actions to ensure health and wellbeing. It builds upon 20 key principles, structured around three categories: 1) Equal opportunities and access to the labour market; 2) Fair working conditions; 3) Social protection and inclusion. The Social Pillar is accompanied by the 'Social Scoreboard' which monitors the implementation of the Pillar by tracking trends and performances across EU countries in 12 areas and feeds into the European Semester of economic and social policy coordination.

Discussion points:

- Participants discussed how the principles of the EPSR and the Semester recommendations can be beneficial for health, wellbeing and inclusion in their states and communities.

[2] EuroHealthNet "The European Semester 2018 from a health equity perspective", November 2018 https://eurohealthnet.eu/sites/eurohealthnet.eu/files/publications/The%20European%20Semester%202018%20from%20a%20health%20equity%20perspective.pdf

[3] EuroHealthNet "The European Pillar of Social Rights", 2017 https://eurohealthnet.eu/sites/eurohealthnet.eu/files/newsletter/InfoSheet_SocialPillar_HighRes2.pdf

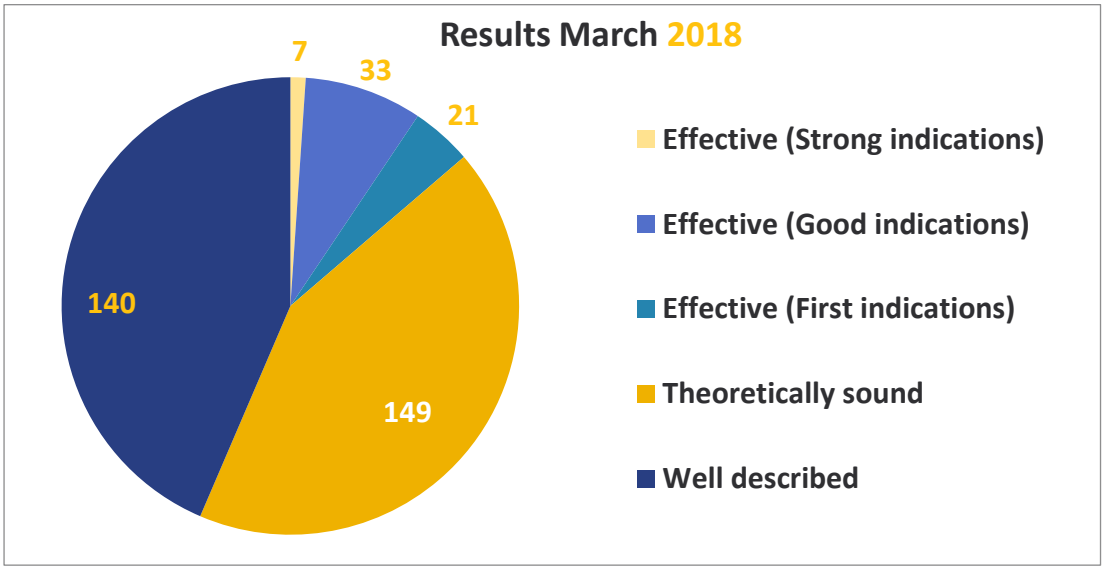
Learning points:

- The European Semester can have an impact on health by influencing the macro-economic dimension of social protection systems funded through public budgets (accessibility, coverage, affordability). It addresses some of the fundamental determinants of health such as timely and affordable access to healthcare services of high quality (curative but increasingly more importantly - preventive), out-of-pocket healthcare payments, community-based care, and the conditions in which people live and work. In doing so, the Semester sends an important message about the high value of action in these areas and encourages governments to act.
- Making the European Pillar of Social Rights a reality for citizens is a joint responsibility. While most of the tools to deliver on the Pillar are in the hands of Member States, as well as social partners and civil society, the European Union institutions can help by setting the framework and giving the direction. The Commission has put forward a number of initiatives related to work-life balance, the information of workers, access to social protection and working time.
- How Country Specific Recommendations and progress implementing the Social Pillar are used by the Commission as a basis for future funding opportunities.

Health Promotion in Netherlands – *Monique Leijen, Dutch National Institute of Public Health and Environment (RIVM)*

The Centre for Healthy Living, part of RIVM, contributes to the health of all Dutch citizens by supporting health promotion professionals, including by use of website and an intervention database. The database contains good practices and implementation activities for different settings like schools, childcare, workplaces and primary care. After assessment, practices are divided into three groups: well described, theoretically sound and effective (Picture 3).

Picture 3: Number of practices in each category after the assessment



Recently, the advisory institute for the government has changed the focus from reducing health inequalities to increasing health potential. At the moment, their main focus is health in relation to poverty and culture, inter-generational issues, and functionally illiterate people, particularly by working with municipalities.

Discussion points:

- Participants discussed similarities between national systems, for example in shortages of key professionals, as well as how well-developed systems such as operated by RIVM offer advantages but need significant capacity building in many less developed states.

Learning points:

- The representatives from Portugal and Poland stated that they would like to set up a database of good practices and would like to learn from the Netherlands (NL database of good practices). Follow up training on how to use the database would be needed, as Monique responded that ensuring effective use of resources is vital.
- The European Portal for Action on Health Inequalities (http://www.health-inequalities.eu/) run by EuroHealthNet includes information about key initiatives, policies, practices and resources on health inequalities and health determinants across Europe.

Mental Health and wellbeing

The Improved Mental Health Care Services project – *Dr. Zahari Zarkov, NCPHA*

The aim of the project Improved Mental Health Care Services (2014-2017), which was part of the EEA Grants Programme, was to decrease the suicide attempts in Bulgaria by 10%. Specifically, the NCPHA, the main implementer, worked to increase the knowledge of GPs, psychologists, and social workers for early detection and treatment of mental ill health, as well as to develop evidence-based policies supporting mental health. The work was divided in to five main activities.

1. A database for monitoring suicide attempts was created.
2. Training manuals for pupils in years 8-11 were developed to address primary and secondary suicide prevention in school. Subsequently, 53 experts were trained to carry out education. The guides covered anxiety, depression, sexual health, aggression and self-aggression.
3. Educational programs for early detection of depression and anxiety in primary care were developed and implemented. As a result, over 2400 professionals successfully passed online training; 1704 also participated in the three-day seminars focusing on anxiety, depression and suicides.
4. The epidemiological survey (2003-2007) of mental ill health in Bulgaria was carried out. It showed that 19.5% of the Bulgarian population is experiencing a mental ill health; the lifetime prevalence of anxiety disorder is 11.4%, and 3.3% reported substance abuse.
5. A public campaign was organised to raise awareness of the mental health problems and suicidal behaviour. It constituted seminars with journalists on media coverage of mental health topics, development of information leaflets to the general public and participation in radio and TV broadcasts.

Discussion points:

- Participants shared that they have difficulties recording attempts of suicide because this information lies with the police and some suicide attempts are difficult to measure, for instance, car accidents.
- For example, in Slovenia, it is hard to monitor mental health because epidemiological studies are not regular. One was conducted in 2009 and then never repeated.

Learning:

- How to increase public awareness? Last year, on Wold Mental Health Day dedicated to depression, the WHO Country Office for Bulgaria together with NCPHA launched an awareness campaign with music concerts and showings of a WHO film thus linking to celebrities who have suffered mental illness.
- In the Netherlands there is good data on the prevalence of mental ill health, which shows that many young people experience a lot of stress.
- In Italy, there is a lot of networking taking place with the family. In relation to suicide, religion plays an important role shaping suicidal behaviour.
- In Sweden police share information about suicide attempts with health authorities to increase the accuracy of data and evaluate the real situation. In 2017, EuroHealthNet and Stockholm City Council organised a country exchange visit on Approaches to suicide prevention and

Mental Health Promotion in Stockholm and in the European Union, the final report is available here.

Slovenian National Mental Health Programme 2018-2028: vision, action plan and challenges – *Dr Matej Vinko, National Institute of Public Health (NIJZ), Slovenia*

The situation in Slovenia was presented by Dr Matej Vinko. Expenditure on mental health as a percentage of total health spending is only 5.8 %. The National Mental Health Programme passed parliamentary procedure in March 2018. Key challenges included the establishment of mental health promoting environment, working towards wider deinstitutionalisation, and reduction of stigma and discrimination towards people with mental ill health, as well as building competent health workforce and bringing those services closer to people.

Responding to these challenges, a network of 25 Mental Health Centres was established. Those centres, for children, adolescents, and adults are located within Primary Healthcare centres and specialise in health promotion, prevention of mental ill-health, community services, ambulatory care and more.

The Regional Referral Centre on Critical Relationships in Tuscany Region – *Dr Vanessa Zurkirch, Careggi University, Florence, Italy*

The Regional Referral Centre on Critical Relationships (CRRCR), established by the Tuscany Region, deals with the organisational development and the quality of human relationships with an objective to offer high quality health services. The Centre is located within the Careggi hospital-university.

The organization was established with a vision to overcome the view of health in individual terms, hence it favours health of organisations as a whole, in terms of complex relational system where it is possible to transform the sense of care and ethical culture of civil coexistence. The main areas of intervention are individual and organisational interventions, analysis and intervention on inter-/intra-group dynamics for improving coping skills, and implementation of psychological skills. For this reason, the CRRCR has developed projects that fall into these different areas.

In recent years, the Centre has been involved in the closure of the Judicial Psychiatric Hospitals by supporting the structures involved in the change (intermediate structures, Mental Health Departments of the Territory) to build networks of integrated relationships both in the health field and in the Judicial System. The CRRCR was involved in training of prisoners to prevent suicidal behaviours in prisons. To begin with, they participated as observers at the Regional Prison Security Observatory (RPSC), and together with the members they developed a training path and designed a service network of departments of mental health and departments of social services.

Site Visit: Day care centre for psychosocial rehabilitation

As part of the programme participants visited a day care centre for psychosocial rehabilitation called Global Initiative on Psychiatry-Sofia (GIP-Sofia) which is one of the main drivers of mental health reform in Bulgaria. GIP-Sofia is proving its competence and growing into a key agent in the process of lobbying and transformation of mental health care in Bulgaria. On one hand, their aim is to improve the quality of life for people affected by severe mental illness (SMI) and, on the other, to decrease the usual risks, related to mental ill health, such as institutionalisation, isolation, segregation, stigmatisation, marginalisation, and profound disability.

Their activities include empowerment and rehabilitation, through education of everyday skills, identification of own symptoms, and knowledge of rights. Education programmes involves not only the centre staff but 'mental health experts by experience'[4] and professionals in education. According to centre staff, empowerment is achieved through multi- dimensional approaches. To date, the organisation has five units in Bulgaria: a day care centre and two protected houses in Sofia, and two day-care centres in other cities. Even though the day-care centre is funded by the municipality, the centre welcomes everyone, however it is difficult to reach for those living outside of the local community. There are day centres in hospitals, but they exist in the frame of treatment.

People come to the day care centre voluntarily. Initially, they sign a contract which lays down their rights. A personalised six-month programme is developed after a multidisciplinary team assesses the needs of the participant; following which the staff member is assigned to manage the case. After the cycle is over, the needs of service user are revised, after which a new six- month programme is developed or the contract between the centre and the individual is terminated. The centre follows up on previous users for at least six months after they stop using the day care centre.

[4] Expert by experience in mental health is a person who has personal experience of living with mental-ill health.

Every care manager supervises 5-12 service users. Digital interventions are also possible but not common, mainly used for former day care centre users who moved to another place in Bulgaria or abroad. The help is provided to adults, mainly aged 18 – 75. Currently they have 50 contracts signed. The centre is getting more and more accepted within the community. They organise music events, poetry evenings, also do crafts and cooking classes among other things. The Global Initiative on Psychiatry has also started a social enterprise where only people with mental ill health can be employed, they are offered a contract to work in a laundry. The results have shown that instances of hospitalisation for the employed were reduced tremendously.

Discussion

The participants found surprising how in Bulgaria they train ex-patients of mental ill health and how they become 'experts by experience' who can then help other people. This is a registered profession in Bulgaria.

In the Netherlands, experts by experience already exist but their registration as recognised profession is under discussion. Usually those experts, like ex-alcoholics and ex-drug addicts, go to schools and tell their stories. However, there is no clear evidence whether it is something positive. Participants suggested perhaps extending this idea to other areas of public health.

In Bulgaria, even though the formal reform in psychiatry started in 2003, there are not many changes to date. The NCPHA find themselves locked in a vicious cycle, they cannot close big mental health institutions because there is not enough money to open new services in the community. In addition, the national psychiatric association is resistant to change. Furthermore, the Ministry of Health and the Ministry of Social Affairs do not have a horizontal connection, which not only impedes deinstitutionalisation but also contributes to a lack of common laws for health and social services.

The establishment of day care centre 'Global Initiative' was possible due to the PHARE[5] funds offered to Bulgaria before joining the EU. In Hungary, for instance, health promotion centres, which also include mental health services, were established using ESI Funds[6], and now, more than 100 offices across the country are supported by the government.

In Bosnia and Herzegovina, the reform in psychiatry began in 1996. For the first decade, the psychiatric sector did not want to accept anything new. Luckily, there was a visionary health minister at a time, who was sympathetic to mental health, which gave impetus for establishing mental health services in the community. The centres were first developed thanks to EU funds given to candidate states. Currently they have 76 centres, but the number is constantly growing; only four mental health centres stand alone, others are an integral part of health centres. One health centre covers 50,000 people. Those centres are paid per multidisciplinary-team. The more people they treat, more funding they receive. It was a difficult and long process to educate multidisciplinary teams which never separate nurses, psychiatrists and psychologists. Social workers are part of the team and everyone in the team does case management. The community care is well developed in the country, they have only two psychiatric hospitals with less than 200 beds each. For the past two years, they were working to open social enterprises, but it results difficult to integrate mental health service users in employment.

Italy was cited as a good example of de-institutionalisation. It is the only country in the world that does not have any psychiatric hospitals and where all services are delivered in the community.

In the Netherlands, mental health care and primary care are separate. It was suggested that it would be better to integrate those services more. Many changes occurred in the last five years as a lot of responsibilities were transferred from national to local level. Social teams were created and

[5] The PHARE programme was one of the three pre-accession instruments financed by the European Union to assist the applicant countries of Central and Eastern Europe in their preparations for joining the European Union.

[6] The European structural and investment funds are (ESI Funds): European regional development fund, European social fund, Cohesion fund, European agricultural fund for rural development, European maritime and fisheries fund. The purpose of all these funds is to invest in job creation and a sustainable and healthy European economy and environment.

integrated into neighbourhoods. The multidisciplinary teams at local level are trying to find a way to work together, which seems to be working well. Social care, mental care and health care professionals speak different languages, and it might require three years for the multidisciplinary team to learn to work together.

Many participants expressed their concern that it was difficult to secure funding for initiatives that would not immediately show results. In relation to that, EuroHealthNet works to define new ways of calculating value of health promotion and explores opportunities of innovative financing models of health promotion. In June 2018, EuroHealthNet organised a seminar on 'Innovative financing and investments for health promotion'. The aim was to address strategic investments for health promotion and disease prevention in Member States and at EU level. It focused on questions of how the shift to prevention and promotion can be financed; how available funds and untapped resources can be used for health promotion; and what actions within and outside the health system could support system change. The meeting report is available here.

Poland has a national programme for mental health. Mental health is one of the six objectives of national health programme. The needs of community mental health care are huge, and they are not met. The waiting lists for specialists and specialised housing is very long.

In the UK there is also an ongoing transformation of primary care, which is partly about e-health and giving patients more access to information. In healthcare, the shift has started to the customer centered approach. Public health has been largely removed from the National Health Service and moved to municipalities. Wales and Scotland, which have devolved national administrations, are developing integrated healthcare in different ways. In addition, Wales has a wellbeing approach across all the government. In England, however, they are only now moving towards integrating health and social affairs at ministerial level, which is still not happening at the local level. This is also due to the funding mechanism, which is different from the ones implemented in Scotland and Wales.

In Slovenia there is a momentum to connect science and evidence, bring health, social, and economic ministries together, as well as to work with civil society. This push came out of the Country Specific Recommendations, part of the European Semester process.

Learning points:

- Stories are important – examples of narratives to highlight issues and engage the public via multi-media can lead to a policy change.
- A tip from Netherlands on building multidisciplinary teams is to bring people together, give them time and provide necessary tools to co-work.
- Some of the political priorities mentioned were air pollution, loneliness and mental health, food and sustainability, nutrition and programmes concerning children.

The CEV continued with its agenda on its second day hosted by the National Centre at its headquarters in Sofia.

Social inclusion of people with Chronic diseases

National Program for Prevention of Chronic diseases 2014-2020 – *Prof. Plamen Dimitrov, NCPHA*

The National Programme for prevention of NCDs was adopted in 2013 and aimed to improve public health and increase quality of life by reducing premature mortality, morbidity, and disability from major NCDs (cardiovascular diseases, cancers, chronic lung disease, diabetes), related to the risk factors - smoking, alcohol abuse, unhealthy diet, and low physical activity. The innovative aspect is that they now added mental health and air pollution to the mix of risk factors.

In 2017, the composition of the Committee of the National Program of the NCD was updated, it increased the power and voices of 25 professionals who work with the national and local level. The work program has also been updated, with the most significant changes in implementation of activities aimed at early detection of leading NCDs. Many actors and structures of the health system (Hospitals, Medical Centres, Diagnostic Consultative Centres, GPs, outpatient specialists, etc.) are involved in delivering a large part of the activities that raise knowledge and build a healthy lifestyle for the population.

To increase the level of awareness and education among the school children, the Ministry of Health with the partnership of the Ministry of Education and Science, the Ministry of Youth and Sports, the Ministry of Culture, the Ministry of Environment and Water and the Representation of the European Commission in Bulgaria carried out the National Student Competition 'Ambassadors of Health'. The aim of the Contest was to emphasise the importance of healthy lifestyles and to emphasize the harm caused by smoking, alcohol abuse, lack of physical activity, and unhealthy diet. In 2017, over 5,500 students from years 1 – 12 from all over the country participated in the contest, together with their teachers and parents. 12,000 debates and discussions were held, 7,500 sports events and 4,500 hikes organised, over 3,500 contaminated areas across the country were cleaned, and 85 internet sites and e-books for a healthy lifestyle were developed. It was a huge success because of a great political support.

Learning points:

- The introduction of free health checks including tests for bone density is of wider interest, but substantial funding is needed for comprehensive systems and follow up rather than pilots.
- Investment in "health knowledge' rather than "health literacy" was advocated, which is relevant for other planned CEVs and policy developments at EU level. This encompasses knowledge, skills and attitudes and understanding of causes and reasons rather than actions alone. Peer engagement is vital.
- There is strong learning for EU Joint Actions and other measures on tackling NCDs and inequalities.

Health Promotion Centres in Slovenia – *Dr Matej Vinko, NIJZ*

Health Promotion Centres (HPCs) were created in 2002 in all 61 primary health care (PHC) centres across Slovenia. Their main role was to provide lifestyle interventions against key risk factors for NCDs by combining population and individual approaches. HPCs integrated previously dispersed activities in PHC centres, including community nursing, and usually consist of a team including nurses, psychologists, physiotherapists, dieticians and kinesiologists.

Between 2013 and 2016, a new paradigm was piloted to assure integration of different services targeting vulnerable groups. The new role of HPCs was to create partnerships with key stakeholders, including social services and nongovernmental organisations (NGOs), to improve health at community level. Health promotion teams were established to prepare local strategies and actions plans, which would address the needs of different population groups and identify and reduce health inequalities.

Learning points:

- An integrated multidisciplinary approach requires transforming service delivery so that governance, funding and competencies are aligned.
- In Slovenia, primary healthcare is financed by municipality and health insurance fund.
- The Child Well-Being Index is a project developed by the Social Protection Institute of the Republic of Slovenia in cooperation with Virostatiq and financed by Unicef. The objective of the project was to develop and visualise a Child Well-Being Index with the aim of simplifying monitoring of child well-being and their quality of life. The index is composed of 31 indicators in seven domains and offers country overviews for 27 countries.
- Finland is doing well in promoting health and all participants were interested in shared experiences. The 2019 Finnish EU Presidency will be an opportunity to do that.
- The increased role for Nurse Practitioners has potential important relevance for states where shortages of health professionals such as clinicians are critical.

Diabetes Prevention and Screening in the Metropolitan Lisbon Area –

Dr. Luciana Costa, National Institute of Health Doutor Ricardo Jorge, INSA, Portugal

Luciana Costa, researcher in the Department of Health Promotion and Prevention of Noncommunicable diseases at the Portuguese National Institute of Health, presented the diabetes prevention and screening in vulnerable populations programme in the Lisbon area. The objective of this intervention was to promote health in vulnerable communities in the Lisbon Metropolitan Area, especially to detect undiagnosed diabetes and individuals at high-risk of diabetes. The screening was carried out outside of the national health system, it was implemented in collaboration with municipalities and local social partners.

The FINDRISK questionnaire was used for interviews to detect undiagnosed diabetes and individuals at-risk (58% women and 42 % men; mean age 57 years). All activities, such as health promotion and diabetes prevention sessions for the general public and training for health and social professionals, were implemented within the community with strong support from municipalities, healthcare providers, local NGOs. Results showed that out of 11,712 people who carried out the risk assessment, 1.959 were identified as having high/very high risk of developing diabetes. In this group, around 20% of individuals had undiagnosed diabetes. The most valued factors for the population were both that awareness actions were free of charge and due to a close relationship with municipalities, healthcare providers and local NGOs, the stronger feeling of belonging to the community.

Tackling inequalities in cardiovascular disease – *MD, PhD Katarzyna Lewtak, The National Institute of Health, National Institute of Hygiene, Poland*

Dr Lewtak presented a project 'Your heart is your life' that was implemented in Piotrowski district located in the centre of Poland. The district was selected because it had the highest mortality rate in the country. The overall social indicators were the lowest and 9% of the population required support from social institutions.

Within the scope of the project, the District Office in Piotrków Trybunalski carried out epidemiological studies to understand health status and health behaviour of the population, and designed health promotion activities especially targeting the most economically disadvantaged. The focus was on cardiovascular diseases, identifying potential risk factors and providing individuals with information to reduce their risk.

As a result, they conducted training on healthy lifestyle for doctors, nurses, social workers and teachers. Open air cardiology consultations, as well as interventions within the healthcare systems like patient interviews and blood tests are organised. Further health promotion activities included six scale events of a total of 8,000 participants. The project also delivered a number of sessions called 'Academy of Healthy Nutrition', 'Academy of Movement' and 'Academy of Good Counsel'.

NCDs and action at the European level

Mobile IT tools for Chronic Disease care in view of Joint Action Chrodis+ Implementation – *Prof. Plamen Dimitrov, NCPHA*

Professor Plamen Dimitrov presented the Bulgarian plan to pilot an mHealth tool in the framework of the Joint Action on Implementing good practices for chronic diseases (JA CHRODIS Plus). The Joint Action is a 3-year initiative (2017-2020) under the 3rd Health Programme (2014-2020) with a participation of 42 partners, representing 21 European countries. The project focuses on health promotion and disease prevention, testing multimorbidity care model developed by the first JA CHRODIS (2014-2017), fostering the quality of care and employment of people with chronic diseases. The pilot action to implement the mHealth application for fostering the quality care and self-empowering chronic disease patients will take place in Bulgaria, Germany and Spain. The Chrodis+ App will be dedicated to the diabetes patients. The model of application was taken from the app developed in 2013 called TrackYourTinnitus (Picture 4). In the process of developing the app it is of the utmost importance to have discussion with patients and find out what are their needs. For this purpose, NCPHA is also working with the national diabetes association. The work is still ongoing.

Picture 4: mHealth Tool plan, from TrackYourTinnitus to CHRODIS+ app

Discussion points:

- The presentation sparked debate about the ethical and legal aspects in relation to the use and protection of personal data. Technological developments of data sharing and digitalisation are promising, however, is safety, security and consent guaranteed at all levels?
- Perhaps only 80% of the population will ever be able to access this kind of technology, so what happens to the remaining 20%? This is crucial for the development at EU level of cross border digital health measures, including common formats for e-health records.

- Technology is taking over the health care systems. What does this mean for jobs? What does it mean for trust relation between the service and the user? Health and care sectors are usually the biggest employer in all EU States, so developments at EU level about new ways of working and social rights are vital.

Learning points:

- In the Netherlands they have a National eHealth Living Lab (NeLL) where patients, healthcare professionals, consumers, students, scientists, entrepreneurs, organisations and institutions corporate to develop and create eHealth-tools. It is an open, independent, knowledge-driven eHealth community in the Netherlands, which facilitates this network by playing a pro-active role at connecting people and organisations.

Participants main conclusions from the visit and learning points

Throughout the Country Exchange Visit, the participants were asked to note down in Learning Logs what was new to them and what have they found surprising, as well as the information that could be very useful for their organisation. After the visit, participants returned the Reflection document, where they captured the main learning points. This section includes some concluding messages from the visit as well as information provided by the participants after the meeting.

Learning points:

- Participants found it useful to learn about how other institutes and organisations participating in the Country Exchange Visit are operating their programmes and how they are funded. This exchange also puts the work at national level into perspective. Meanwhile for Slovenia it was interesting to learn about the epidemiological work on mental health in Bulgaria as well as problems with using BLAISE interviewing platform because they are planning to do the same in Slovenia soon.
- The inclusion of new risk factors of NCDs in Bulgaria: smoking, alcohol abuse, unhealthy diet and low physical activity, adding mental health and air pollution to the mix of factors, was of particular interest.
- Despite coming from countries with different GDPs per capita, everyone faces similar problems and it is good to learn different ways that each country takes to solve them.
- Participants found the information about activities that they can get involved in at the European level very useful.
- It was decided that further discussions are necessary on how to make working in public health more attractive for young people.
- CEVs are very useful to learn about the global perspective for those who are working locally.
- Effectiveness of community-based actions
- The importance/impact of day care centres for psychosocial rehabilitation and their organisation.
- Successful combination of supported housing and day centre for psychosocial rehabilitation - it may be a cost-effective solution.
- E-learning material and a manual the NCPHA developed for GPs regarding suicide early identification and prevention.
- The importance to work for better linkages between health and social services.

- The local academies in the communities for healthy nutrition, exercise and counselling in Poland were of interest although discussion was necessarily limited by schedules. They are potentially sustainable because the initiative came from the bottom up and connected with already existing initiatives in the community.
- The importance of developing policies aimed at coherence, sustainability and inclusion through an inter-professional and cross-sectoral collaboration

Participants found it surprising:

- Participants found it inspiring to see what can be done with small budgets and the benefits of international projects.
- The average life expectancy in Bulgaria is very low.
- Very low expenditure on prevention vs care programs in Bulgaria, as well as late allocation of funds to carry out those initiatives.
- Surprising to see a great progress in the work on mental health in Bosnia and Herzegovina. A lot has been achieved with very little budget
- That there are so few mental health day care centres in Sofia.
- The lack of reform in Bulgarian legislation on involuntary psychiatric treatment.
- That mental health institutions for children in Bulgaria are closed.
- That Bulgaria worked together with a rock band to create awareness for mental health.
- The discrepancy between quality of data used by the different Member States.
- The importance of training and education of health workforce to work together.
- That we all recognise the power of storytelling. We should teach ourselves more to use this tool to change attitudes/policies.
- How difficult it is to integrate different professionals to work in a team.
- Possible consequences of digital single market.
- Good practices in community care in Bosnia and Herzegovina, Italy, Slovenia and Poland.

What was new to participants:

- Bulgarian involvement and progress in EU wide initiatives.
- All about public health operations in Bulgaria.
- Portal of good practices in the Netherlands and how they tie financing of public health interventions to evidence base.
- How health bodies can be better engaged with latest developments of The European Semester and the Social Pillar.
- The potential to use the Country Specific Recommendations as a tool to support the institutional strategies on health promotion, disease prevention and approach health inequalities.
- Use the European Pillar of Social Rights as an opportunity and a basis to tackle health inequalities and design action to tackle them.
- Opportunities to finance public health through EU funds.
- The similarities and differences between EU Member States' health and social systems.
- Potential risks from the growth eHealth and mHealth.
- IT tool for Tinnitus management and importance of digital literacy among the population.
- Information on a nation-wide mental health research using WHO Composite International Diagnostic Interview (CIDI) in Eastern Europe.

For the EU to do:

- More effectively targeted funding for health promotion is needed in EU instruments, including Horizon Europe, InvestEU and Cohesion funding programmes.
- More strongly facilitate the transfer of knowledge between countries.
- Public health workforce development should become a higher priority at EU level, for example through Social Funds, Erasmus and other vocational programmes, and within the EU Semester.

Annex I. Agenda

13 November 2018 **Health and social inclusion**		
Moderator: Clive Needle, Senior Policy Advisor, EuroHealthNet		
8.30-9.00	Registration	30 min
9.00-9.30	Welcome and Introductions *Ms Svetlana Yordanova, Deputy Minister of Health, Bulgarian Ministry of Health* *(Personal introduction from participants)*	30 min
9.30-09.50	Overview of the National Centre of Public Health and Analyses (NCPHA): its role and major activities in the field of public health in Bulgaria. *Prof. Hristo Hinkov, Director at NCPHA*	20 min
09.50-10.20	The future of healthcare in Bulgaria: spotlight on public health *Prof. Hristo Hinkov, Director at NCPHA*	30 min
10.20-10.30	EU policies and instruments to support social inclusion: Overview of the European Semester and European Pillar of Social Rights *Alexandra Latham, Communications Coordinator and* *Lina Papartyte, Project and Liaison Officer, EuroHealthNet*	10 min
10.30-11.15	Health promotion activities that target vulnerable groups Health inequalities and health promotion, *Monique Leijen, National Institute of Public Health and Environment, RIVM, Netherlands* *Exchange of members' experiences, key programmes, implementation gaps and group discussion*	45 min
11.15-11.30	Coffee Break	15 min
Moderator: Alexandra Latham, Communications Coordinator, EuroHealthNet		
Mental health and wellbeing		
11.30-12.00	Improved Mental Health Services in Bulgaria "Improving mental health services" 2014-2017, results from the EEA Grants Programme "Public Health Initiatives", *Dr. Zahari Zarkov, NCPHA* "Improving the control and information systems to prevent the risk in the health care", *Prof P. Salchev, NCPHA*	30 min
12.00-12.45	Good Practices for responding to the requirements of people with poor mental health Slovenian National Mental Health Programme 2018-2028: vision, action plan and challenges, *Dr Matej Vinko, NIJZ* The Regional Referral Center on Critical Relationships, Tuscany Region,	45 min

	Dr Vanessa Zurkirch, Psychiatrist, Heald of the Center and Director of Organizational Clinic, Careggi University, Florence *Exchange of members' experiences, key programmes, implementation gaps and group discussion*	
12.45-13.45	Lunch	60 min
13.45-14.00	Family picture	15 min
14.00-17.00	Site Visit - day care centre for psychosocial rehabilitation	180 min
19.30	Social Dinner	

14 November 2018		
Moderator: Clive Needle, Senior Policy Advisor, EuroHealthNet		
9.30-9.45	Registration	15 min
9.45-11.00	Roundtable discussion: Recap of Day 1	75 min
Social inclusion of people with Chronic diseases		
11.00-11.30	National Program for Prevention of Chronic diseases 2014-2020 *Prof. Plamen Dimitrov, NCPHA*	30 min
11.30-12.30	Good Practices for responding to the requirements of people with NCDs, including the community care Health Promotion Centres in Slovenia, *Dr Matej Vinko, NIJZ* Diabetes Prevention and Screening in the Metropolitan Lisbon Area, *Dr. Luciana Costa, INSA* Tackling inequalities in cardiovascular disease in Piotrkowski District *MD, PhD Katarzyna Lewtak, The National Institute of Health, National Institute of Hygiene, Poland* *Exchange of members' experiences, key programmes, implementation gaps and group discussion*	60 min
12.30-13.30	Lunch	60 min
NCDs and action at the European level		
13.30-13.50	Mobile IT tools for Chronic Disease care in view of Joint Action Chrodis+ Implementation, *Prof. Plamen Dimitrov, NCPHA*	20 min
13.50-14.45	In-depth discussion on EU policy and practice	55 min
14.45-15.00	Closing Remarks and Conclusions	15 min

Annex II. List of participants

LAST NAME, FIRST NAME	TITLE	ORGANISATION
CSIZMADIA, PÉTER	CONSULTANT	MINISTRY OF HUMAN CAPACITIES, HUNGARY
LEIJEN, MONIQUE	SENIOR ADVISOR	NATIONAL INSTITUTE FOR PUBLIC HEALTH AND THE ENVIRONMENT (RIVM), NETHERLANDS
VINKO, MATEJ	MD	NATIONAL INSTITUTE OF PUBLIC HEALTH (NIJZ), SLOVENIA
WILS, ISABELLE	PHYSIOTHERAPIST	ASSAS SCHOOL, FRANCE
LEWTAK, KATARZYNA	MD, PHD	THE NATIONAL INSTITUTE OF PUBLIC HEALTH - NATIONAL INSTITUTE OF HYGIENE, POLAND
PAPARTYTE, LINA	PROJECT AND LIAISON	EUROHEALTHNET
NEEDLE, CLIVE	SENIOR POLICY ADVISOR	EUROHEALTHNET
COSTA, LUCIANA	RESEARCHER	NATIONAL INSTITUTE OF HEALTH DR. RICARDO JORGE (INSA), PORTUGAL
LATHAM, ALEXANDRA	COMMUNICATIONS COORDINATOR	EUROHEALTHNET
ZURKIRCH, VANESSA	PSYCHOLOGIST AND PSYCHOTHERAPIST	REGIONAL REFERENCE CENTRE FOR CRITICAL RELATIONS - TUSCANY, ITALY
HINKOV, HRISTO	DIRECTOR	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES
YORDANOV, SVETLANA	DEPUTY MINISTER OF HEALTH	MINISTRY OF HEALTH, BULGARIA
SYLA, SKENDER	HEAD	WHO COUNTRY OFFICE IN BULGARIA
OKOLYISKI, MICHAIL	EXPERT	WHO COUNTRY OFFICE IN BULGARIA
DIMITROV, PLAMEN	DEPUTY DIRECTOR	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
PETKO, SALCHEV	HEAD OF DIRECTORATE	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
ZARKOV, ZAHARI	HEAD OF DEPARTMENT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
NAKOV, VLADIMIR	CHIEF EXPERT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
DINOLOVA, RUMIANA	CHIEF EXPERT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
DOBRUDJANOV, PETER	CHIEF SECRETARY	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
DIKOVA, KRASIMIRA	HEAD OF DIRECTORATE	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
VLADIMIROVA, MILENA	CHIEF EXPERT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
GRIGOROV, EUGENY	HEAD OF DEPARTMENT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
TSOLOVA, GALIA	HEAD OF DEPARTMENT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
LJUTSKANOVA, MAJA	EXPERT IN PUBLIC RELATIONS	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
SHUMKOV, NIKOLAJ	HEAD OF DEPARTMENT	NATIONAL CENTER OF PUBLIC HEALTH AND ANALYSES, BULGARIA
STJEPANOVIĆ, ZVJEZDANA	LEADER OF COMPONENT THREE, THE MENTAL HEALTH PROJECT	ASSOCIATION XY, BOSNIA AND HERZEGOVINA

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