



# EuroHealthNet Strategic Development Plan

JUNE 2021 - JUNE 2026

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# 1. Rationale

- 1.1 **Europe is changing.** The COVID-19 pandemic has made all too apparent the weaknesses in the systems and structures that shape our lives and the challenges that we face. These include demographic change, rising inequalities, and environmental degradation. It also made all too apparent the centrality of health to our lives, and that it is interlinked with economic, social, and environmental conditions. The costs of the pandemic have been great, in terms of the loss of lives and of livelihoods. It has also revealed the unsustainable nature of our health systems, welfare services, and the need to strengthen primary and community care systems, health promotion and prevention and crises preparedness, to take the pressure off of secondary and tertiary care. This has increased awareness of the need for change.
- 1.2 **Europe's response to COVID-19 offers an unprecedented opportunity** to re-shape our strategies and policies on public health; putting health and wellbeing **at the centre of policy making**, and tracking trends in these areas as key indicators of progress. This, in turn, calls for action on the underlying social determinants of health, on social rights, and also on mental health. It also calls for action on the green and circular economy, in health promotion and prevention across the life course, and in the resources to achieve this, like digital technologies and (digital) health literacy. This means embracing technological and social innovations, to build social resilience in the face of future challenges.
- 1.3 A **new Strategic Development Plan (SDP)** for the EuroHealthNet Partnership and its Brussels Office is crucial to ensure it is well equipped to address these challenges in the short and long term and able to turn them into positive developments for health and wellbeing for all. In 2019, the Executive Board (EB) and General Council (GC) held [orientation discussions](#) and conducted a membership survey. In 2020, we added a [foresight analysis](#) on how the EuroHealthNet Partnership can support the recovery phase and help reduce COVID-19's impacts on people and society. In 2021, the EuroHealthNet Partnership held an [extraordinary Policy and Strategy Meeting](#) where we discussed key contexts such as the European Health Union, the European Pillar of Social Rights and the need to guarantee equal care levels for all countries, the new EU Multi-Annual Financial Framework (MFF) 2021-27 and the WHO European Programme of Work and what they mean to the Partnerships activities. Finally, the development of the SDP relies on the findings of the external evaluation (2018-2021) to which members contributed and on our [annual reports](#).
- 1.4 **The period of this SDP covers five years**, from adoption at the EuroHealthNet General Council meeting on 9 June 2021 until June 2026. This allows for a review process in 2024-2025 to account for the next European elections and their outcomes. the outcomes of the Conference on the Future of Europe to be applied from 2025 onwards, and the review of the global NCD target in 2025. It will also incorporate a review of the Action Plan of the European Pillar of Social Rights and 2030 headline targets, as well as the status of the Sustainable Development Goals and key remaining areas of work to achieve the 2030 Agenda for Sustainable Development.

1.5 The Strategic Development Plan for EuroHealthNet is divided in three parts.

- **Part one “Building on the Foundations”** is taking forward effective and successful structures, tools and mechanisms and developing them further.
- **Part two “Looking at the Future”** builds on the foresight exercise and identifies five priority areas for EuroHealthNet action over the next five years.
- **Part three “Achieving Change”** on how we can bridge part one and part two amidst COVID-19, transform into an agile and responsible organisation and respond best to current crises and contribute solutions.



This strategy will be implemented through annual Business Plans with goals, milestones and deliverables, prepared by the Executive Board and approved by the General Council.

Our SDP should lead to a strengthened and sustainable EuroHealthNet Partnership post 2021, that adds value to all its members and partners, and is strategically positioned at high levels to ensure continued cooperation and increased capacity to promote health, social rights and improve health equity and wellbeing at local, regional, national and European levels.

# 1 PART ONE



“Building on the Foundations” taking forward effective and successful structures, tools and mechanisms and developing them further.

## OUR AIM

Improving health, equity and well-being



Innovating interaction between partnership professionals

New alliances will help us deliver joint objectives

Our communications network will lead to a stronger, unified voice

Shaping policy, practice and increase capacities

Our EU Portal on Health Inequalities will act as a central source

## 2. Our Partnership of members, associate members and observers

2.1 EuroHealthNet is the **European Partnership for health, equity and wellbeing** and is currently made up of 64 organisations, agencies and statutory bodies working on public health, disease prevention, promoting health, and reducing inequalities. It began as the European Network of Health Promoting Agencies in 1996. EuroHealthNet currently covers 26 European countries, including 23 EU Member States.

2.2 COVID-19 has demonstrated the prominent role and value of **national public health institutes, national health related authorities, and regional and local health agencies**. EuroHealthNet will capitalize on the visibility these agencies have gained as a result of the pandemic and highlight their distinct and essential role in public health, health promotion, disease prevention and health equity matters. EuroHealthNet will emphasise more its unique identity as the body that connects the main authoritative organisations and statutory bodies responsible for public health, health promotion and disease prevention at national, regional and local levels as core members.

2.3 EuroHealthNet will also continue to bring together relevant **civil society actors, practitioners and professional bodies** and **researchers** who complement the Partnership as associate members with diverse competencies and expertise. Many are working at the community-level and at the cutting-edge of health promotion and social protection approaches. Their inclusion highlights the interconnectedness of EuroHealthNet's approach and ensures top-down and bottom-up engagement of actors who influence health equity in their countries.

2.4 We will further build on our liaison with officials at **ministries of health**, potentially through advisory groups, policy dialogues, WHO events, EU permanent representation, the EC Steering Group on Health Promotion and Disease Prevention (SGPP) and EC joint actions and explore membership or observer status where not already held. In close cooperation with relevant members we also aim to reach out to ministries of social affairs, and ministries of finance and further utilise WHO, EU, and UN deliverables and commitments as leverage. Ministries of environment and education will also be approached, as well as other sector partners.

### Who we are



**National public health institutes and authorities, regional and local health agencies, research, and practice organisations**

## 3. Our unique vision and mission (“USP”)

- 3.1 EuroHealthNet’s vision is of a society, in which all citizens enjoy their fundamental right to the highest attainable standard of health, without distinction of race, religion, gender or economic or social condition.** Achieving this is not simply the responsibility of health care systems, but of all sectors whose actions contribute to ensuring the conditions for good health across the population. EuroHealthNet operates at all levels and across the political spectrum in relevant fields to help ensure consistent, coherent, and effective action to sustain and improve health for all. We continuously adapt to changing societies, trends, developments and technologies.
- 3.2 EuroHealthNet builds its work on a wide body of evidence that demonstrates that health inequalities affect all people, and that ‘more equitable societies do better’, on a very wide range of indicators. Our mission is to help build a sustainable, fair, and inclusive Social Europe through healthier communities and to tackle health inequalities within and between European States.** A key approach to achieving healthier and more equitable societies is through more integrated, participatory policy making that consider impacts across different populations. Such approaches are aligned with the UN Sustainable Development Goals, the European Pillar of Social Rights and can take forward the concept of “Economy of Wellbeing”. EuroHealthNet aims to strengthen the voice of health in policy making to improve co-benefits and achieve these goals. EuroHealthNet upholds the values of equity, justice, community engagement and empowerment of people in all age groups, which lie at the heart of health promotion. **Our value lies in our expertise, connections, influence, and best practices.**
- 3.3** The disproportionate impacts of the COVID-19 crisis on vulnerable, disadvantaged or underserved communities has demonstrated the need for health systems and societies to move away from narrow, curative conceptions of health and place a greater emphasis on health equity, health promotion and on disease prevention. **EuroHealthNet aims to work towards holistic approaches and inclusive governance that recognise that lifestyle related risk factors for ill health are strongly related to the conditions in which people learn, live, work, play, and age - the social determinants of health.**
- 3.4** Our **core activities** are to monitor, analyse, propose, build capacity, advise, lead and act on:
- Health equity and systematic application of the equity lens across health and other sector policies and measures; supporting the ‘economy of wellbeing’ and health in a ‘whole of society’ approach.
  - Novel ways to promote health and prevent diseases, make solutions more attractive, and sustainable, contributing to the transformation of health and social protection systems.
  - The social, economic, environmental, cultural, commercial, behavioural and political determinants of health, which allows us to be agile and responsive to the diverse threats to health equity.

## 4. Our structure and modus operandi

- 4.1 EuroHealthNet will continue to use its existing structure with **General Council** and **Executive Board** as per our Statutes and **How We Work (HWW) Operational Framework**, including the three **Platforms for Policy, Practice and Research** (as adopted by the Helsinki General Council in 2017).
- 4.2 Our **Country Exchange Visits (CEVs)** will remain an important instrument, as well as our **Capacity Building** workshops, webinars and events to exchange promising practices. **Thematic Working Groups (TWIGs)** per terms of reference (as adopted by the Madrid General Council in 2019) remain important, creating more collaboration, networking and joint activities within the Partnership and thought leadership beyond the Partnership. A first TWIG has been created on Best Practice portals in 2019. Additional structures will be introduced to allow flexible engagement such as through **'Advisory Groups'** on different topics, or **'Leadership Retreats'** to discuss additional topics of common interest in more depth. We will also strengthen **bilateral contacts** with individual members and **'twinning'** members on the basis of their needs and experiences.
- 4.3 The increase in digitization, use of technology and home working due to COVID-19 provided a **boost in virtual interaction, events and online engagements**. This will continue to be a modus operandi for the coming years, complementary to face-to-face interactions. EuroHealthNet will take advantage of this opportunity to strengthen connections among the partnership and introduce MS Teams as the main online Platform for communication. MS Teams is also the platform used by several member agencies as well as by the European Commission.
- 4.4 **We continue to act as a 'catalyst,'** bringing people together in research, policy and practice and facilitating creative and fruitful relationships between individuals and different member states and actors. Specifically, we aim to innovate and be a catalyst between EU institutions and initiatives and actors in Member States, from local to European and global, including WHO and UN agencies, across sectors, among different types of organisations, between countries and on the various challenges and emerging threats impacting health equity. Our aim is to engage in key, strategic opportunities to encourage and enable more 'holistic' approaches to health, **influencing policy making processes** that affect the nature of health systems (strengthen prevention and community approaches), the nature of policy-making itself (calling for more integrated, participatory approaches) and acting as the voice of health and health equity in pertinent policy-making processes of other sectors.
- 4.5 **We aim to make lasting impacts by increasing individual and organizational capacities, competency, and knowledge** in policy, research and practice through exchanges, briefings, webinars, trainings, outreach activities, advocacy and leadership. This increased capacity, competency and knowledge will help to reduce health inequalities and achieve health and

### How we work





wellbeing within and between European countries. **We amplify and share the expertise and experience of the partners, helping to influence change at European, national, and sub-national levels.**

- 4.6 EuroHealthNet will also continue to seek out opportunities for **structured collaboration with centres of excellence and research bodies** such as CHAIN and UCL research centres, as well as our research associates in the context of Horizon Europe or other grants, to develop and communicate knowledge and strengthen the evidence base for our policy and practice-related activities.
- 4.7 EuroHealthNet's **successful Communications Network will be taken further**, encouraging and facilitating regular contact with members' communications departments in order to exchange approaches and campaigns and speak with a stronger, more unified voice. We will use clear, practical messages with sensitivity to different contexts and languages.
- 4.8 We will **collect and tell more stories about health inequalities and ways to address them**. We will step up efforts to understand cultural contexts and collaborate more closely with people on the ground to produce concrete examples for policy makers within a range of different sectoral and/or cultural contexts. We will exploit our new [EU Portal on Health Inequalities](#), as well as the [online Magazine](#). Through the use of machine translation we aim to connect better with public health and health promotion practitioners at sub-national and local levels.
- 4.9 We will redevelop the **EuroHealthNet.eu website and branding** to consolidate this new strategic vision. We will continue to inform the Partnership of news, opportunities and policy updates via our "Network Intelligence" service for members. The [Health Highlights newsletter for partners and stakeholders](#) will be modified. We will proactively reach out to new media providers as well as to the traditional media. We aim to increase our visibility across multiple channels and consider how best to engage with social media (Facebook, LinkedIn, Twitter) for our health equity objectives.

## 5. Our networks and alliances

- 5.1 EuroHealthNet is an accredited non-state partner to WHO Europe, re-confirmed by the WHO Regional Committee 2021 and has a signed **Memorandum of Understanding (MoU) with WHO Europe for 2021-2026**. EuroHealthNet will continue to engage with the various WHO Europe offices in Copenhagen, Venice, Bonn and Brussels (Observatory) and liaise with Geneva, Moscow and Barcelona offices. The Executive Board is tasked to implement the MoU and coordinate input and exchange between EuroHealthNet-WHO.
- 5.2 We will explore links with other **international organisations**, particularly the OECD and UN agencies such as UNICEF, the UNESCO Global Chair for Health and Education and others. We will continue working with **key public health networks** such as the International Association of National Public Health Institutes (IANPHI) and the South-Eastern European Health Network (SEEHN), with the European Public Health Association (EUPHA) on the annual EPH conference,

with the European Public Health Alliance (EPHA) on coordinated advocacy, and with the Association of Public Health Schools (ASPHER) on education and training, with Mental Health Europe (MHE), with the European Forum for Primary Care (EFPC) on strengthening community care models and with the International Union for Health Promotion and Education (IUHPE) on health promotion strategies. These networks and alliances are extremely valuable for achieving our common goals.

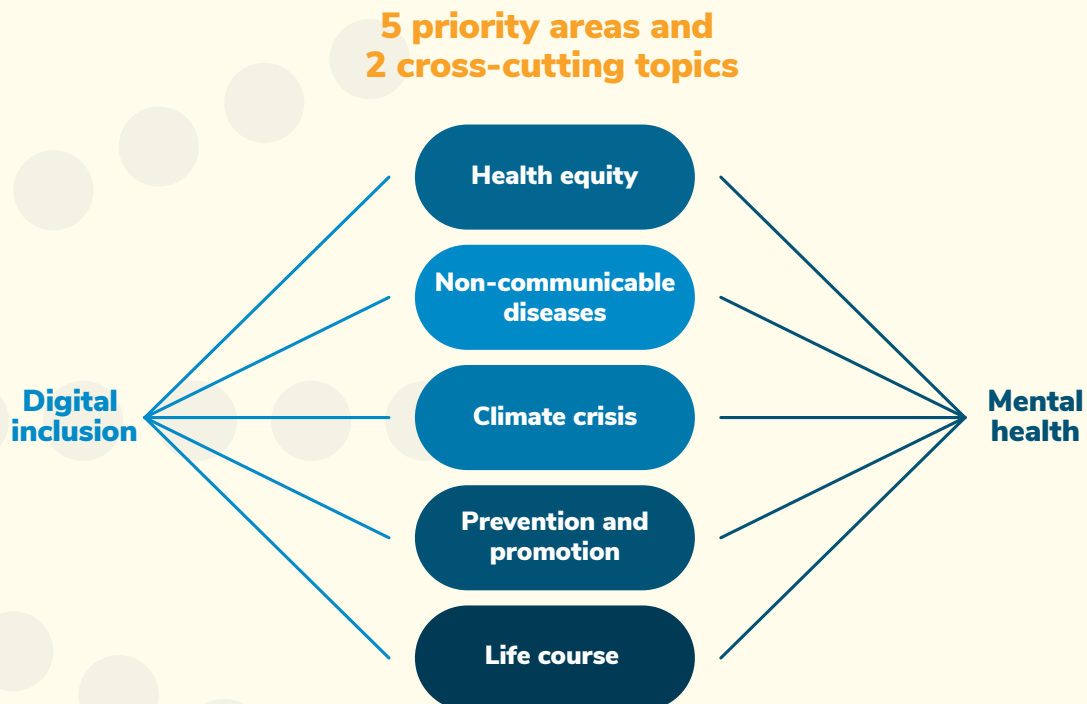
**5.3** EuroHealthNet supports and is a member of the Well Being Alliance (WEAll) on the wellbeing economy, of the Smoke-Free Partnership (SFP) and of the European Children's Alliance. We further cooperate with Brussels based networks in other sectors such as the European Environment Bureau (EEB), HEAL (Health and Environment Alliance), EAPN (European Anti-Poverty Network), Social Housing Europe, LifeLong Learning Platform, Age Europe, EASPD (Association of Service Providers for Persons with Disabilities), FEANTSA (Federation of National Organisations working with the Homeless), COFACE Families Europe and there are many others. We will focus on making alliances that help us get results. **Strategic prioritization** is needed, based on what we gain from working together, but also what we bring, and where our involvement would add value for the 'greater good'.

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# 2 PART TWO

“Looking at the Future” builds on the foresight exercise and identifies five priority areas for EuroHealthNet action.



## 6. Embedding foresight analysis in our work

- 6.1 The COVID-19 pandemic caught the world unprepared and has changed the shape of public health – and of our lives – for the foreseeable future. EuroHealthNet members came together in the summer and fall of 2020 to discuss the most pressing societal challenges and trends for public health in the years ahead, and the interrelated complexities and implications for their work in the near and long-term future. In 2021 this [foresight analysis](#) was complemented with an [extraordinary Policy and Strategy Meeting](#) on the European Health Union, the European Pillar of Social Rights, the long-term EU budget (MFF and Next Generation Recovery funds) and WHO European Programme of Work, as well as with a members Focus Group on strategic priorities and with Executive Board discussions.
- 6.2 **Trends and contexts** for this Strategic Development Plan include the nature of “recovery” of COVID-19 and how economic factors, political change and turbulence is a constant concern, impacting inequality. The consequences of Brexit and the Future of Europe are ongoing debates. The European Pillar of Social Rights is a vital instrument to be taken further, but health and social issues are still separated. Digital transformation, AI, digital markets, safety and security for data are developments happening now. The European Green Deal needs wide consideration and implementation, reversing threats to biodiversity and climate change, including mobility and consumption patterns. This Strategic Development Plan is also being implemented against a backdrop of demographic shifts, migration, ageing, but also persistently high levels of poverty and social exclusion amongst children and young people, with grave implications for their life course. These are all issues that impact health, and that also require public health authorities to act.
- 6.3 **EuroHealthNet is planning to conduct more foresight exercises in the future**, to be able to anticipate and respond effectively to key societal trends and policy developments. Foresight methodology will be applied to various relevant and specific topic areas. Our 2020 foresight exercise, contextual analysis and extensive discussions across the Partnership lead to the following SDP thematic directions.

## 7. Our five thematic areas and two cross-cutting topics

- 7.1 HEALTH EQUITY** Our core themes and ‘raison d’être’: health inequalities and the social determinants of health. Topics include health and social justice, employment, education, social inclusion, discrimination, gender and racial inequities. These will be addressed using and developing tools and instruments for governance such as impact assessments, health equity audits and Health in all Policies.
- 7.2 NON-COMMUNICABLE DISEASES** We will also work closely on the prevention of NCDs and cancer, addressing obesogenic environments, healthy and sustainable food and diet, physical activity and sedentary behaviour, risk factors such as tobacco and alcohol, impacts of social marketing and the commercial determinants of health.
- 7.3 CLIMATE CRISIS** Building on [INHERIT](#) outcomes, we will take forward sustainable development and mitigating environmental degradation including climate change, loss of biodiversity, air pollution, green spaces and seek opportunities to work on environmental health, healthy urban planning and transport, and nature-based solutions in the context of promoting economies of wellbeing, supporting a fair transition and achievement of UN Agenda 2030 goals and the European Green Deal.
- 7.4 PREVENTION AND PROMOTION** EuroHealthNet will continue to advocate for the shift towards prevention, health promotion and people-centred community care, including strengthened primary health care, and integration with local social services, exploring social prescribing. We will work on financing of prevention and health promoting services, support health literacy and the equitable uptake of vaccines and immunization. We aim to transform health “cure” systems to health “care” systems which protect and promote health and prevent diseases.
- 7.5 LIFE COURSE** The Partnership will further work on themes such as inter-generational inequalities, children and young people’s health and opportunities, demographic change including healthy and active ageing, working conditions and ‘work-life balance’, cultural and behavioural insights.
- 7.6 MENTAL HEALTH** is part of our definition of health and therefore a cross cutting topic across all five areas. Technological developments will hugely impact work in all five areas and **DIGITAL INCLUSION** is therefore our second cross-cutting topic.

## 8. The need for prioritizing and achieving impacts

- 8.1 Over the course of the next five years, EuroHealthNet will take an annual strategic approach to prioritizing and engaging with the five thematic areas and two cross-cutting topics. The Executive Board will assess the needs and level of interest amongst the Partnership to take action related to a specific theme, at a particular moment of time. We will also use the policy opportunities that present themselves over the coming years to advance action, focusing our attention on those areas that are most likely to have a larger impact on improving health, equity and well-being.
- 8.2 By 2026, EuroHealthNet will have **achieved impacts** in these five thematic areas and two cross-cutting topics in the following ways. EuroHealthNet:
- will have been influential in the development of thinking and action on specific initiatives relating to health inequalities and thematic areas
  - will have provided evidence to support the formation of policies at European and (sub)national levels.
  - will have established frequent productive interactions with policy and practice stakeholders, improved understanding of health and social inequalities – and of what works in reducing them.
  - will have supported the utilisation of EU and WHO tools among member agencies, – and their participation in EU and WHO processes. facilitating policy implementation in practice, and having unlocked EU funding for members.
  - will have acted as an intermediary between researchers and policy makers
  - will have had consistent presence in the interface of health and social policy communities in Europe and connectivity with different stakeholders from research, policy and practice
  - will have built capacity and facilitated exchange among the EuroHealthNet partnership.

Specific goals and indicators of success in relation to each thematic area and cross-cutting topic will be included in our annual business plan and work programmes.

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# 3 PART THREE

“Achieving Change”: how we can bridge part one and two amidst COVID-19, transform into an agile organisation, and respond best to current crises and solutions



## 9. Glocalisation and vertical integration

- 9.1 The pandemic has drawn attention to an interesting paradox.** It has highlighted the increasing interconnectedness of our world, but also shrunk people's daily lives down to much smaller circles – to their families, neighbourhoods, and communities. These two aspects – the very global and the very local – are both crucial. The recovery must happen at a global level and citizens must be empowered and involved locally. A “glocal” approach, in which localism and globalisation are jointly considered, would enable global actions to be tailored to the local level, and for individuals across all groups to become engaged and take ownership of solutions. EuroHealthNet aims to develop strategic connections at global levels, for global intelligence.
- 9.2 Due to this globalization, we need to be much more agile.** Policy scenarios change more rapidly now with the advent of globalized information and communication. EuroHealthNet will re-enforce its core operations and intelligence in policy, research and communications in such a way that allow the EuroHealthNet partnership to be quick and responsive and agile to be able to be seen to provide advice and evidence in a timely way to decision makers.
- 9.3 COVID-19 has also highlighted the importance of local actors.** Community based health care and prevention is key. **We will step up efforts to mobilise organisations at sub-national levels to engage and provide leadership.** We aim to empower communities, cities, regions and work on innovative solutions. EuroHealthNet's policy debates and discussions at the level of EU, WHO and Member states will include improved representation of regional and local level authorities. Bottom-up approaches help facilitate the transformation that is needed for health, sustainability and wellbeing. The EuroHealthNet partnership will explore ways how that can best be done and how EuroHealthNet's work can also be useful to the local partners of member agencies in their countries i.e. their contacts, target groups, 'clients' and wider networks at national and/or regional levels.
- 9.4** A “glocal” approach also reinforces the need to ensure policies are **aligned vertically across policy levels international/European/EU/national/regional/local.** EuroHealthNet will continue to support WHO and EU-level initiatives to improve health, social rights and well-being and explore, by learning from member's experiences, how they can facilitate or where they may undermine efforts to achieve greater health equity and well-being at (sub)national levels. The partnership will identify and highlight examples of how to improve vertical integration.



## 10. Funding and fundraising

- 10.1** The COVID-19 crisis led to a substantial revision of the initial proposal of the long-term EU budget, **the Multi-Annual Financial Framework (MFF)**. A notable change was the newly created and ambitious “EU4Health” Programme and general thematic and/or budgetary ‘boosts’ to the health sector across a variety of EU programmes. Programmes for research, social investments, education and training were reviewed in the context of health and recovery. The revision of these funding programmes is directly relevant for EuroHealthNet and its Partnership. EuroHealthNet developed [a MFF briefing](#) to explain how these funds can be used for our work on strengthening public health and health promotion and reducing health inequalities.
- 10.2** **EuroHealthNet will step up its Help-Desk on EU funding** and proactively work with its Partnership to understand, adapt to, as well as encourage and support access to EU funding where possible such as for HorizonEurope, EU4Health, European Social Fund, and Erasmus programmes. The Partnership will be systematically informed of funding calls and deadlines and capacity-building opportunities offered by EU Programmes for their work on the ground in countries, regions, expert centres and communities. We will also seek to further investigate entry points and ways to apply for various funds, upon members’ needs and interests and enable connections between members to develop joint bids.
- 10.3** EuroHealthNet aims to re-new its **core funding from the European Employment & Social Inclusion Programme (EaSI)**, which is a part of the European Social Fund+ (ESF+) and apply for a **Framework Partnership Agreement** with the European Commission for the period of 2022-2024. It also aims to apply for project engagements with other EU Programmes, involving EuroHealthNet members and partners where possible, to implement this Strategic Development Plan.
- 10.4** EuroHealthNet will maintain the **current categories of membership fees** (20,000 – 15,000, 10,000 - 5,000 - 2,500) but aims to increase the overall contribution of membership payments. In addition, EuroHealthNet welcomes additional opportunities for targeted and contracted assignments by individual members and partners of EuroHealthNet, for example supporting Joint Actions among Member States. These assignments will include management and overhead fees.
- 10.5** We will continue our strand of work **regarding innovative financing of health promotion and prevention**, and further explore InvestEU, EIT Health. What investable propositions can we make that will be attractive to investors (mainly public, maybe private) and can advance health equity? We will further populate [the e-Guide on financing Health Promoting Services](#) with inspiring examples and build capacities to increase health promoters’ understanding of financial instruments

## 11. Beyond recommendations, to investable solutions

- 11.1 We not only need to recommend what to do to “Build Back Better and Fairer”, but also give concrete guidance on how this can be done. EuroHealthNet aims to compile and develop a set **of investable actions** that helps to reduce health inequalities and promote health and wellbeing. We cannot only make broad policy statements, we need to be able to give details of which actions/measure/practices requires funding, how much they costs, whether they can be transferred to other countries, what are the health equity outcomes and the returns on the investment. In this process, it is however important to **avoid pitching downstream interventions as we know that solutions often lie in systemic change and action.**
- 11.2 Best Buys of WHO is a starting point, but we need to move beyond these best buys in order to capture **investable and effective solutions** in the five thematic areas and two cross-cutting priorities we aim to pursue. Focusing on the implementation of the European Pillar of Social Rights will provide a good framework to do that. In addition to advocacy, use of the EU funding opportunities as above remain vital, as well as using channels such as the Steering Group of Health Promotion and Prevention (SGPP) practices process and the Technical Assistance programme of DG Reform.

## 12. New internal working practices

- 12.1 As gender inequality is a persistent phenomenon in our societies, EuroHealthNet proposes to develop a **Gender Equality plan** for its office, and provide guidance, gender related expertise and awareness raising for its entire Partnership as part of our How We Work framework. We will collect data, monitor (sex and gender disaggregated data of people participating in our activities) and include results in our annual report. Our EuroHealthNet Gender Equality Plan will also address work-life balance and organisational culture, measures against gender-based harassment, gender balance in leadership and decision making, gender equality in recruitment and career progression, and integrate the gender dimension into all of our activities.
- 12.2 As climate change and loss of biodiversity are real threats, our work practices should be sustainable and contribute towards climate mitigation. EuroHealthNet will introduce climate concerns and ways to **assess and address the environmental footprint of our activities**, including travel and use of digital services, integrated in our work activities.
- 12.3 **We will develop and implement a Code of Ethics** covering the whole Partnership including its staff, governance structures and the membership. The code deals with the relationship between EuroHealthNet and its funders, potential cooperation with private sector, but also include measures towards intergenerational support, include a diversity clause to our operations and professionalise our internship programme.

**This Strategic Development Plan (2021-2026) will be implemented on a year-by-year basis, through annual Business Plans setting out annual targets, milestones, deliverables and a timeline, prepared by the Executive Board, approved by the General Council, supported by an external evaluator and reported in the annual activities report.**

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**EuroHealthNet is a not-for-profit partnership of organisations, agencies and statutory bodies working on public health, promoting health, preventing disease, and reducing inequalities.**

EuroHealthNet supports members' work through policy and project development, knowledge and expertise exchange, research, networking, and communications.

EuroHealthNet's work is spread across three collaborating platforms that focus on practice, policy, and research. Core and cross-cutting activities unite and amplify the partnership's activities.

The partnership is made up of members, associate members, and observers. It is governed by a General Council and Executive Board.



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