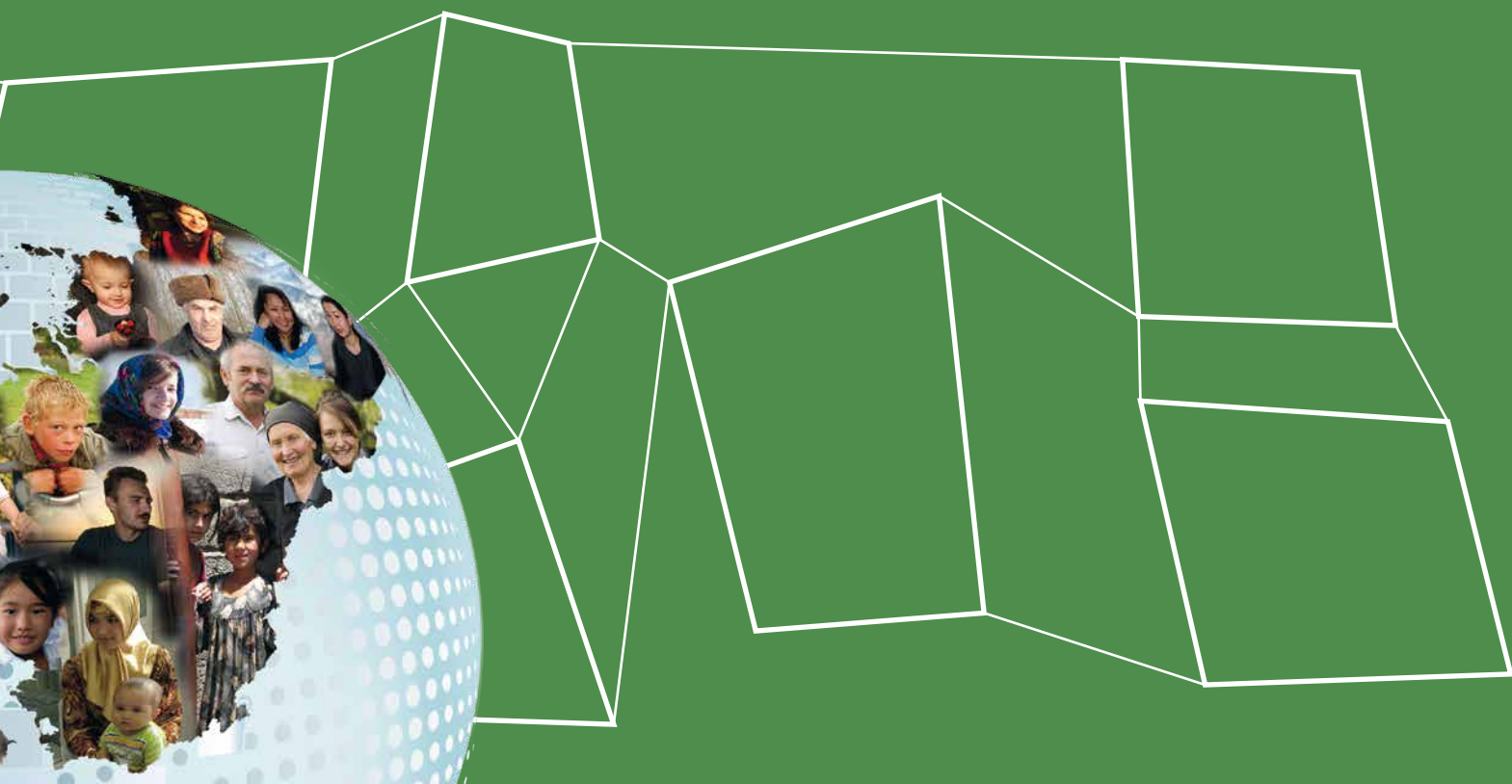
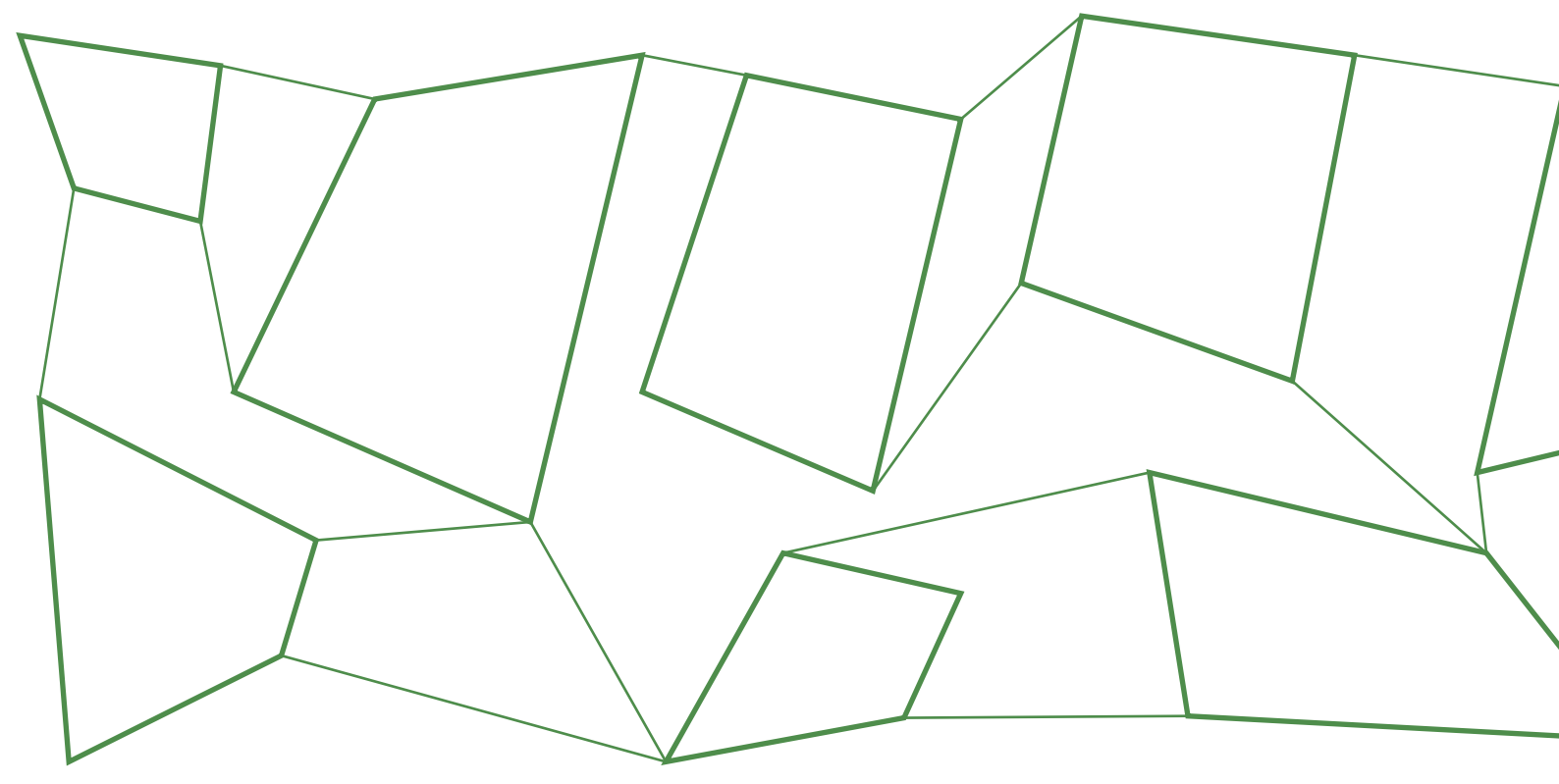


Meeting report of the Second High-level Meeting of Small Countries

Taking forward Health 2020:
Small Countries at the Forefront of
Whole-of-Government Approaches to Health

Soldeu, Andorra, 2–3 July 2015

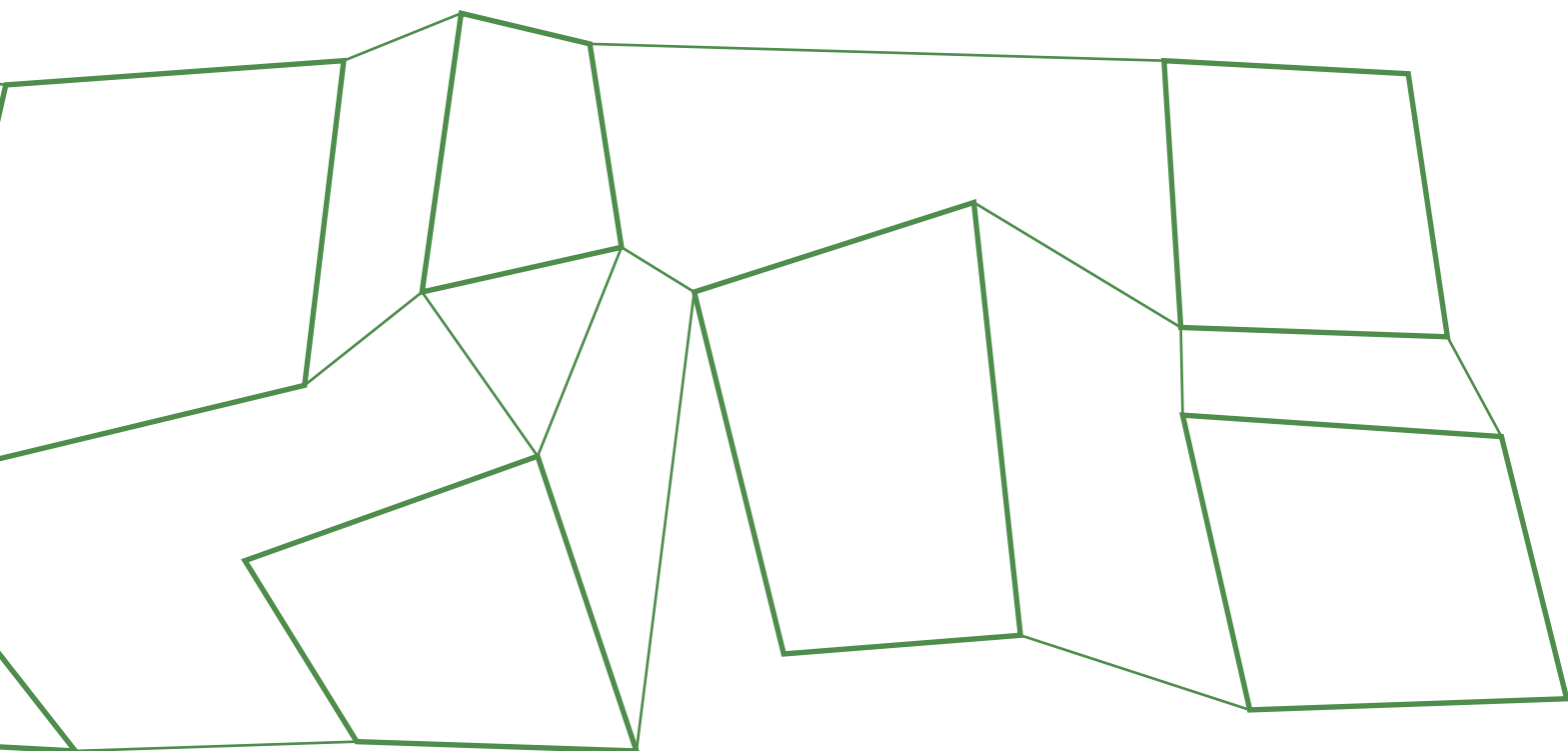




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Abstract

The second high-level meeting of small countries took place in Soldeu, Andorra, 2–3 July 2015 with the aim of reviewing progress made since the first meeting particularly in implementing the activities as set out in the San Marino Manifesto. The meeting aimed to further advance the implementation of Health 2020 in the WHO European Region by exploring intersectoral approaches to improve health outcomes and reduce health inequities.

The specific outcomes of the meeting were the Andorra statement and an action plan covering four areas paving the way forward for small country implementation of Health 2020 namely, documentation of various aspects of Health 2020 implementation; development of joint capacity-building events on core Health 2020 themes; better engagement of the media as an implementation partner, and creation of a platform for sharing experiences and mutual learning about Health 2020 implementation.

Keywords

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Abbreviations

EU	European Union
HTA	health technology assessment
ISS	Institute of Social Security
MAAS	Model for integrated health and social assistance
MDGs	Millennium Development Goals
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
OOP	out-of-pocket
SMART	specific, measurable, achievable, relevant and time-bound
UNICEF	United Nations Children's Fund

Executive summary

The second high-level meeting of small countries aimed to further advance implementation of Health 2020 in the WHO European Region by exploring intersectoral approaches to improve health outcomes and reduce health inequities. Specifically the meeting aimed at:

- reviewing the status of national health policies of the participating countries and their alignment with Health 2020;
- examining promising practices from the participating countries in reforming the health sector towards people-centred health systems;
- analysing specific challenges in health information and data collection in small countries and introduce them to Health 2020 indicators;
- sharing good practices and lessons learnt in small countries with reference to whole-of-society approaches to create supportive environments and resilient communities; and
- engaging the media as a partner for health by building capacity within a critical mass of media professionals in the participating countries dealing with social determinants of health and health inequities.

The meeting showed that small countries experience a mix of advantages and challenges in collaborating intersectorally, strengthening health systems and health information systems, working across the life-course and building resilience. Highlights from the meeting can be grouped under major meeting themes.



Reaching out to other sectors

Small countries are advantaged when building intersectoral collaboration and setting up new initiatives due to existing mechanisms of collaboration and proximity of working relations. Intersectoral collaboration should be seen as a natural process and be institutionalized and strengthened. A common agenda is needed for joint action across sectors. National responses

should be multidisciplinary and unified involving other sectors to address the underlying factors related to health inequities.

Mechanisms such as intersectoral working groups helped facilitate use of a so-called health lens in policy-making. Education was identified as a driver for changes in many areas including health.

Documenting how intersectoral action is facilitated by institutional, legislative, financial and accountability mechanisms to promote health and reduce inequities in small countries is key to implementing measures in small countries. Mechanisms and models to engage other sectors and trigger a similar way of thinking are also key.

A number of useful consultation processes to develop national health plans were shared such as annual meetings, events with civil society and use of municipality mechanisms to raise awareness, get input and gather support.

Health system strengthening

It is important to bring forward to both finance and Prime Ministers convincing evidence of the need to invest in health systems. Mechanisms to convey these messages to finance and Prime Ministers need to be actively explored.

Assessment of public health capacity to provide an account of the quality and comprehensiveness of essential public health operations will provide the basis for the identification of services and operations that need to be strengthened.

Health service delivery needs to be transformed to ensure a continuum of care using the life-course approach. New models of care need to be explored and quality of care needs to be monitored. Countries can draw upon WHO's compendium of coordinated and integrated care experiences that provide practical examples of how to put this in place.

Health information and data collection in small countries

A health information network for small countries would help in dealing with the numerous data challenges shared. Common challenges and opportunities that could bind this network, as well as a joint vision should be identified.

Data needs to be powerful, pertinent and precise, provide perspective and measure progress. A health information network for small countries could address technical concerns related to data such as small sample sizes, and limited human and financial resources to collect and analyse data.

Small countries are champions on how integration of health information systems could be achieved and have rich experience to share with other countries in Europe.

Organizational concerns around data collections and coordination of data requests from international organizations should be addressed.

Health promotion and disease prevention throughout the life-course

Adoption of a life-course approach to health in national health plans would provide a more comprehensive vision of health and its determinants, and would lead to the development of

health services based on the needs of users in each stage of their lives.

Early childhood development interventions are of critical importance in the life-course. The importance of intergenerational processes and how what happens today affects what happens tomorrow should also be recognized.

An understanding of different settings is key to carrying out life-course approaches in countries. Entry points in other sectors should be sought such as education, which has proven to be an effective entry point for providing school-aged children with health messages.

Creating supportive environments and resilient communities

The environment is an asset and a contributor to resilience. Small states can be a model to other countries on environmental management.

Partnership building by means of working groups or joint projects involving different sectors can build up resilience in countries. Communication, such as the widespread use of social media, also helps build resilience because strategic and correct information reaches the right audience.

The economic crisis should be seen as an opportunity to strengthen resilience of a community and not a reason to decrease funding from the health sector. Evaluating, monitoring and examining the effects of actions were also highlighted as a means to ensure accountability.

The specific outcomes of the meeting were the Andorra statement and an action plan covering four areas paving the way forward for small country implementation of Health 2020:

- documentation of various aspects of Health 2020 implementation, namely;
- development of joint capacity-building events on core Health 2020 themes;
- better engagement of the media as an implementation partner; and
- creation of a platform for sharing experiences and mutual learning about Health 2020 implementation.

1. Introduction

The second high-level meeting of small countries took place in Soldeu, Andorra, on 2–3 July 2015 (see Annex 1 for the programme). Participants were representatives of the eight Member States taking part in the small countries initiative – Andorra, Cyprus, Iceland, Luxembourg, Malta, Monaco, Montenegro and San Marino – and representatives of the WHO Regional Office for Europe (see Annex 2). The Government of Andorra hosted the meeting.

The first meeting, held in 2014 in San Marino, aimed to foster political commitment and develop good practice to implement Health 2020 (1), focusing on how small population countries were improving population health and well-being, reducing health inequities and building more equitable, cohesive and sustainable societies. This meeting reviewed progress made since the first meeting, as well as progress in implementing activities set out in the San Marino Manifesto (2).

As a natural follow up to the first meeting, this meeting aimed to further advance implementation of Health 2020 in the WHO European Region by exploring intersectoral approaches to improve health outcomes and reduce health inequities by:

- reviewing the status of national health policies of the participating countries and their alignment with Health 2020;
- examining promising practices from the participating countries in reforming the health sector towards people-centred health systems;
- analysing specific challenges in health information and data collection in small countries and introducing them to Health 2020 indicators;
- sharing good practices and lessons learnt in small countries with reference to whole-of-society approaches to create supportive environments and resilient communities; and
- engaging the media as a partner for health by building capacity within a critical mass of media professionals in the participating countries dealing with social determinants of health and health inequities.

The second meeting had several outcomes.

- Produce an overview of Health 2020 implementation in the WHO European Region and on the uptake of the recommendations of the *Review of social determinants and the health divide in the WHO European Region* (3).
- Produce an overview of health care reforms and health financing from the participating countries and suggestions for a plan of action.
- Address health information and data collection challenges in small countries with concrete action including Health 2020 indicator monitoring.
- Draft and finalize the Andorra statement on health promotion and disease prevention throughout the life-course (4) for presentation at the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 on 21–22 October 2015 in Minsk, Belarus (5).
- Build a critical mass of media professionals in the small countries dealing with social determinants of health and health inequities.
- Introduce topics for the third high-level meeting in 2016 to be hosted by Monaco.

The Honourable Antoni Martí Petit, Prime Minister of Andorra, welcomed participants and affirmed that health and welfare are key pillars of a welfare state and critical for future generations. He acknowledged that all European countries face health system reform challenges and that this meeting provided an opportunity to draw on lessons from small country experiences implementing Health 2020. The Prime Minister emphasized the importance of Andorra hosting this meeting as the country already begun integrating Health 2020 into their health strategy as of 2012 with the model for integrated health and social assistance (MAAS). He also stressed that public health is also a question of economy: without a healthy society, the economy will not flourish and the country will not attract investments.

Ms Maria Rosa Ferrer Obiols, Minister of Health, Social Affairs and Employment of Andorra, also welcomed participants and used the example of the increase in the prevalence of chronic diseases as a trigger to rethink the organization of health services in Andorra. The new health plan (MAAS), which integrates Health 2020, will be an opportunity to showcase Andorra's potential for health system reform with a health equity lens.

Participants were welcomed by the Honourable Antoni Martí Petit, Prime Minister of Andorra; Ms Maria Rosa Ferrer Obiols, Minister of Health, Social Affairs and Employment of Andorra; and Dr Zsuzsanna Jakab, WHO Regional Director for Europe (6).



2. Moving forward on the health equity agenda in Europe: uptake of Health 2020 and of the European review of social determinants and the health divide

The overall rationale of the small countries initiative is making Health 2020 relevant to countries with a population of less than 1 million. As described in the San Marino Manifesto, small countries are ideal settings for Health 2020 implementation and alignment of their national policies and programmes (1).

2.1 Moving forward on the health equity agenda in Europe

This overview covered the small countries initiative, the Post-2015 agenda, progress made in implementing Health 2020 and the need to invest more on the determinants of health. Small countries are unique in that they have an acute understanding of the dynamics of globalization and are agile. They also focus on their challenges and are flexible.

Four key actions were agreed upon at the first high-level meeting.

- Document how to align national health policies to Health 2020.
- Develop joint capacity building events.
- Better engage the media as an implementation partner.
- Create a platform for sharing experiences and mutual learning about Health 2020.

The year 2015 is key as the United Nations Member States will adopt the Post-2015 development agenda, which will influence work in health globally and regionally. Prior to the initial consultations on Post-2015, discussions took place on the role of health, which emphasizes the importance of sustaining and accelerating work on the current health Millennium Development Goals (MDGs). The health agenda is now broader and needs to show the links between health and other aspects of development. As a result, a new framework for health has started to take shape with a clear narrative about the role of health comprised of three elements.

1. Health is a critical component of sustainable development and human well-being, and a contributor to the overarching purpose of any new set of global goals.
2. Health should be maximized at all stages of life including acceleration and completion of work on the current MDGs and extension of work to cover noncommunicable diseases.
3. Universal health coverage is both a means to the end of achieving these outcomes and an end in itself valued by people in its own right. All people should have access to affordable health services.

The year 2015 also saw health take centre stage. The German Chancellor gave a keynote speech giving high priority to global health at the Sixty-eighth World Health Assembly. Many landmark decisions and resolutions took place in international health regulations, and a global malaria strategy (7) was adopted by the World Health Assembly. Progress in polio eradication and immunizations were made. In the European Region, a European action plan against antimicrobial resistance was adopted (8), and remarkable progress measured in the European Environment and Health process as seen by a mid-term review.

Health 2020 set the pace for the Post-2015 development agenda in Europe. It provided an excellent example of a successful policy framework in the Regional Consultation on the Post-2015 Development Agenda. Health is also linked to many of the other Sustainable Development Goals both as contributor to and a beneficiary of development with health statistics now becoming key metrics of progress towards sustainable development.

The European health report will review progress towards Health 2020 targets since the 2010 baseline. It will highlight new frontiers in health information and evidence including subjective well-being measurements. In addition, it will examine how culture influences health and health perception. The European Region is on track to achieve the Health 2020 target to reduce premature mortality. Nonetheless, much more can be done to reduce major risk factors. Furthermore, while gaps between the highest and lowest values of health inequities reported in the European Region for Health 2020 indicators have reduced over time, the absolute differences between countries remain large.

The *Review of social determinants and the health divide in the WHO European Region* identified key areas of action to address health inequalities (3). To reduce the health divide in the European Region, investments are needed in highly cost-effective policy interventions, such as evidence-based fiscal policies, comprehensive prevention and health promotion packages, action on the social determinants of health and new forms of governance. Such investments should be made both within health systems, to integrate essential public health functions, as well as at population level, through multisectoral approaches.

This reorientation is the essence of Health 2020, which requires some main elements to be successful:

- clear policy frameworks at governmental level
- strong political commitment at the highest level
- policy coherence among sectors
- close intersectoral work.

2.2 Health in the context of small countries: the experience of Andorra

Since 2012, the Government of Andorra has been undergoing a health system reform to align with Health 2020. MAAS consists of three pillars:

- maintaining health, specifically tackling chronic diseases
- developing an integrated, sustainable and high-quality health care system
- strengthening health system governance.

Consisting of 10 strategies, 24 priority areas and an action plan, MAAS is a framework to integrate delivery of services. Primary health care is the entry point into the system, which is patient-centred and provides health care options according to individual needs. Health promotion and the prevention of illness are prioritized, as well as patient education and promotion of the active role of individuals to increase their control over their health. A proposal was sent to the Government, and new laws will need to be adapted within this new framework.

Andorra was in need of a more comprehensive health system, taking into account that primary care is the entry point. The health system reform has consisted of a participatory process with

all stakeholders taking part in the development of all actions in the new health framework. The plan has been elaborated over the course of a year and takes into account all available evidence on the health situation in Andorra. In Andorra, 70% of deaths are attributable to noncommunicable diseases. The current health care system is fragmented. Primary care is in need of improvement; communication needs to be made more effective and health system coverage improved. Governance for health was also an area in need of improvement.

A pilot test of MAAS began in December 2014 using type 2 diabetes as a model. In the case of diabetes, 80% of general practitioners activate requests for specialized resources, and help patients move through the system and receive personalized follow-up. Management nurses ensure coordination between professionals and services, as well as access to patient education. All actors utilize an evidence-based care pathway for coordination and communication. The primary care team, consisting of the general practitioner and nurse, monitor the interventions each patient receives and develop an intervention plan adapted to individual needs. A diabetic card holds all medical information for individuals, and a pharmaceutical guide ensures that medications and medical supplies are used properly. The final assessment of the pilot will take place in December 2015.

MAAS will also improve health governance focusing on incentives and organs of governance. An incentive was introduced to reduce patients' co-payment (from 25% to 10%). Incentives for general practitioners are shifted from fee for services to pay per performance with fixed incentives and variable incentives linked to performance and factors such as team work and coordination, care plan created, quality of care and efficiency linked to pharmaceutical spending. Governance structures are being introduced; coordinators will work in tandem with health care professionals and managers to ensure that projects run smoothly, and are in charge of the monitoring and assessment process. Operational structures consist of a coordinator, a general practitioner and management nurses. Decision-making structures consist of the Andorran Office of Social Security; the Andorran National Health Service; the Ministry of Health, Social Affairs and Employment; a coordinator; and external experts.

2.3 Linking the national health plan with Health2020: San Marino case study

San Marino developed and aligned its 2015–2017 national health plan (9) with Health 2020. It was inspired by Health 2020 and took a whole-of-government and whole-of-society approach before and throughout the development process. It is also people-centred and focuses on the needs of the individual using a life-course approach. The national health plan was developed in two phases: development of the health plan guidance document and development of the national health plan.

The national health plan was developed over a period of 20 months. First, San Marino's political (health ministry) and technical (Health Authority for Authorization, Accreditation and Quality of Health Services) representatives met to discuss the need for the new health plan. Then, the Health Authority developed the health plan guidance document and the Institute of Social Security (ISS) provided input to the health plan guidance document. Next stakeholders, including civil society, volunteer organizations, other ministries and political parties, provided feedback on the health plan guidance document.

Once parliament approved the health plan guidance document, work began on transforming it into the national health plan by means of an extensive consultation process covering all parts of government and society. Stakeholders included the environment and education ministries; local municipalities run by community councils and local citizens; voluntary associations

representing health and social welfare issues; and WHO. Prior to development of the national health plan, different sectors already worked together by means of thematic working groups such as the Education and health working group, the Kyoto Protocol working group and the Road safety working group.

The national health plan has seven overarching goals in line with Health 2020:

1. consideration of health as a universal right and common good;
2. health promotion and prevention of health inequalities by taking action on the social determinants of health;
3. reduction of disease risk factors and premature mortality;
4. increased integration between health and social services and across sectors;
5. promotion of organizational and economic sustainability of the health system;
6. strengthened governance in health system actions and engagement in external cooperation to avoid isolation; and
7. provision of support to further develop human resources.



The plan's health objectives focus on:

- promotion of health and prevention of disease by focusing on lifestyles, work and home environments, vaccinations and screening;
- use of a life-course approach to focus on maternal and newborn health, child and adolescent health, healthy aging, women and gender policies, and disabled and migrant populations; and
- addressing the burden of disease due to noncommunicable and communicable diseases.

The plan will render itself accountable by means of:

- a new health information system

- yearly priority setting and objective setting
- service delivery monitoring and an evaluation using SMART¹ objectives.

The new information system will allow for qualitative and quantitative epidemiological population data (healthy and with disease) to obtain information for health and social services planning, and identify priority health needs. It will also link a number of existing data sets in the country and track patient use of ISS services according to the care pathway followed.

San Marino was ready for a framework like Health 2020 and saw the small countries initiative as crucial to getting political support, as well as for technical exchanges with other countries. Implementation of the national health plan will call for capacity building at all levels, strengthening of human resources know-how and improved communication and dissemination.

2.4 Discussion

Many key issues arose from the country presentations. Both countries face the challenges of chronic diseases and the need to move towards coordinated care. At the same time, the financial sustainability of health systems needs to be considered. The case of San Marino showed the importance of taking the health plan to the highest levels of government for endorsement by the state while involving a wide range of stakeholders. Countries were interested in the participation aspect and the consultation process followed by San Marino for the health plan. In San Marino, the municipalities' mechanism and the existing thematic working groups made it easy to involve other sectors and civil society. Andorra stated that the Ministry of Health, Social Affairs and Employment works in harmony, and the plan will be distributed for comment to a number of stakeholders prior to sending to Parliament for approval. This discussion also highlighted the importance of aligning a country's health policy with Health 2020 and having examples that show practical implementation.

¹ SMART objectives are characterized by being specific, measurable, achievable, relevant and time-bound.

3. Reaching out to other sectors: small countries as an ideal setting for multisectoral approaches to health

The previous session focused on San Marino's and Andorra's experiences that could be regarded as pilot studies of how governance for health and its intersectoral element is addressed in small countries. The health sector alone cannot tackle all the determinants that impact people's health and health inequalities. For this reason, session two sought to identify how other sectors are getting involved to make a positive impact on health. This session aimed to take stock of current developments in the field of intersectoral action for health, distil lessons learned and examine the diverse processes related to governance and intersectoral issues. An example of intersectoral implementation in Andorra was presented, and a multisectoral panel discussion ensued.

3.1 Tackling infant obesity and sedentary lifestyle using a multisectoral approach: the Andorran Nereu programme

In Andorra, among 11–12 year olds, 12% of children are overweight and 7% are considered obese. This condition is normally associated with unhealthy eating and low levels of physical activity. Nonetheless, many of these habits do not depend on the child but on their environment such as home influences, factors in the local community, school environment policies and industry. The Nereu programme has sought to change this. This programme has been successfully operating in Spain (Catalonia and Aragon) for the last eight years.

Andorra recently adopted this programme using an intersectoral approach involving the health, sports and education sectors. Nereu aims to promote a change towards or maintenance of healthy eating habits in primary school-age children who are overweight or obese and have sedentary lifestyles by engaging them in regular physical activity and healthy eating. The programme also extends to their families. A pilot test started in March 2015 with children aged 8–9 years old in seven schools including each of the three educational systems in Andorra (French, Catalan and Spanish). Families receive two behavioural counselling sessions per month about healthy eating and physically active lifestyles conducted by nutritionists and sport science graduates. Children attend three sessions per week of physical activity lessons where they practice new skills involving different sports, and receive information about healthy eating and lifestyles (10).

The multiple benefits of Nereu have been a sense of social inclusion for overweight and obese children, and a specific intervention programme for families to help them change their lifestyles. Medical professionals now have a public health programme for patients who require help in this area and can receive updates on their patients' progress. The health system benefits, since the prevention of obesity and promotion of physical activity will lead to reductions in noncommunicable diseases in the long term.

3.2 Intersectoral panel

The panel discussion identified common processes that small countries use to foster intersectoral action for health. It also described current developments related to strengthening governance for health that could be made more widely available to other countries in the European Region. Ideas on other aspects of intersectoral action were sought to encourage further knowledge sharing.

The **Ministry of Education, Andorra** reiterated the magnitude of the problem of childhood obesity in the country and the importance of an intersectoral approach to tackle it. Education can be a driver for change in society, and young people are a receptive audience. The aim would be early detection and prevention of obesity in schools, which were identified as an ideal setting for interventions as children spend many hours there. Andorra expressed a commitment to use the education system to make changes and improve the quality of life for its population.

The **Ministry of Territory and Environment, San Marino** shared the country's experience in setting up intersectoral working groups as described in the San Marino case study (11), as well as collaboration with local agricultural cooperatives to favour less aggressive agricultural methods and to respect biodiversity. Management of urban waste and production of compost in San Marino were also examples cited of intersectoral collaboration impacting health. San Marino has recently embarked on treatment of organic waste with the aim of producing compost. This has involved large investments as far as equipment and training but long-term will result in an environmentally friendly community.



The **Ministry of Foreign Affairs and Cooperation, Monaco** said that an advantage of a small country with a compact government comprised of five ministries was that decision-making was a very close and inclusive process, and information circulated quickly. Cross-sectoral task forces have been set up for issues that require more time to resolve. Monaco relies on numerous associations to work on public health and social services implementation, which are subsidized if their goals are in accordance with that of the Government. These associations work together on operational matters and identify tailor-made solutions to needs identified by the population. The health and social ministries set up a new programme, "School out of school", for children with mental and physical disabilities who have difficulty with other children at school. Teachers have access to a new dedicated space where these children are followed by special education workers, and monitored medically thanks to collaboration between the health and education ministries. This programme took only six months to set up due to Monaco's small size and the fact that intersectoral collaboration is commonplace in the country.

The **Ministry of Health, Luxembourg** stated that improving health in collaboration with other sectors is easier if members of government support it from the outset. The Prime Minister

should be involved, and health should be a theme that comes up regularly in the council of ministers in a country. In order to gain support for a health issue, a strong evidence base is needed but also a shared view that the issue is important and needs advocacy in the country. Support from organizations such as WHO also helps to move the health agenda forward. In Luxembourg since 2006, there has been a national project that seeks to promote better nutrition and increased physical activity. This project was the result of collaboration among four ministries: health, sport, family and education. The project is still ongoing with the Ministry of Health taking the lead and has led to many cities launching projects to promote more physical activity such as “Sports for everyone” by the city of Luxembourg.

With regard to improving leadership and participatory governance, Luxembourg has always involved many sectors in the development of national health plans such as representatives from other ministries, the professional sector and nongovernmental organizations (NGOs). If partners are not involved from the outset, then at implementation time, implementation may not work because something might be incorrect or because they feel they were not involved in its development. In a small country, health authorities do not have sufficient staff nor expertise, so reaching out to partners is a natural way of doing business. Another example of participatory governance is the National Health Conference held annually where health plans or a few specific public health issues are addressed. Partners are invited to attend and this has become a forum where public or private partners have an opportunity to express their opinions. The Parliament member who works in health and the press are also invited; country leadership can hear about health concerns, and the press ensures the outcome of the Conference is made available to the public.

The **Ministry of Health, Cyprus** shared the country’s experience with intersectoral work. In Cyprus, the Council of Ministers and its Secretariat supports and the Ministry of Health monitors and coordinates intersectoral collaboration among different ministries and agencies to encourage a coordinated partnership approach to health. Interministerial committees are regularly formed on an ad hoc basis to ensure a clear division of roles and responsibilities, and identify areas for collaboration in policy development, and formulation and the implementation of national strategies and plans to address sector-related matters. Examples are the national strategy for combating drug dependency and the national strategy for smoking control where the Ministry of Health has the leading role. Examples of major health issues where the leading role lies outside the health sector are the national road safety strategy where the transport ministry has the leading role, and the national strategy for combating air pollution where the Ministry of Agriculture, Natural Resources and Environment takes the leading role. Each ministry is encouraged to nominate liaison officers (focal points) to facilitate coordinated action, information sharing and joint planning with the other relevant ministries.

The Cypriot action plan for preparedness and response to public health emergencies is an example of cross-sector collaboration between all key partners, vital for preparedness planning and response to an emergency, since the health sector alone cannot manage the full impact of a severe crisis. Agencies and organizations ranging from government entities, NGOs and community partners with clear roles and responsibilities are involved. Health and social inequalities are also addressed by the Cypriot Government on a cross-sectoral basis, with policies taking into account the need to focus on the most socially disadvantaged and vulnerable population groups. The Government has implemented policies or legislative measures that are directly or indirectly related to reducing inequities in health through action on social determinants. Specific emphasis is placed on ensuring that the needs of marginalized and at-risk groups are recognized, and that they are involved in resource allocations, and the design, monitoring and review of policies, services and interventions. Children’s health and well-being is monitored and secured through the Commissioner for Children’s Rights. All children living in the country enjoy free access to health care services. Similarly the Commissioner for Gender Equality secures social, as well as health equity.

The **Ministry of Social Affairs and Housing, Iceland** shared Iceland's experience in reducing inequities. Inequities between salaries are at an all-time low in Iceland. Furthermore, the 2008 financial crisis minimally affected equity levels in the country. During that crisis, 90% of banks and 60% of companies in the country went bankrupt. Nevertheless even in a time of difficulty, there were opportunities to improve society. Iceland established Welfare Watch with representatives of organizations that collaborated with the welfare system and examined data to see what action was needed. Concerned that children were coming to school without breakfast, schools started offering oatmeal porridge to all students, as well as lunch for low-income children. This simple solution based on data collected helped improve children's school performance. Another issue of importance was domestic violence where the victim was usually taken to the hospital and then rarely reported the incident after receiving health care. More action was needed, so social workers began to be sent to victims' homes, resulting in increased reporting of domestic violence. This strategy is now being implemented in other parts of the country, with the hope that domestic violence will decrease.

Montenegro has seen that partnering with sectors has had a positive impact on the social determinants of health and promoted health, as well as equity, sustainability and increased government efficiency. Montenegro is aware that child maltreatment is not only a public health problem but a challenge burdening overall society, as it has cumulative and long lasting health implications, and also seriously affects educational performance, employment prospects and income opportunities. Such cross-cutting issues call for an institutionalized and structured intersectoral collaboration. Evidence generated and shared by WHO with Member States helped the Ministry of Health assume the leadership role for preventing child maltreatment and initiate national consultations aimed at generating consensus on development of a comprehensive strategic framework addressing preventive but also protective actions. Available evidence on the magnitude of the problem and information on cost-effective policies helped the country to ensure full political and policy consensus to guarantee an effective national response, which has been multidisciplinary involving also sectors such as education, social welfare, justice and internal affairs and local communities to address the underlying causes of violence and make children lives safer.

3.3 Intersectoral panel highlights

Small countries are advantaged when building up intersectoral collaboration and setting up new initiatives due to already existing mechanisms and close proximity of working relations; working together becomes part of an everyday routine.

Intersectoral collaboration should be seen as a process and be institutionalized and strengthened. A common agenda is needed for joint action across sectors. National responses should be multidisciplinary involving other sectors to address the underlying factors related to health inequities. It should be a win-win situation for all parties involved. All actors should clearly understand their role and share a common language. Intersectoral collaboration should be institutionalized and continue irrespective of any changes in government. Regular communication and involvement of all stakeholders such as ministries, NGOs and other agencies are key to maintaining good intersectoral collaboration.

Support from Prime Ministers is needed to implement Health 2020. This will facilitate the adoption of whole-of-government and whole-of-society approaches.

National consultations offer the opportunity to generate consensus on national framework for protection and treatment of issues that go beyond the health sector (such as child maltreatment and domestic violence).

The consideration of health in environmental policies and actions was shown by means of mechanisms such as intersectoral working groups involved in policy-making. Longer-term positive effects on health can be seen by environmental actions on urban waste and sustainable agriculture.

Education is a driver for changes in many areas including health. In the case of obesity, early treatment and prevention can make crucial improvements in the population's health status. For these interventions, intersectoral collaboration can make for more efficient use of resources. Some countries shared examples where the education sector took a major role in addressing a health issue as in the case of overweight and obesity. Education proved to be a natural entry point for promotion of healthy lifestyles among children in the early years.

The example of an intersectoral approach to domestic violence can ensure a comprehensive solution since the health sector can only treat injuries.

The experiences shared on child maltreatment show that this is not only a public health problem, but an issue where the help of the sectors involved in education, employment and income should be involved.

The economic crisis should be seen as an opportunity and not a reason to cut funding from the health sector. It is also an opportunity to strengthen the resilience of a community. Monitoring and examining the effect of actions were also highlighted as a way to ensure accountability.

4. Towards people-centred health systems: health care reforms and health financing in small countries

Health systems are a crucial element for small countries, not only in terms of ensuring high quality of health care delivery and public health infrastructure, but also as part of their national identity. This session focused on strengthening health systems, public health infrastructure and programmes as key elements of Health 2020. It also aimed to reduce the literature gap on health systems in small countries as there is little available literature.

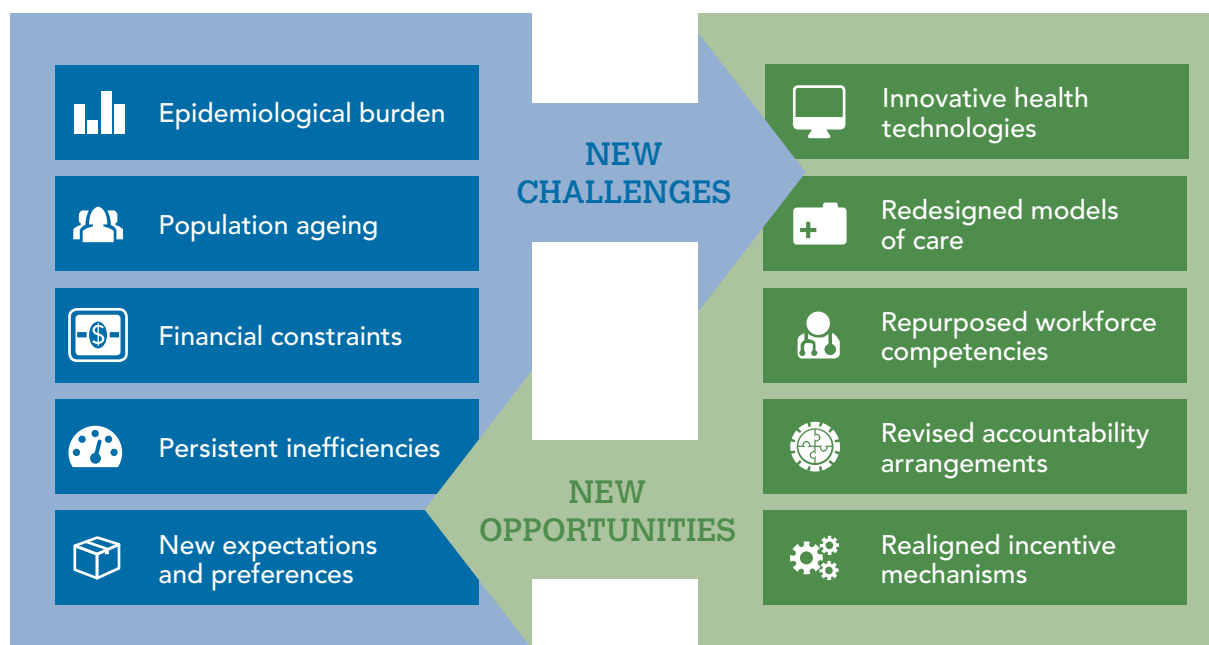
4.1 Strategic priorities in health system strengthening in the WHO European Region: walking the talk on people centredness

This presentation aimed at:

- making the case for people-centred health system strengthening
- setting priorities for health system strengthening for 2015–2020
- creating of a framework for health system strengthening.

Health systems are under a lot of pressure. A number of challenges exist, as do innovative solutions that can be taken (Fig. 1). People should not be adapting to the system but the system should be adapting to them.

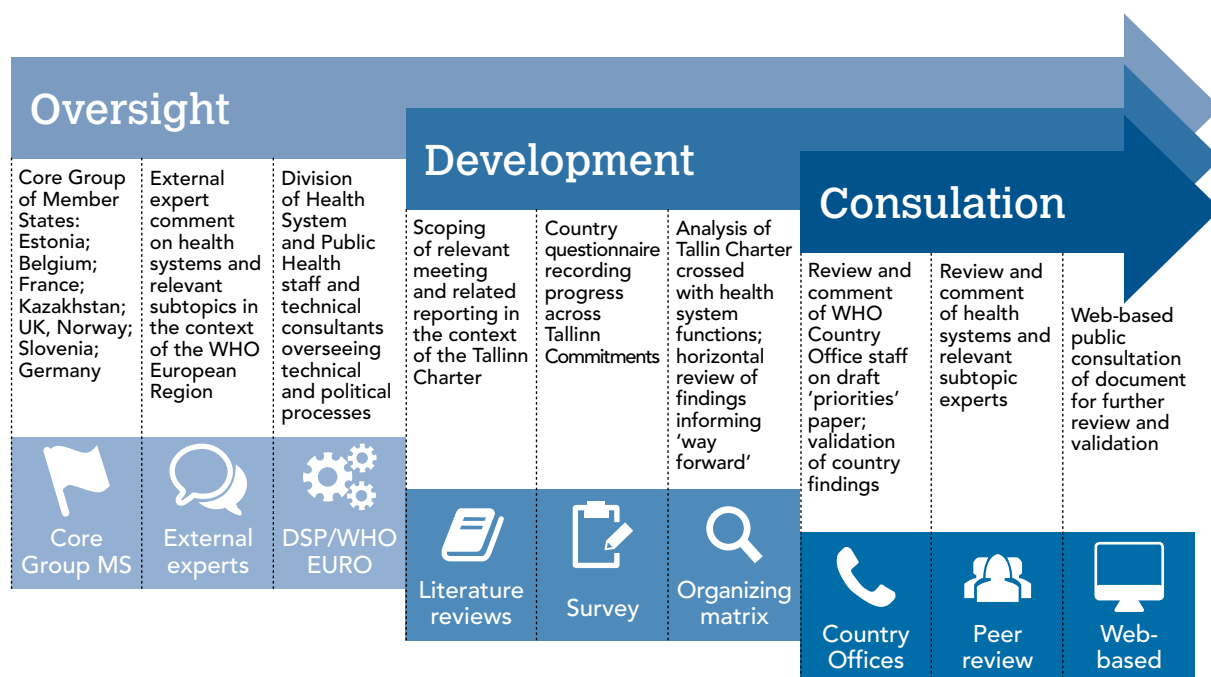
Fig. 1. Health systems as an adaptive platform for new challenges and innovative solutions



Health service delivery needs to be transformed to ensure a continuum of care using the life-course approach. Patients need to be empowered and engaged, and should receive a comprehensive continuum of service. New models of care should be explored, and quality of care should be monitored. WHO now has a compendium of coordinated and integrated care experiences to share with other countries. It shows cases where some countries, like San Marino, share budgets as is the case for health and social services, which are managed

by ISS. The process undertaken from the WHO European Ministerial Conference on Health Systems: Health Systems for Health and Wealth in Tallinn, Estonia, leading to health system strengthening has consisted of oversight, development and consultation elements (Fig. 2). Health system priorities for small countries were also identified (Box 1).

Fig. 2. Process undertaken linking from Tallin to health system strengthening priorities moving forward



Box 1. Health system priorities for small countries

Factors that facilitate health services delivery include:

- better organization of health services delivery to increase effectiveness, efficiency and quality
- coordination of services using integrated information systems, technologies and e-services
- specifically addressing:
 - long-term, rehabilitation and palliative care
 - public health services and capacities
 - primary care.

Strengthening health system governance involves:

- developing health system performance assessments and monitoring performance of services
- developing human resources for health strategies at the national level
- implementing International Health Regulations (12).

Human resources for health focuses on:

- better planning and forecasting of the health workforce
- improving and developing health professional educational programmes
- increasing the public health workforce.

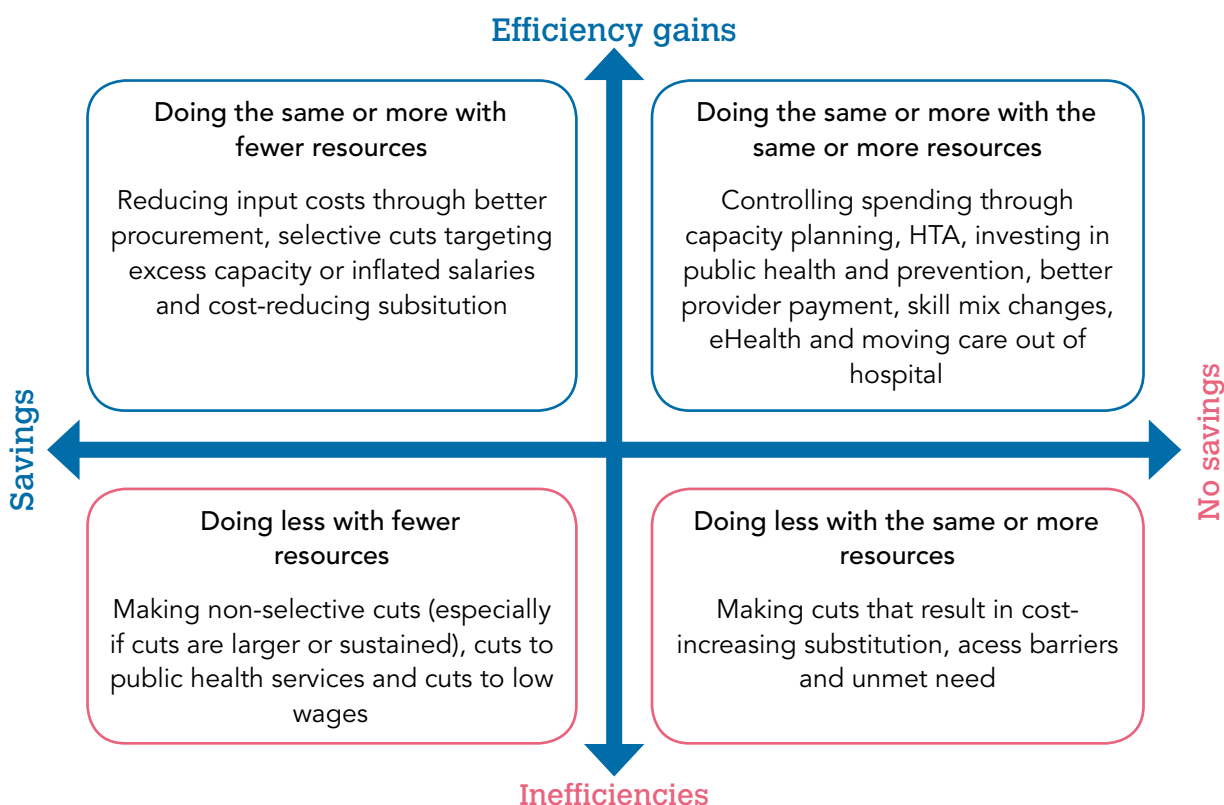
Health, technologies and pharmaceuticals should:

- control high-cost medical technologies and the use of health technology assessments (HTAs)
- use information systems, and e-services to manage prescriptions and orders.

Two strategic directions should be taken for health system strengthening in the European Region: transformation of health services delivery and a move towards universal coverage. This will need to be supported by enhancing the health workforce, ensuring equitable access to cost-effective medicines and technology, and expanding health information. Transformation of health services delivery has already taken place in some small countries such as Andorra, which has taken part in a participatory and evidence-informed primary health care reform. Other small countries have experiences in coordinated and integrated care.

Part of moving towards universal health coverage will involve a Europe free of impoverishing out-of-pocket (OOP) payments. No quick fix to this problem exists; countries think that increased health spending also increases government budgets. In fact, the opposite is true. It is important that governments do not cut widely but wisely, and invest in promotion and prevention. When OOP payments are more than 15% of the total spending on health, the incidence of catastrophic and impoverished spending by households increases, resulting in hardship for individuals, and an inefficient society and economy. Fig. 3 shows the different choices with which policy-makers facing fiscal constraint are presented to increase savings while not sacrificing efficiency.

Fig.3. Coping with fiscal constraint: savings versus efficiency, short versus longer term



There is a so-called holy grail policy response to the crisis that can result in savings plus efficiency gains. This involves lower drug prices and greater use of generic medicines, hospital closures or mergers and abolishing tax subsidies for the most well-off segment of society. Depending on the country's starting point, it could also involve hospitals lowering prices and investment, cuts to overhead costs, lower pay and fewer health workers. Longer-term thinking means efficiency gains without immediate savings with a policy response characterized by investing in promotion and prevention; moving care out of hospital settings; undertaking HTAs to inform delivery and coverage decisions; strengthening eHealth; increasing funding for primary care; and changing the skill mix of primary care.

Lessons from international experience show the value of certain actions.

- Protect what works well; consolidate predominantly public funding in a single, national pool without burdening the labour market.
- Preserve public spending on health and social protection in a crisis as this is not a sustainable solution to fiscal constraint.
- Address financial hardship by reducing OOP payments by means of higher public spending.

Improving efficiency is good for everyone but requires commitment, investment, leadership and time.

4.2 Process followed for the development of the national health strategy to the year 2020

Iceland presented the process followed for development of its third national health plan towards 2020. Iceland's three health plans were based on WHO policies. In 2013, a draft of the new health plan went to Parliament but due to a change in government, discussion on the plan turned into a debate on indicators and not on aligning the plan with Health 2020. The Ministry of Welfare is working on a strategy with new thinking and will submit it to Parliament in the fall of 2015.

The draft plan integrates elements from:

- Health 2020
- health and well-being of the Icelandic Nation
- a wide consultation process
- a whole-of-society approach
- a whole-of-government approach
- a life-course approach
- people-centred health systems
- creating supportive environments and resilient communities.

While developing the health plan, main challenges were identified, as well as priorities in response to each challenge.

Challenge 1. To address the burden of disease and risk factors, actions would be needed including:

- complete coverage of children by national vaccination plans;
- responsible use of medicines especially in light of antimicrobial resistance;
- increased public awareness of risk factors and symptoms of mental illness, cardiovascular disease, dementia, diabetes, cancer, lung disease and musculoskeletal disorders;
- implementation of a national cancer plan, as well as on a strategy for mental health services; and
- an action plan on alcohol, tobacco and drugs.

Challenge 2. Safe and accessible health care services could be guaranteed with:

- implementation of gate-keeping mechanisms
- reinforcement of primary health care as the first entry point into the health care service
- increased use of telemedicine and improved citizen access to health information
- establishment of nationwide telephone counselling on health care services with a website
- creation of a uniform system for OOP payments and a cap on health expenditures
- defined health care services in each health region
- completion of work on one nationwide electronic medical record.

Challenge 3. The health of the nation could be ensured with shared responsibility and cooperation, requiring certain steps.

- Complete work on a public health policy and action plan.
- Engage municipalities in promoting communities, and local government and education authorities on health promoting pre-schools, primary and secondary schools.
- Engage NGOs in health policy work.
- Identify ways to take health into account in all government policies (whole-of-government approach).

Challenge 4. Effective and affordable health care services could be achieved by:

- reassessing funding needs of health institutions
- evaluating the nationwide need for health devices and other resources
- implementing more teamwork and finding ways for better utilization of the workforce
- establishing a more effective distribution of tasks between professionals.

Challenge 5. Health science, research, and technological innovation and development could be improved by certain actions.

- Promote and organize cooperation in science, education and innovation and connect this with health care services.
- Establish a consultation group on health assessment focusing on the benefits of new technology and treatment.
- Develop individualized prevention and treatment in health care with the aim of utilizing better utilize prevention strategies.
- Promote cooperation for multicentre clinical research.
- Establish a national strategy on scientific research in the health sector.

4.3 Financial evolution of Andorra's health system

Andorra has had steady economic growth, which has distorted the cost of services by the state. Many young people have entered the country, which provides a lot of revenue. The 2008

crisis was a shock since it showed that existing systems were not sustainable. Furthermore, an aging population called for an increase in care and slow population growth. When planning public health systems from a financial perspective, certain things such as crisis and the aging of a population are inevitable. Andorra has a universal public health system but still needs to implement a co-payment system and maintain it by a parallel programme. Cost fluctuations also need to be avoided. The Andorran social security service provides funding (20% from salaries – 12% for pension and 8% for health). With the crisis, the working population decreased but, regardless, citizens would not have accepted a decrease in quality or services. Public services need to be maintained in a sustainable way, and public funds need to be increased and made more efficient so they reach more people.

4.4 Health care reforms and health care financing in small countries: Cyprus

Cyprus developed its 2014–2018 health reform plan, which aims to provide quality health care services to all citizens throughout their life cycle and elaborates on its mission to assure a people-oriented health system for the country, emphasizing on prevention and aiming at the strengthening of social responsibility through the continuous improvement of the provided services, based on professionalism and respect, equally to all citizens. The plan was prepared by the Ministry of Health and approved by the Council of Ministers on 16 July 2014. The structural reforms will address the entire health sector, including its public and private components.

The health reform plan has three specific objectives.

1. **Establish sustainable and equitable health financing policies** that offer universal financial protection, ensure universal and equitable access to effective, high-quality health services and promote an efficient use of resources.
2. **Ensure the efficient delivery of cost-effective and high-quality publicly and privately provided health services:** hospital care, specialized ambulatory care, people-centred primary care and public health. Particular attention is given to the use of cutting edge information technology to improve the quality of care and modernize the management of health care delivery institutions.
3. **Modernize the governance of the health sector**, with the Ministry of Health no longer the direct provider and payer of health services, but assuming a new role of policy-making, audit, control and regulation for the entire health sector, public and private.

These objectives are implemented through strategic goals.

- Restructure and make public hospitals and other public health facilities autonomous and introduce health information technology to all public sector facilities.
- Restructure the Ministry of Health to modernize and enhance its responsiveness. The role of the Ministry of Health will be clarified with regard to strategy formulation, policy-making, supervision and regulatory functions.
- Reorganize organizations associated with the Ministry of Health to improve efficiency, management structure and the possibility of each organization to achieve its fundamental objectives.
- Implement an eHealth strategy as a vital component of health reform. The aim is to provide better health care at a lower cost by using electronic health records and telemedicine services.

- Reform the pharmaceutical sector including pricing, reimbursement, securing access to new medicines and establishment of a HTA unit.
- Review existing and introduce new legislation to support the planned reforms.
- Implement the national health system by 2017 based on the fundamental principles of free choice of provider, social equality and solidarity, financial sustainability and universal coverage of a minimum benefit basket.
- Assess public health capacity to provide an account of the quality and comprehensiveness of essential public health operations, providing the basis for the identification of services and operations that need to be strengthened through policies and strategies for public health service delivery, organizational and funding reforms and workforce strengthening. Outputs will lead to the development of a new policy framework for public health services, with corresponding implementation strategies.

In order to secure successful implementation of the plan, the Minister of Health nominated a Core Reform Implementation Team within the Ministry, with overall responsibility for the implementation of the reform. It is complemented by a Broader Reform Implementation Team consisting of all directors of departments and directorates within the Ministry of Health with their respective teams, as well as of representatives from other related organizations and departments of the Government. The WHO Regional Office for Europe is helping to lead an implementation support team to provide technical and managerial support to accelerate implementation, and maintain the momentum of reform implementation. This team is led by a WHO Senior Strategy Advisor permanently stationed in Cyprus since October 2015, who ensures that all technical assistance and capacity-building needs are addressed effectively while reinforcing national capacities for health sector stewardship. The ongoing reforms seek to combine better use of resources and greater response to rising needs of patients. Despite austerity measures in the broader economy, they aim to secure financial viability of the health system in a well-managed and organized way, which ensures the universal health coverage and equal access of the population.

4.5 Discussion

The Regional Director stated that health system strengthening is a flagship programme at WHO, which has been given high priority. She reiterated the importance of bringing forward convincing evidence for the need to invest that reaches both finance and Prime Ministers' attention. WHO understands the challenge of finding the best mechanisms to get these messages out and asked participants to reflect on the best ways to reach out to finance and Prime Ministers. The Regional Director offered WHO's support to facilitate adoption of public health strategies by country parliaments.

5. Improving leadership and participatory governance for health

Strengthening leadership and governance for health is one of two strategic objectives of Health 2020. Session four was designed to facilitate further understanding of governance for health given the context that characterizes small countries in Europe. The session also referred to some of the issues addressed in sessions 1 (Moving forward on the health equity agenda in Europe) and 2 (Reaching out to other sectors).

5.1 Characteristics of leadership and participatory governance in small states: implications for multisectoral implementation of Health 2020

This presentation provided an overview of:

- the key concepts in small state studies
- leadership and participatory governance including the key concept of resilience building
- implications for multisectoral health policy implementation
- the role of small states in the international health policy arena.

Research on small states, from an economic perspective, is framed around two opposing paradigms. One is that small states are intrinsically advantaged as a result of their small size and can often outperform larger states. Opposite to this is the notion that small states are vulnerable because of their size and that broadly speaking, they succeed because they make a special effort to overcome their weaknesses. Small states have both strengths and weaknesses. They usually exhibit very high levels of societal participation (e.g. high voter turnout at elections), social cohesion and rich social capital. They enjoy the advantage of real time communication at national level between the central authorities and citizens, fewer bureaucratic layers and a lack of physical distance.

But small states are also intrinsically disadvantaged and should pursue appropriate and responsive strategic policies to compensate for their inherent disadvantage as they suffer from the problem of indivisibilities (e.g. the smallest power generation plant may be too large for their needs, minimum size of a functioning hospital etc.) and have reduced possibilities of benefiting from economies of scale. On the political front, they have a smaller say both regionally and globally. Their economic openness may lead to increased vulnerability to external economic shocks. They also have human and material capacity constraints. Many small states, islands or small land-locked states are geographically constrained due to their peripheral location and isolation, which results in economic distance from markets.

To strengthen competitiveness and build up resilience to external shock, small states need to focus more on strengthening leadership and governance, both of which also act as foundations for resilience building, promoting maximal use of limited human resources and capacity building. Small countries in Europe traditionally perform relatively well in terms of health outcomes and health system performance. They have some of the highest Human Development Index scores (13) with high rankings (e.g. World Health report (14)). This could be due to a small country's inherent (net) advantages or the result of forward planning, strategic agility and good governance that compensates for inherent disadvantages. Small countries face challenges associated with small health system markets and small communities of experts. Whole-of-society approaches can be a challenge in small countries due to the lack of resources and limited capacity in civil-society groups in the health sector. Capacity building to enable a whole-of society approach is required, as well as the ability to engage with media.

In small countries, short distances separate actors, and decisions can be taken more rapidly and efficiently – even where several sectors are involved. Although positive, this can also meet the resistance of actors in asserting their policy or sectoral territories – which in small societies tends to be more intense. The short distance between political decision-making and local public health practice makes it imperative that practitioners and politicians work in a seamless continuum. Small countries also face pressures generated by particularism as opposed to a universalistic approach. Particularism means that everyone knows everyone else and who one knows matters more than the role he/she plays. This creates some hurdles in the efficient gestation of certain management tasks and can work against greater efficiency.

In addition practitioners in small countries should be ready to work at local/national/European and international levels simultaneously, considering that many of them will have to assume a number of different roles: in large countries, these roles are usually shared among a large number of officials. This has the advantage of giving small country practitioners an overall or holistic view of the tasks under their charge. But it also means that they lack specialization and have to work harder to keep in step with their specialist counterparts overseas.

Box 2. Policy-making characteristics in small countries

A qualitative study identified a number of policy-making characteristics inherent to small countries.

Successful policy implementation:

- is associated with the establishment of mandatory requirements such as implementation of European Union (EU) directives on medicines and bathing water;
- occurs when the policy features prominently within the overall government agenda;
- benefits from the availability of external funding sources; and
- has the support of and is promoted by civil-society pressure groups and/or the media.

Less successful policy implementation is associated with:

- a lack of obligation to implement or when implementation encounters a strong resistance to change from domestic stakeholder groups – and/or veto players; and
- the need for substantial investment requirements and complex systems that have to be procured such as electronic health records and e-prescription systems, which often dwarf their financial resources.

Small country strengths and opportunities include:

- social ecology due to the fact that everyone knows everyone else;
- a helicopter view known as the specialist-generalist, bringing together the best of both worlds;
- direct access to politicians or to main policy entrepreneurs and decision-makers, which facilitates work; and
- short distance between research, policy and practice, which renders the possibility for speedy implementation.

Small country weaknesses and threats to successful policy-making are:

- a disproportionate administrative and regulatory reporting burden;
- conflicts of interest due to fulfilment of multiple roles;
- lack of checks and balances;
- lack of strong and independent public health institutions as functions are usually incorporated in government/public structures; and
- lack of voice and capacity of civil society because of the small capacity of NGOs.

Placed within the context of Health 2020, this means that small countries need to prioritize efforts and resources keeping in mind they may have a limited ability to push forward several initiatives at the same time. Their focus should be on mandatory or priority initiatives. Capacity building would be needed for civil society to foster the whole-of-society approach and authentic participatory governance. The social ecology within the academic and public service communities should be capitalized on.

Successful implementation of multisectoral approaches for Health 2020 in small countries will call for:

1. blend of external scrutiny and support, with WHO playing an instrumental role
2. alignment of national priorities at the highest governmental levels
3. positive pressure from civil society
4. links to projects attracting ring-fenced funds
5. translation of the entire vision into simple stepped projects implemented in series.

5.2 Leading multisectoral policies to improve population health – turning challenges into opportunities

The importance of any health care system in any country, large or small, in ensuring universal health care coverage and health for all its citizens was emphasized. Small countries are not isolated and are often affected by the problems of larger countries surrounding them. Health care in small states cannot be discussed without taking into account what is happening in Europe.

Malta, as a small island, faces both challenges and advantages. It has four main challenges.

- Malta continues to experience a large influx of migrants and accompanying migration issues.
- Sustainability of high-quality health care systems within the context of universal health coverage is a challenge.
- Access and cost of new medicines and drugs including personalized medicine are challenges, particularly in the case of the high cost of medicines for rare diseases. This problem will increase in the near future with genome typing when demands for particular medicines will increase. Smaller countries are being charged much higher prices than larger countries because of economies of scale.
- Obesity is a worldwide problem but seems to be more pronounced in smaller countries.

However, being small also brings with it numerous advantages:

1. direct communication with other ministers
2. easier intersectoral cooperation
3. access to an attentive audience.

In fact, Malta will start a whole population study on all schoolchildren measuring their body mass index to ensure accurate data. In addition, it will carry out with the support of WHO the national food consumption survey on a representative sample of the Maltese population.

Encouraging ministers from other sectors to recognize the impact of health on all sectors of society, especially from a small state perspective is needed. Every minister has his/her own agenda. Therefore, health should be presented in such a way, such as using economy models, so as to highlight that good health is a win-win situation for all policy-makers, and that health should be on all policy-makers' agenda.

Small states could cooperate in four areas:

- joint procurement to overcome pricing problems particularly for the introduction of new medicines, which helps small states have more clout and leverage in dealings with large multinational suppliers;
- data exchange on new drugs and personalized medicine;
- resource exchange with Europe in terms of expertise and best practices. Centres of excellence can be developed to help support small states; and
- research regulations to ensure better harmonization.

In conclusion, all participants were invited to Malta for the fourth WHO high-level small countries meeting in 2017 when Malta will be holding the rotating Presidency of the EU.

5.3 Discussion

Research was discussed in this session since a few small countries are attracting researchers due to less stringent regulations. It is unclear whether research should be regulated before or after work begins, but this topic should be examined further. Harmonization is also required. The importance of networking among small countries was also suggested, and proposals were made for regular exchanges between small states at various levels. In fact there was agreement on the need to have more networking amongst the small countries particularly in areas such as procurement of medicines as this will increase their negotiating strength. The Islands and Small States Institute is networking with many universities from Cyprus, Iceland, Montenegro and other countries, and can carry out specific, directed research work, relevant to all policy-makers. This type of collaboration from a research point of view is very important and should be encouraged. The topic of research will be expanded further in session six. The advantages and disadvantages of a small state outlined by the Islands and Small States Institute were much appreciated.

6. Health information and data collection in countries with a small population

Small countries share a number of challenges in health information collection and reporting. The numbers of annual cases of death and diseases are small, which lead to artificial fluctuations in health trends. Small countries tend to have limited human resources in health information and small departments or agencies. At the same time, their reporting burden to international agencies, including WHO, the EU and the Organisation for Economic Co-operation and Development (OECD), is no different than that of large countries. In addition, frequent, uncoordinated surveys from international organizations lead to increased reporting burden. Session six explored how small countries could be better supported in the collection, analysis and mandatory reporting of health information. The session also explored common issues and potential solutions, which WHO can support. Models of health information networks and platforms that other countries have adopted to tackle common challenges were presented.

6.1 Health information system challenges in Luxembourg

Luxembourg has a rising population (550 000 residents and up to 700 000 including the commuting population) that is increasing every year. Part of this population consists of commuters and cross-border workers. Relevant health data are housed in many ministries, and several are involved in data collection. Luxembourg is faced with many diverse data requests from organizations. A common misunderstanding is that data collection is easy in a rich and small country. In small countries, channels for diffusion of data requests vary. Luxembourg is faced with reduced staff and resources in the ministries, and these individuals often need to cover many functions. Nonetheless, the country has the same data collection needs as large countries.

As far as the data itself, precision problems exist since sample sizes are too large for small countries. Over-surveying often takes place, as surveys take place in multiple languages and doctors have had different training; harmonizing all the data collected is difficult. Luxembourg sees an imminent need for survey streamlining to avoid double data collection, and flexibility in collection modes and sampling for small countries. The number of data requests should be drastically reduced or requests harmonized to reduce the burden on small countries. Small country data specificities also need to be considered.

6.2 The European Health Information Initiative

The European Health Information Initiative (15) and its goals, objectives and expected outcomes were presented, highlighting the support required by small countries to improve data collection. In the European Region, inequalities in health information need to be addressed – where health tends to be poorest, health information is also poorest, thus leading to an underestimate of the actual inequalities. While small countries tend to have low levels of mortality and high life expectancy, their health information systems, despite having high-quality data and coverage, are not yet able to report on Health 2020 monitoring requirements on an annual basis. Small numbers of deaths may cause high fluctuations in mortality rates from one year to the next. Small countries often have small health information departments or agencies dealing with monitoring, and countries are often faced with a high reporting burden from multiple organizations. Small countries' national health plans have strong elements of monitoring and evaluation, so integration of health information is key.

While health information is the foundation of public health and an integral part of health systems, activities are not always coordinated. Evidence and knowledge exist in a dispersed manner, and health information activities are not always funded through sustainable structures. Moreover, international data collections are poorly harmonized and persistent health information inequalities exist.

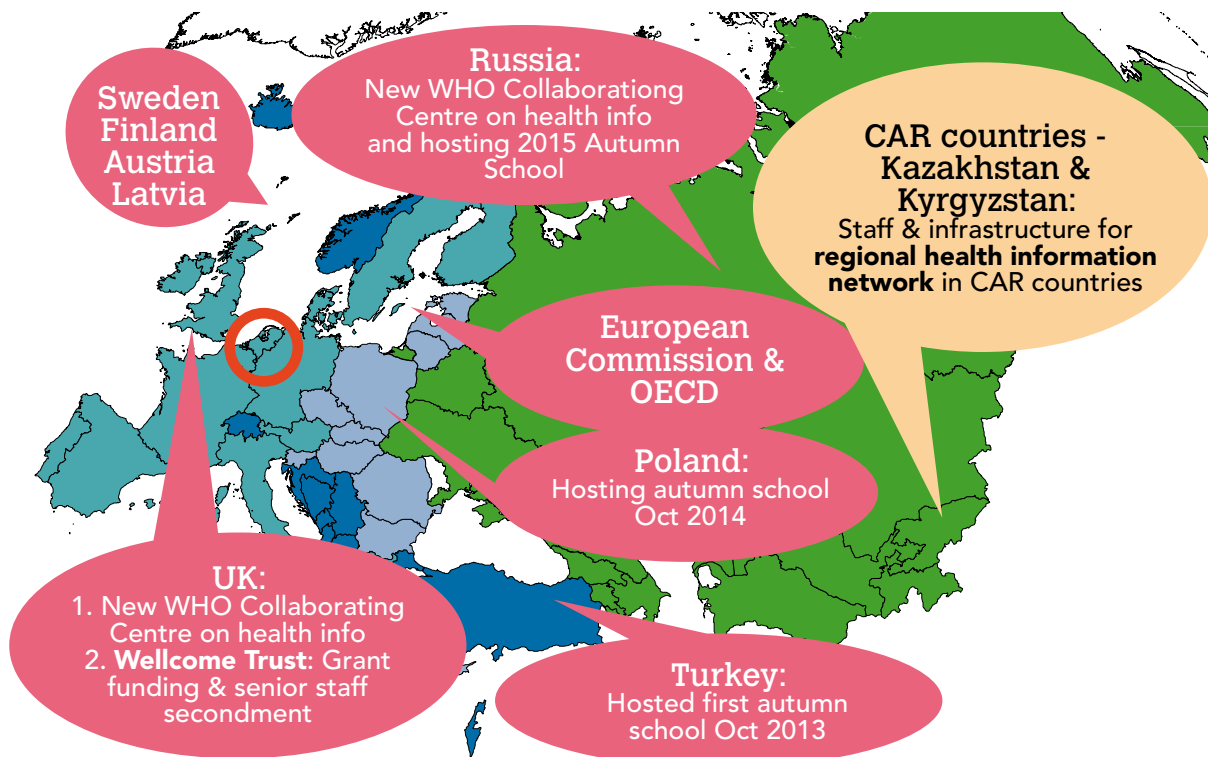
These challenges could be resolved with a single integrated health information system for Europe. The Regional Office agreed on a road map with the European Commission in 2010, and OECD is partnering in this effort.

The pan-European health information initiative is founded on six key areas:

1. development of indicators for health and well-being
2. enhanced dissemination of health information
3. capacity building
4. strengthening of health information networks
5. support for health information strategy development
6. communication and advocacy.

The pan European initiative agreed upon terms of reference and scope, as well as a detailed workplan. One of the current activities is an extensive mapping of existing indicator sets in the Region with regard to purpose, quality and feasibility (Fig. 4).

Fig. 4. WHO European Health Information Initiative



The sixty-third session of the WHO Regional Committee for Europe passed a resolution on Health 2020 indicators and targets, consisting of 19 core and 18 additional indicators for six targets. WHO reports on these indicators by means of annual core health indicators

and the European health report, published every three years (16). Reporting on Health 2020 implementation is also taking place by means of Public Health Panorama, the Regional Office's new public health journal, which aims to disseminate best practices and successful implementation of evidence-informed policies (17). The first issue was released in June 2015; the next one is planned for launch at the Regional Committee in September 2015. Panorama features special themes and having a special issue on small countries is possible.

Capacity building and networking are also key to strong health information systems. The annual Autumn School on Health Information and Evidence for Policy-making targets professionals who advise ministers and is a resource available to small countries. Other tools are available to support countries such as:

- a support tool to enhance national health information systems and develop national health information strategies;
- the *National eHealth strategy toolkit*, which provides a framework and method for the development of country eHealth strategies (18); and
- health information networks such as the Evidence-informed Policy Network with 16 countries involved (19); the Central Asian Republics Health Information Network and EU networks.

Rather than a one size fits all model for health information networks, a country can choose from various levels depending on its stage, and a combination of basic, intermediate and advanced levels can be tailor made for countries.

6.3 Discussion

Countries agreed to focus on these important areas:

- organizational concerns around data collection and how international organizations coordinate the data requests;
- technical concerns related to data such as sample sizes, limited resources to collect data and limited human resources; and
- development of a proposal on concrete options for small countries including capacity building and establishment of a working group.

6.4 Panel discussion

A panel discussion followed on the health information needs and challenges in small countries.

Monaco underlined the difficulties it faces with regard to data and the numerous data requests (one per week on average) and stressed the need to resolve this issue of lack of coordination. The relevance of data is a big issue as up to 45 000 people commute to work to Monaco every day yet only 18 000 reside there. Monaco also cannot report on a yearly basis since the analysis would be irrelevant. Due to cross-border agreements with France, people in both countries can get health care in Monaco or in France. These cross-border activities also affect data collection.

Andorra raised the issue that mortality data in their country is low due to small population size and underestimates life expectancy at birth. It also faces the challenge of how to obtain valid data given these low mortality rates.

Malta shared the five Ps of data. Data needs to be powerful, provide perspective, be pertinent and precise, and measure progress. In fact, “with great power comes great responsibility”. The issue of perspectives on data was also raised since technical people look at data differently than politicians. At the same time, the scope of a problem needs to be measured before change occurs. The importance of focusing and prioritizing on collected data was stressed. The idea to decide what is a priority and what needs to be changed and collect data accordingly was proposed. A current priority in Malta is obesity among schoolchildren. In Malta, the body mass index of the entire school population is being measured. Small states have the advantage of collecting accurate whole population data. Since samples are small, a data collection network would work for this issue, as well as for specific issues that are evolving quickly. E-Health also needs to be considered when talking about data since multinationals are collecting data from citizens in everyday life.

Iceland shared all the challenges other countries brought up but decided to focus on opportunities. In Iceland, national health reports have been collected since 1881, and the cancer registry started in 1955. Most registries are operated by the directorate of health in the country. Iceland has the advantage of collecting data from the entire country making its sample more representative. The country also has electronic health record systems and has focused on increased sharing of data between health service providers and improving people’s access to their own health data. Social indicator collection in Iceland also started during the financial crisis.

San Marino shared information on its recently adopted information system where all patient data are merged into one electronic health record. Small countries have the advantage of making data estimates based on real values. The same data used to monitor health risk are also used by health professionals and decision-makers. Currently, San Marino is able to carry out integrated management of type 2 diabetes using this system and aims to extend this to other conditions.

Cyprus shared that despite being a small country, it has a sound statistical service. The health monitoring unit within the health ministry has challenges related to human resources. Regardless of the population of the country, the workload remains the same and resources are limited. Small changes in data can result in percentage increases in health conditions. Advantages of a small country are that it is easier to monitor the entire country system at once and collaboration is easier; transferring and sharing knowledge of experiences also takes place naturally.

With regard to external data requests, **Andorra** stated that while it wants to respond to various requests, sometimes it cannot. Having a strong health information system is important for Andorra. Iceland and San Marino were asked how their practitioners reacted to the introduction of electronic health record systems, if the system was difficult to put in place and how practitioners were engaged in this. In San Marino, the health information system was created with the support of doctors so it was easy. In Iceland, the health information system was set up over the course of 30 years, so it has a history of being successfully used. Iceland is also working on a system that will give patients access to their data.

Montenegro recognized the importance of networks to support countries in reporting on Health 2020. The European Health Information Initiative (15) will be important if countries want to avoid duplication of data and a high reporting burden. Establishing a small countries health information network would be beneficial.

6.5 Session summary

This session brought out both challenges and opportunities related to health information. The idea of a health information network was well received, and WHO confirmed that a small workshop to discuss the kind of network the small countries would like to establish could be organized rapidly. Moreover, WHO will take internal steps to coordinate the data requests. Each small country would need to nominate a representative for the workshop. With regard to full integration of health information system at country level, small countries are champions and have a rich experience that they could share with other countries in Europe on how integration can be achieved.

The Regional Director concluded this session stating that it would be important to identify common challenges and opportunities that could bind this network.

1. Setting up a health information network for small countries as data collection was clearly articulated as one of the key challenges faced by all eight countries. Taking this forward as suggested and led by the Regional Office's Director of the Division of Information, Evidence, Research and Innovation would bind the network together even more. Now is a good time to start thinking of what the vision for this network could be, as well as projects that could bind the network together.
2. Strengthening collaboration for health information should begin now with the aim to report back on the progress and outcomes in June 2016 in Monaco.
3. The health information network should review the Health 2020 core data set since data relevant for big countries might not be appropriate for small countries.
4. In terms of the role of national coordinators and the numerous data requests placed on them, WHO acknowledges the challenge and has taken note of Member States' concerns. Each Member State decides the role of national coordinators, not WHO. The Regional Director announced the establishment of a gatekeeper function at the Regional Office to better coordinate the data requests to countries and official correspondence.



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7. Health promotion and disease prevention throughout the life-course

This session focused on investing in health through a life-course approach, one of Health 2020's four priority areas for policy action and also the theme of the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 in Minsk, Belarus in October 2015 (5). The aim was to make the connection between Health 2020's two strategic objectives – improving health for all and reducing health inequalities, and improving leadership and participatory governance for health by using the life-course approach.

Disadvantage runs from parent to child and from childhood to adulthood. Similarly, health inequities are reproduced over time and across generations through life-course pathways. These inequities can be tackled by pursuing intersectoral policies that address the social determinants of health throughout all phases of life. In 2012 with the dawn of Health 2020, all Member States agreed to adopt a life-course approach to health. This approach aims to ensure that children reach their maximum peak of development, maintain it as an adult and that health and well-being losses at an older age are minimized. A child's future health outcomes depend on multiple protective and risk factors, and early intervention has been shown to reduce the risk of many health problems including noncommunicable diseases. A life-course approach to health means that the health outcomes of individuals and the community rely on the interaction of multiple protective and risk factors that occur throughout people's lives. It provides a more comprehensive vision of health and well-being and a long-term perspective of this and future generations.

7.1 Panel discussion

One of **San Marino's** main priorities is to invest in health using a life-course approach, as shown by the country's recently approved national health plan. The plan aims to cover the population from birth through childhood and adolescence into adulthood, as well as the transition to active aging. While all services in San Marino are integrated, there is a need to focus on the parenting process for those most at risk including promoting breastfeeding and ensuring that future parents have the necessary skills to take care of their child physically and emotionally. Adolescents need health promotion and disease prevention to ensure that healthy lifestyles are adopted. As 20% of San Marino's population is over 65 years old, the country also focuses on active aging and the inclusion of older people in society to overcome isolation and promote physical activity; caring for family care providers is important to prevent caregiver burnout.

The **Ministry of Education, Andorra** agreed with WHO on the importance of promoting breastfeeding to ensure a good start to the life-course. In Andorra, families are accompanied during pregnancy and provided with parenting skills prior to a child's birth. The country focuses on reducing the barriers that dissuade mothers from breastfeeding in the first hours of the infant's life. Andorra has found education to be a powerful tool and has many examples of actions taken throughout the life-course using this sector as an entry point. School-aged children receive information on preventive activities such as the importance of proper hygiene and regular physical activity. The country employs a cross-cutting approach to educate teachers and students on the dangers of drug use. Andorra uses the life-course approach with different generations helping each other. For example, children go to elderly residences to read to them, allowing the youngest to see another reality and to learn from the elderly. The university is also a good setting to reinforce the life-course message. Andorra provides the same health curriculum in its three teaching systems (French, Spanish and Catalan) to ensure it provides a cohesive health message about the different stages of the life-course approach.

Many life-course issues affect people in **Malta**. The most important is migration across the life-course of the migrant, which affects early childhood in many migrant children due to their different vaccination levels. Moreover, cultural considerations affect young women, such as female genital mutilation, where legislative action was taken in order to make this procedure illegal both on migrants in Malta, as well as Maltese nationals overseas. To this effect, social workers, police and people working with migrants are becoming aware of this issue. The mental health of all migrants throughout the life-course is also important since the cultural milieu of the host varies considerably from that of the migrant's country of origin. Gender is also important, since many women suffer from antenatal mental stress that harms their children. Other emerging issues that will affect the life-course of the younger generation are genome mapping, now taking place with clinical interventions undertaken on the basis of what may happen at a later stage in life. Health care has also become democratized with the ready availability of the internet, as well as the extensive use of digital health applications even if some may not have been validated. In conclusion, small countries were reminded to not only act early, on time and together but also to act appropriately.

Iceland's mandate extends to protective services for children, as well as social services. Reference was made to a United Nations Children's Fund (UNICEF) report that showed the biggest risk to children was violence (sexual, physical, mental and bullying). Violence such as bullying or mental violence has been shown to have long-term effects on children's physical and mental well-being. In Iceland, information on violence against pregnant women has been routinely collected but not acted upon. For this reason, three ministers (health, interior and social affairs) came together to develop an action plan to prevent violence against women. In Iceland, reporting rates for non-school-age children are low compared to primary school-age children, and children of young parents were most at risk for neglect. Now the country is encouraging people to wait until they are older before having children but programmes to support young parents are available.

In **Cyprus**, chronic diseases are increasing due to longer life expectancy, and a large part of the health budget is being spent on this issue. The Ministry of Education and Culture is incorporating health actions in school settings. There are programmes for early detection of domestic violence and violence in daycare centres for the elderly. The small countries initiative has the potential to trigger, coordinate and encourage the exchange of good practice, with emphasis on making use of new innovative actions such as social media

The **Ministry of Health and Social Affairs, Monaco** has invested to build up a comprehensive and affordable health system with a focus on prevention. In Monaco, antenatal care includes protection at the workplace and medical screening to detect any problems and tackle all risks including social and lifestyle ones. Home visits for mothers are available once the infant is born, and each child receives a health card where all relevant data are registered. The health card is compulsory and required prior to entering school. At school, children receive medical and dental examinations on a yearly basis. A multisectoral team follows children who are suspected to be at risk of abuse or neglect. An elderly coordination centre was set up to check on the aging population and follow them through all stages of aging.

Montenegro introduced a new school subject on promotion of healthy lifestyles in the primary and secondary education system. Not only is this an example of intersectoral partnering and building strong links between the education and health sectors, but it also makes a contribution to the life-course approach in the country. Montenegro has also started to implement a national initiative on salt reduction with schools as one of the intervention points. It is carried out in partnership with the education sector, the local community authorities and parent associations.

7.2 Panel summary

The promotion of breastfeeding is important for both health and bonding with the child. Many countries now understand the importance of looking at foetal development, antenatal care and the value of education for future parents, especially young or at-risk parents. Practitioners need to discreetly ask questions during antenatal care visits to be able to identify any potential violence to the pregnant woman. Very often questions addressing violence are not asked or are asked in a way that the questionee does not recognize. The example of three ministries coming together to take action on violence against pregnant women provides further support to this issue.

Mental health also arose as an issue of importance in line with Health 2020; it will also be part of the outcome statement of the conference on the life-course (5). Both the *Review of social determinants and the health divide in the WHO European Region* (3) and the UNICEF report *Early childhood development: the key to a full and productive life* (20) were cited as providing evidence on the importance of early childhood development and investment in this phase of life.

This session affirmed the value of settings approaches as critical to carry out the life-course approach actions in countries. Entry points in other sectors should be sought such as education, a proven effective entry point for providing school-aged children with health messages. Countries also acknowledged the importance of intergenerational processes and how what happens today affects what happens tomorrow. Many countries are now facing the issue of technology and health, namely the implications of increased use of unvalidated health applications, genome mapping and related interventions, as these also impact the life-course.

8. Creating supportive environments and resilient communities: opportunities and challenges in small countries

This session focused on building resilience, one of four horizontal cross-cutting priorities in Health 2020. Small countries can be ideal settings to demonstrate concretely how building resilience can become an integrated part of a modern health policy along the lines of Health 2020.

8.1 Panel discussion

The **Ministry of Environment, Andorra** adheres to a series of actions to improve the environment in their country. At present there is a plan for water and for waste. The country has also set up five-year objectives focusing on air quality and accident prevention, published environmental indicators and adopted a new energy model. The Andorran landscape is an asset for tourism and very important for the population's quality of life, with focus on developing local foods. Awareness-raising campaigns have been conducted throughout the country, as it was important for schools and communities to know about the focus on the environment. Being a mountain region makes the country very sensitive to climate change, as 60% of Andorra's gross domestic product comes from tourism. Andorra has sought to be more economically open and to develop further, and the small countries initiative is an opportunity to do this.

The **Ministry for Energy and Health, Malta** expressed the necessity for countries, with the support of WHO, to be prepared for unexpected health emergencies. Concern has been voiced that Malta could suffer in these situations, since a sudden influx of migrants would impact the island's infrastructure including demand for energy, housing, transportation, as well as its health services. Hence, with the expertise and support of WHO, the country should develop a contingency plan to strengthen its resilience to crises. Malta is also looking into innovative models to sustain and finance its high-quality health care system, such as through medical tourism by offering health services to foreign nationals.

The **Ministry of Territory and Environment, San Marino** shared a few examples and mechanisms for finding solutions to health and environment challenges. One of the biggest challenges San Marino recently faced has been how to make the country advanced as far as mobile telecommunication systems while ensuring that the population receives minimum levels of exposure to radio frequency fields. Several actors have become involved in this issue to raise awareness in the community including public institutions, telecommunications and civil society. Another project that affects the community and aims at improving the living conditions and well-being of the population was the completion of a system of pedestrian and cycling paths to enable citizens to get to know their own geographic area, as well as boost tourism. The longer-term aim is to develop an economy based on a more sustainable kind of tourism that is in touch with the local environment.

Authorities responsible for health and environment already cooperate closely on issues related to water, air, food or climate change. This guarantees better governance of policies adopted, a coordinated approach to multiple often similar data requests, leading to one (as opposed to multiple) data collection. Lastly, a working group was set up to establish a forum representing the interests of the community (local authorities, NGOs, environmental associations and entrepreneurs) in making decisions and evaluating choices related to the environmental, social and economic sustainability of the country. The forum will be an advisory body supporting political and administrative bodies in the development of shared decision-making processes.

The **Ministry of Health, Iceland** took the lead on projects focusing on health-promoting communities to generate ownership among the populations residing there. Iceland has also carried out health promotion projects in kindergartens, schools and workplaces. This example shows the health sector took a leading role in advocacy, moving forward ideas implemented in non-health settings.

The **Ministry of Health, Luxembourg** shared two examples where initiatives starting in communities were later adopted or supported by the health sector. In 2003, during the heat waves in Europe, people in Luxembourg who were taking care of their older parents at home organized themselves in order to ensure better care during the heat wave (providing water and buying food). Unable to keep this system going and needing more help, they approached the Red Cross who mobilized its network of volunteers to provide assistance. The Luxembourgian Red Cross mobilized its hotline to support people in need. The following year, the Ministry of Health in collaboration with the Red Cross and the Confederation of care and service suppliers began organizing a national heat wave plan. The hotline still functions present 24 hours a day, and the volunteers and professionals in the network of home care workers still provide assistance to those in need.

Another big challenge in the Luxembourgian health system has been the multitude of languages in the population (46% are foreigners, with a big Portuguese-speaking community). Not all physicians and nurses speak the three official languages (Luxembourgian, French and German). In order to face this need, some communities, such as asylum seekers from the former Yugoslavia, organized themselves using their children and adolescents as interpreters, but this was not appropriate since often issues discussed were difficult and related to trauma or psychological problems. At first, this initiative was passed on to an association for immigrant workers and then to the Red Cross who created an intercultural interpreter service with people who have a background on the cultural context and are able to communicate in a neutral and professional way. The Ministry of Health now supports this initiative with a financial contribution to the service.

The **Ministry of Health, Cyprus** has policy measures related to access to education, employment, health care and social support and to the elimination of discrimination for vulnerable groups. Most priority issues, such as employment creation and the reduction of poverty, are cross-cutting in nature, call for a comprehensive approach and promote mutual interaction between policy measures. The example of vulnerable populations shows the interdependence between employment, economic and social policies in building resilient communities. The Ministry of Education and Culture offers free and accessible education to all students at all educational levels. Schools with high registration and attendance of children from vulnerable parts of the society were designated as educational priority zones. Special measures, according to need, carried out at these schools are the provision of bilingual teachers who facilitate communication and the provision of breakfast or lunch. Specialized support is also provided by educational psychologists, social welfare services, intercultural activities and educational seminars for parents and the community. The Ministry of Education and Culture also recently designed, developed and implemented an upgraded educational curriculum on multicultural education, aiming at the smooth integration, not assimilation, of students from diverse ethnic backgrounds into the educational system of Cyprus.

With regard to employment, the public employment services of the Department of Labour now offers job seekers assistance in finding employment through registration and placement services, as well as through vocational guidance, counselling and referrals to training programmes. Over the last two years, newly-qualified professionals are offered short-term employment financed by the Government in order to assist them in gaining experience in their subject matter.

The **Regional Office** provided insight on the role of adequate access to public health information in building resilience. This includes communications so people can participate in decisions that affect their environment and health. Many small countries are already implementing many aspects recommended when carrying out risk communication. Information needs to be made strategic and correct so as to reach the right audience. Barriers to active communication need to be understood, and civil society needs to be engaged. While information changes constantly, the most important thing is to remain transparent to retain the community's trust. Crisis communication has shown the importance of building a relationship with the audience, communicating with them and being present to gain their trust. Social media is now used more often as in the recent case of the floods in the Balkans. The Regional Office offers risk communication training for Member States, and a module can be developed for small countries as well.

8.2 Panel summary

Building resilience is extremely important for small countries and, at the same time, easier to achieve. Because of their size, they are privileged to have flexible structures, a robust community network, and social and cultural conditions that support family and community life. Dissemination of information is facilitated; barriers to build partnerships between health and other sectors are limited, and procedures to promote new legislation and structures are more flexible.

The panel discussion revealed a number of ways to build resilience.

- Environment is an asset and a contributor to resilience. Small states can be a model to other countries on environmental management.
- Another way of building up resilience is partnership building by means of working groups or joint projects involving different sectors.
- Creating ownership among the population and local action was a theme that arose numerous times with examples ranging from promotion of sustainable tourism to seeking help at community level for the elderly during heat waves.
- Communication was relevant to the discussion of building resilience because strategic and correct information will reach the right audience. Social media is now being widely used to disseminate timely health information.
- The current economic crisis can be regarded as an unexpected opportunity for many small countries to evaluate the efficiency of their systems and highlight the importance of the various sectors, beyond health, in building community resilience.

Supportive environments are important in creating resilient communities. The European Environment and Health Process will continue towards the Sixth Ministerial Conference on Environment and Health in 2016. A mid-term evaluation of the Process recently took place, and environmental actions have led to positive health benefits. This Process was stressed because it has worked very well over the past 25 years. There is an environmental board and a task force that involves all 53 Member States. This Process is also complemented by a national process, which brings health and environment together at country level.

9. Highlights

The meeting showed that small countries experience a mix of advantages and challenges when it comes to intersectoral collaboration, health systems strengthening, health information systems, working across the life-course and resilience building. Highlights from the meeting are grouped together according to major meeting themes.

9.1 Reaching out to other sectors

Small countries are advantaged when building intersectoral collaboration and setting up new initiatives due to existing mechanisms and proximity of working relations. For this reason, intersectoral collaboration should be seen as a natural process and be institutionalized and strengthened. A common agenda is needed for joint action across sectors. National responses should be multidisciplinary and unified involving other sectors to address the underlying factors related to health inequities.

Support from Prime Ministers is needed to implement Health 2020. This will facilitate the adoption of whole-of-government and whole-of-society approaches. National consultations also offer the opportunity to generate consensus on national frameworks in order to address issues that go beyond the health sector.

Mechanisms such as intersectoral working groups help facilitate the use of a so-called health lens in policy-making. Education was identified as a key driver for changes in many areas including health.

Documenting how intersectoral action is facilitated by institutional, legislative, financial and accountability mechanisms to promote health and reduce inequities in small countries is key to their success. Countries also require documentation of mechanisms used to engage other sectors and trigger a similar way of thinking.

Countries showed interest in the methodology used for the development and implementation of national health plans. A number of mechanisms that were utilized were shared – such as annual meetings, events with civil societies and use of municipality mechanisms to raise awareness, get input and gather support.

9.2 Health system strengthening

Health system strengthening is a flagship, high-priority programme at WHO. It is important to bring forward to both finance and Prime Ministers convincing evidence of the need to invest in health systems. Enabling mechanisms need to be actively explored.

Public services need to be maintained in a sustainable way and funding increased and made more efficient in order to reach more people.

Assessment of public health capacity to provide an account of the quality and comprehensiveness of essential public health operations will provide the basis for the identification of services and operations that need to be strengthened. Once this assessment is carried out, appropriate policies and strategies for public health service delivery, organizational and funding reforms, and workforce can be identified.

Health service delivery needs to be transformed to ensure a continuum of care using the life-course approach. People should not be adapting to the system; the system should be adapting to them. More and more, patients want a say in their health care management. They need to be empowered and engaged and should receive a comprehensive continuum of service. New models of care need to be explored, and quality of care should be monitored. Countries can draw upon WHO's compendium of coordinated and integrated care experiences that provide practical examples of how to put this in place.

9.3 Health information and data collection in small countries

A health information network for small countries would help in dealing with the numerous data challenges shared. Common challenges and opportunities that could bind this working group, as well as a joint vision should be identified.

Data needs to be powerful, pertinent and precise, provide perspective and measure progress. A health information network for small countries could address technical concerns related to data such as small sample sizes, and limited human and financial resources to collect and analyse data.

Small countries are champions on how integration of health information systems could be achieved and have rich experience to share with other countries in Europe.

Organizational concerns around data collections and coordination of data requests from international organizations should be addressed.

9.4 Health promotion and disease prevention throughout the life-course

A life-course approach to health means that the health outcomes of individuals and the community rely on the interaction of multiple protective and risk factors that occur throughout people's lives. Adoption of this approach in national health plans would provide a more comprehensive vision of health and its determinants, and would lead to the development of health services based on the needs of users in each stage of their lives.

Early childhood development interventions are of critical importance in the life-course. Promoting breastfeeding has strong health benefits, including the bond between a nursing mother and child. Many countries now understand the importance of looking at foetal development, antenatal care and the value of education for future parents, especially those who are young or at risk. Countries acknowledge the importance of intergenerational processes and how what happens today affects what happens tomorrow.

Life-course issues will need support from outside the health sector so intersectoral collaboration will be key to effective implementation of any intervention. An understanding of different settings is key to carrying out life-course approaches in countries. Entry points in other sectors should be sought such as education, which has proven to be an effective entry point for providing school-aged children with health messages.

The Andorra statement was discussed, agreed upon and adopted (4).

9.5 Creating supportive environments and resilient communities

Environment is an asset and a contributor to resilience. Small states can be a model to other countries on environmental management.

Another way of building up resilience is partnership building by means of working groups or joint projects involving different sectors.

Creating ownership among the population together with local action were themes that arose numerous times. Examples ranged from promotion of sustainable tourism to seeking help at community level for the elderly during heat waves.

Communication was relevant to the discussion of building resilience because strategic and correct information will reach the right audience. Social media are now being widely used as a means of communication.

The economic crisis should be seen as an opportunity to strengthen resilience of a community and not a reason to decrease funding from the health sector. Evaluating, monitoring and examining the effect of any actions were also highlighted as a means to ensure accountability.



10. The small countries initiative: the way forward

The final meeting session brought together meeting highlights and a proposal on next steps in the form of an action plan for the coming year.

At the launch meeting of the small countries initiative held in San Marino on 3–4 July 2014, four streams of activities for the initiative were proposed. During the second meeting, several topics and areas for collaboration, as well as actions were proposed through the various sessions. These were then clustered under the four streams of activities identified at the kick-off meeting. Participants discussed that some of the proposed actions could be carried out in the short-term, whereas others would need a longer time span for their implementation.

1. Document Health 2020 implementation in small countries.

It is well recognized that the health sector alone cannot tackle the determinants that impact people's health. It is necessary to create a culture for intersectoral action by sensitizing other sectors on their role in health and how their area of competence impacts on health. Countries expressed interest in documenting how **intersectoral action** facilitated by institutional, legislative, financial and accountability mechanisms to promote health and reduce inequities in small countries is key to implementing measures in small countries. Countries also expressed interest in setting criteria for the evaluation of good practices.

To achieve this, participants proposed to develop a featured small countries publication documenting case studies of win-win situations and mechanisms for engaging other sectors: how challenges were overcome, how cooperative alliances and partnerships were built and how models for intersectoral cooperation across government and civil society were adopted.

To support uptake of the life-course in countries, it was proposed to develop a publication in line with the Andorra statement, which would report eight short examples on **life-course approaches** taken in the small countries.

Participants proposed to continue sharing best practices and documenting case studies on participatory consultative processes of **alignment of national health policies with Health 2020**.

In order to keep health inequities high on the political agenda, it was proposed to continue the exchange of best practices on how to **keep health inequities issues high on the political agenda** and how to foster commitment to **address these issues at the highest levels of government** and among heads of state.

It was proposed to continue to exchange practices on how to create optimal levels of **civil society engagement** and favour participatory, inclusive approaches to health creating a favourable environment for change (overcoming resistance to change).

2. Develop joint capacity-building events on core themes of Health 2020.

Topics of common interest for capacity building were proposed during the meeting, among these migration, regulation of research, innovative and collaborative approaches towards better access and affordability of treatments and medicines in small countries, the financial crisis and sustainability of health care systems in small countries and small countries as advocates for health as a human right.

Small countries share the same challenges and opportunities in **health information**. The importance of strengthening capacity on health information and data collection were emphasized at this meeting.

Activities under this area will include.

- Participate in the European Health Information Initiative (15).
- Create a small countries health information working group focused on:
 - ways to reduce multiple, uncoordinated data requests to Member States;
 - harmonization of valid comparable data and potential joint reporting of indicators (establishment of a minimum data set for small countries); and
 - capacity building on use and management of data in small countries including fast changing data and high costs of information technology systems (participation in the special Autumn School on Health Information and Evidence for Policy-making).
- Offer small countries representatives the opportunity to participate in WHO capacity-building opportunities such as the annual Flagship Course on Health System Strengthening: focus on noncommunicable diseases in Barcelona, Spain and the annual Barcelona Course on Health Financing.
- Participate in the regional network/ platform of Coordinated Integrated Health Service Delivery focal points (21).
- Participate at regional events on the sustainable financing of new medicines.
- Participate in the global health diplomacy course to be held in Malta in December 2015.
- Explore and fully utilize the knowledge and know-how repository available in the small countries (e.g. the Islands & Small States Institute in Malta; gender equality issues addressed by Iceland, etc.).
- Explore the possibility to develop training programmes for policy-makers working in fields related to health determinants.



3. Create a supportive environment for Health 2020 through better engagement of the media as an implementation partner.

- Organize communication and media events at the third high-level meeting of the small countries initiative, in line with the one carried out in parallel at this meeting (Box 3).

Box 3. Big communication ideas for small countries

During this meeting, a communication workshop was held. It aimed to increase the capacity of the media to report health inequities and engage them as implementation partners of Health 2020. All the delegations could bring a representative of the media or communication expert from their country. Seven participants came from the small countries, and two facilitators and three communication specialists came from WHO.

The importance and methodology for communicating important events, such as the WHO Regional Committee for Europe and the European Health Report, were stressed with proposals to promote and raise awareness on the key agenda items through social media (posting daily highlights) and launching press releases for major announcements.

The issue of health inequities was also explained in depth, as the topic has been reported in a number of publications and is often linked to breaking news. The challenges of covering health inequities in the media were also discussed. Participants acknowledged the importance of covering health inequities for the media sector and for health promotion itself. Some methods to report general health and socioeconomical themes with different health inequities perspectives were shared.

Participants shared the challenges of:

- the complexity of the health inequities theme itself
- the lack of education on health communication available to health professionals
- journalists' need for support when covering social and health topics in the media.

Strategies to improve capacity mentioned during the workshop were the:

- organization of new workshops on the topic of health inequities at the next high-level meetings;
- creation of a media and communicators network for further discussion about this and other health communication questions; and
- inclusion of social and health inequities in the academic training in ethics in journalism courses (and also in health professionals training).

Main conclusions

- An understanding of health inequities is fundamental for a more accurate media portrayal of health issues.
- Health communication training is essential for a better dialogue between media and governmental communicators.
- Health inequities communication training will engage media as implementation partners in Health 2020.

- Include the issue of communication of Health 2020 as a plenary session in the next meeting.
- Document good practices with use of innovative approaches such as social media.
- Explore capacity building for small countries in the areas of health inequity communications and risk communications.
- Explore the possibility to develop strategies to ensure that all stakeholders implement health in all policies especially those sectors responsible for supporting an enabling environment.

4. Create a platform for sharing experiences and mutual learning about Health 2020.

- Regularly feed the dedicated webpage on the small countries initiative (22).
- Enhance communication and networking among the small countries and with the WHO Secretariat including exploring possibilities of using community platforms/social forums.
- Explore the possibility to develop a database of evidence-based good practices accessible to key stakeholders, as well as an evaluation model for good practices.
- Explore the possibility to develop a database of key experts who would be available to support Member States on specific issues.

It was suggested that further consultation be held with countries to find out with which activity each would like to contribute. It was also suggested that these activities be conducted independently from the high-level meetings, but that progress would be reported back during the high-level meetings.

With regards to the organization of the next high-level meeting, some countries proposed a range of options to be agreed upon including:

- to have the high-level meeting target primarily the health ministers, allocating proper time for discussion;
- to open some sessions to ministers from other sectors; and
- to run themed in-depth technical discussions clustering ministers of the same sector.

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Annex 1. Andorra statement



Health promotion and disease prevention throughout the life-course

THE ANDORRA STATEMENT

Second high-level meeting of the WHO small countries initiative, Soldeu, Andorra

We, the Ministers and delegates of the Member States in the European Region of the World Health Organization with populations of less than one million, met in Andorra on 2–3 July 2015 to participate in the second high-level meeting of the small countries initiative.

We reconfirm the values stated in the San Marino Manifesto (2014) and reiterate our firm commitment to implement the Health 2020 framework and its principles and approaches in our national policies, strategies and plans.

As small countries, we give paramount importance to the development of all our citizens and communities, with a strong commitment to social trust and equity.

Being small in numbers, we believe each and every person represents a unique asset. We, the small countries, are committed to enable each individual to develop his or her full potential in each phase of life.

We are aware that research conclusively shows that early adverse experiences can affect development and increase vulnerability to a broad range of physical illness and mental problems when one bears in mind the impact of the accumulation of risk throughout the life-course.

Additionally, we are aware of equally convincing evidence, which indicates that health promotion and disease prevention programmes in early stages of life are not only cost-effective, but are also investments that bring high returns in terms of economic and social development, and equity. We aim to ensure that every opportunity for health enhancement and disease prevention is taken starting from pre-conception to pregnancy and other critical periods in one's life.

Equipped with this evidence, we reiterate our full commitment towards the life-course approach proposed by the Health 2020 policy framework. Fostering health promotion and disease prevention throughout the life-course enables us to tackle the causes of ill health and intervene on its negative consequences, thus supporting well-being and a better quality of life. We acknowledge that many countries have adopted the life-course approach in their various implementing strategies. We also firmly believe that the life-course approach should form an integral part of training of health professionals and, indeed, all other professionals working in the social field.

It is both never too early to invest in health promotion and disease prevention, and never too late to improve health and well-being and address the challenges of our ageing populations.

We, the small countries, despite having diverse circumstances and because of our unique social ecology, provide the ideal settings to carry forward this 21st-century approach, starting at the prenatal stage and following a trajectory covering the whole life-course by utilizing different settings and taking into account the compounding health effect that each phase of life has on the subsequent one.

We recognize that disadvantage runs from parent to child and from childhood to adulthood. Similarly, health inequities are reproduced over time and across generations through the life-course pathways. We acknowledge that these inequities can be tackled through pursuing intersectoral policies that address the social determinants of health. We recognize that this requires us to collect high-quality evidence and data to report on and monitor progress and to explore innovative forms of governance. On this issue, we, the small countries, can function as policy and implementation laboratories. We can act as a catalyst of ideas and be leaders for change. Our capability for rapid adaptation to external challenges makes us strategically agile and naturally receptive to innovation. Small countries can provide crucial elements to foster best practices for the life-course approach with our structural, strategic and innovative strengths – setting an example for other countries.

It is in this spirit that we commit to act as norm entrepreneurs to adopt comprehensive, intersectoral, integrated measures to prevent and address risk factors, and medical and social concerns that result in major health inequalities. We commit to do so through a life-course approach, with a proactive focus on policies creating a long-term culture of health that unfolds as an integrated continuum.

This is our common vision, and we can join forces as a platform to launch better sustainable development and better health for our populations.

Acting early, acting on time, acting together – this is our mission, our call and our priority.



Andorra



Cyprus



Iceland



Luxembourg



Malta



Monaco



Montenegro



San Marino

Annex 2. Programme

Thursday, 2 July 2015

Opening

Chair: Dr Erio Ziglio, Consultant, WHO Regional Office for Europe

Ms Maria Rosa Ferrer Obiols, Minister of Health, Social Affairs and Employment of Andorra

Dr Zsuzsanna Jakab, WHO Regional Director for Europe

The Honourable Antoni Marti Petit, Prime Minister of Andorra

First session. Moving forward on the health equity agenda in Europe: uptake of Health 2020 and of the European review of social determinants and the health divide

Moderator: Dr Francesco Zambon, WHO Regional Office for Europe

The overall rationale of the small countries initiative is the relevance of Health 2020 to countries with populations of less than 1 million. As described in the San Marino Manifesto, small countries are ideal settings for Health 2020 implementation and alignment of their national policies and programmes. This first session is designed to capture progress and development since the meeting in San Marino on 3–4 July 2014. It includes a key note speech by the WHO Regional Director for Europe and two examples of how Health 2020 is operationalized in the context of small countries. The first publication of the small countries initiative describing the alignment process of national health policies with Health 2020 will be presented in this session.

Presentations

- Moving forward on the health equity agenda in Europe
Dr Zsuzsanna Jakab, WHO Regional Director for Europe
- Health 2020 in the context of small countries: the experience of Andorra
Ms Maria Rosa Ferrer Obiols, Minister of Health, Social Affairs and Employment, Andorra
- San Marino as a case study on aligning national health plans with Health 2020
Dr Francesco Mussoni, Minister of Health and Social Security, San Marino

Structured discussion

- Open discussion of the issues explored in the keynote presentation by the Regional Director and their relevance to small countries
- Countries' short description of major developments related to the areas covered by the keynote

Relevance of the session to Health 2020: this session will cover the Health 2020 strategic goal on reducing health inequities and provide an overview on Health 2020 implementation in the WHO European Region, describing major issues at stake in the European health agenda.

Second session. Reaching out to other sectors: small countries as an ideal setting for multisectoral approaches to health

Moderator: Dr Pirooska Ostlin, WHO Regional Office for Europe

This session is a natural follow-up to the presentations by Andorra and San Marino that can be regarded as pilot studies of how the issue of governance for health and its intersectoral element is addressed in small countries. Thus, the session will offer an opportunity to take stock of current developments in the field of intersectoral action for health. It aims to distil lessons learned and check similar/different processes related to governance and intersectoral issues inspired by the case study of the interministerial presentation by San Marino and inputs from Andorra and other countries.

Thursday, 2 July 2015 (contd)

Presentation

- Tackling infant obesity and sedentary lifestyle in a multisectoral approach: the Andorran Nereus Programme
Mr Jesus Galindo, Ministry of Health, Social Affairs and Employment, Andorra

Panel discussion:

- Mr Eric Jover, Minister of Education, Andorra
- Dr Antonella Mularoni, Minister of Territory and Environment,
San Marino
- Ms Isabelle Rosabrunetto, Vice-minister, Director-General, Department of External Relations and Cooperation, Monaco
- Dr Robert Goerens, Ministry of Health, Luxembourg
- Dr Charilaou Charalambos, Ministry of Health, Cyprus
- Mrs Eyglo Hardardóttir, Minister of Social Affairs and Housing, Iceland
- Ms Vesna Nikaljevic, Ministry of Health, Montenegro

Structured discussion

- Are there common processes that small countries are using in order to foster intersectoral action for health?
- Are there current developments in small countries related to the issue of strengthening governance for health that would be worth exploring more and making them more available to the wider European community?
- What aspects of the issue of intersectoral action would participants suggest should be put on the agenda of the next meeting to ensure continuity and know-how sharing?

Relevance of the session to Health 2020: strategic goal of better governance for health to be covered in this session.

The workshop for communications professionals will focus on creating a supportive environment for Health 2020 through better engagement of the media as an implementation partner (deliverable 3 of the small countries initiative and also highlighted as a key message of the San Marino meeting).

Third session. Towards people-centred health systems: health care reforms and health financing in small countries

Moderator: Dr Hans Kluge, WHO Regional Office for Europe

Strengthening health systems and public health infrastructure and programmes are key elements of Health 2020. Health systems are a crucial element for small countries, not only in terms of ensuring the high quality of health care delivery and public health infrastructure, but also as part of their national identity. Health systems are therefore crucial to nurture the human resources of small countries and their opportunity for development. Finally, little literature is available on health systems in small countries, and this session is designed to be a first step towards reducing this literature gap.

Presentations

- Strategic priorities in health system strengthening in the WHO European Region: walking the talk on people centredness
Dr Hans Kluge, Director, Division of Health Systems and Public Health, WHO Regional Office for Europe

Thursday, 2 July 2015 (contd)

- Health 2020 in practice: developing the Third National Health Plan of Iceland to the year 2020
Mrs Vilborg Ingolfsson, Ministry of Welfare, Iceland
- Mr Jordi Cinca Mateos, Minister of Finance, Andorra
- The experience of Cyprus
Dr Olga Kalakouta, Ministry of Health, Cyprus

Structured discussion

- Participants to ask questions or clarification from all presentations
- In addition to the examples from Andorra, Cyprus, Iceland and Montenegro, are there additional major developments in small countries that would be worth recording?
- As for the literature gap related to health systems in small countries, are there any specific issues the delegates would like to explore in more depth and keep on the agenda for the next meeting?

Relevance of the session to Health 2020: priority area no .3 (strengthening people-centred health systems and public health capacity) to be covered in this session.

Fourth session. Improving leadership and participatory governance for health

Moderator: Ms Isabel Yordi, WHO Regional Office for Europe

Strengthening leadership and governance for health is one of the two strategic objectives of Health 2020. This session is specifically designed to facilitate further understanding of the issue of governance for health given the context that characterises small countries in Europe. The session is also linked to some of the issues touched upon in the first and second sessions.

Presentations

- Characteristics of leadership and participatory governance in small states – Implications for multi sectoral implementation of Health 2020
Professor Roderick Pace, *Representing the Small State Institute, University of Malta*
- Leading multisectoral policies to improve population health – turning challenges into opportunities
The Right Honourable Christopher Fearn, *Parliamentary State Secretary for Health, Malta*

Structured discussion

- Is there a common understanding of the issue of governance and its relevance to small countries?
- Are there major similarities/differences on the issue of seizing opportunities and addressing barriers for strengthening governance for health in the eight small countries in the WHO European Region?
- What are the suggestions from participants on how to follow up this initial exploration of governance for health in the future?

Relevance of the session to Health 2020: strategic goal on improving leadership and participatory governance for health to be covered in this session.

Wrap-up and closure of Day 1

Friday, 3 July 2015

Chair: Dr Erio Ziglio, Consultant, WHO Regional Office for Europe

Fifth session. Health information and data collection in countries with a small population

Moderator: Dr Francesco Zambon, WHO Regional Office for Europe

Small countries share a number of challenges in the area of health information collection and reporting. Numbers of annual cases of death and diseases are small, which lead to artificial fluctuations in health situation trends. Small countries tend to have limited human resources in health information and small departments or agencies while their reporting burden to international agencies, including WHO, the European Union and the Organisation for Economic Co-operation and Development, is no different than that of large countries. In addition, frequent uncoordinated surveys from international organizations lead to increased burden; those surveys may also not even be appropriate for Small Countries. In the proposed session, WHO will explore how it can better support small countries in the collection, analysis and mandatory reporting of health information. WHO will present some models of health information networks and platforms that other countries have adopted to tackle common challenges. This session is first and foremost a brainstorming opportunity to explore common issues and potential solutions that WHO can support, assist and coordinate.

Presentations

- Health information systems challenges
Dr Robert Goerens, Ministry of Health, Luxembourg
- Subregional health information networks
Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe

Panel discussion

- Ms Isabelle Rosabrunetto, Vice-minister Director-General, Department of External Relations and Cooperation, Monaco
- Mrs Rosa Vidal, Ministry of Health, Social Affairs and Employment, Andorra
- The Right Honourable Christopher Fearne, Parliamentary State Secretary for Health, Malta
- Mrs Vilborg Ingolfsdottir, Ministry of Welfare, Iceland
- Dr Andrea Gualtieri, Ministry of Health and Social Security, San Marino
- Dr Olga Kalakouta, Ministry of Health, Cyprus
- Ms Vesna Nikaljevic, Ministry of Health, Montenegro

Structured discussion

- What do you see as the main obstacles and benefits of a subregional network?
- How can such a network be operationalized? Are you concerned about resource implications?
- Do you think it would be valuable to have a network of networks where the chairs of the various networks come together to discuss common challenges and joint work?

Relevance of the session to Health 2020: Health 2020 monitoring to be covered in this session.

Friday, 3 July 2015 (contd)

Sixth session. Health promotion and disease prevention throughout the life-course: the Andorra statement

Moderator: Dr Gunta Lazdane, WHO Regional Office for Europe

Disadvantage runs from parent to child and from childhood to adulthood. Similarly, health inequities are reproduced over time and across generations through the life-course pathways. These inequities can be tackled by pursuing intersectoral policies that address the social determinants of health throughout all phases of life. This session is focussed on the life-course, one of the main priority areas of Health 2020, and specifically on the Andorra statement on health promotion and disease prevention throughout the life-course. Following the example of the San Marino Manifesto endorsed in 2014 at the end of the first high-level meeting, small countries want to unite their voices once again in the Andorra statement on one of the key elements of Health 2020. This is also the theme of the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 to be held in Minsk, Belarus in October 2015 where small countries will have the opportunity to read the Andorra statement at the opening ceremony.

Presentation

- Introduction to the life-course approach
Dr Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, WHO Regional Office for Europe

Panel discussion:

- Mr Eric Jover, Minister of Education, Andorra
- the Rt. Hon. Christopher Fearn, Parliamentary Secretary for Health, Malta
- Dr Francesco Mussoni, Minister of Health and Social Security, San Marino
- Mrs Eyglo Hardardóttir, Minister of Social Affairs and Housing, Iceland
- Dr Olga Kalakouta, Ministry of Health, Cyprus
- Dr Robert Goerens, Ministry of Health, Luxembourg
- Ms Isabelle Rosabrunetto, Vice-minister Director-General, Department of External Relations and Cooperation, Monaco
- Ms Vesna Nikaljevic, Ministry of Health, Montenegro

Structured discussion

- Do you have any specific amendment to propose to the Andorra statement?
- Do you carry out in your country a programme aimed at improving the health literacy of youth and the population?
- Do you carry out in your country a programme aimed at using the antenatal period as a time for the education of future parents, diagnostics and timely management of unhealthy behaviour and noncommunicable diseases, for example, active and passive smoking during pregnancy?
- Do you carry out in your country a programme aimed at early child development – home visits after delivery and integrated management of mother, family and newborns?
- Are any of the above programmes carried out with the involvement of other sectors? If so, how?

Relevance of the session to Health 2020: priority area no. 1 (life-course) to be covered in this session.

Friday, 3 July 2015 (contd)

Seventh session. Creating supportive environments and resilient communities: opportunities and challenges in small countries

Moderator: Ms Monika Kosinska, WHO Regional Office for Europe

Building “resilience” is one of the four horizontal cross-cutting priorities in Health 2020. Small countries can be ideal settings to demonstrate concretely how building resilience can become an integrated part of a modern health policy along the lines of Health 2020.

Panel discussion:

- Mrs Silvia Calvo Armengol, Minister of Environment, Andorra
- the Rt. Hon. Christopher Fearne, Parliamentary Secretary for Health, Malta
- Dr Antonella Mularoni, Minister of Territory and Environment, San Marino
- Mrs Vilborg Ingolfsdottir, Ministry of Welfare, Iceland
- Dr Charilaou Charalambos, Ministry of Health, Cyprus
- Dr Robert Goerens, Ministry of Health, Luxembourg
- Ms Tsvetelina Parvanova, Communications Adviser, Corporate Communications, WHO Regional Office for Europe

Structured discussion

- Why is building resilience so crucial to the current and future prospects of small countries?
- What specific aspects of resilience and salutogenic assets are of particular relevance in the 8 small countries?
- Do examples of building resilience exist in the small countries that would be worth analysing in detail, giving more visibility and sharing them within the wider European audience?

Relevance of the session to Health 2020: priority area no. 4 (supportive environment and resilient communities) to be covered in this session.

Eighth session. The small countries initiative: the way forward

Dr Francesco Zambon and Dr Piroska Ostlin

- Main highlights of the meeting and next steps of the project

Andorra statement on “Health promotion and disease prevention throughout the life-course” to be made on behalf of small countries at the Ministerial Conference on the Life-course Approach in the Context of Health 2000 in Minsk, Belarus on 21–22 October 2015

Closure of the meeting and announcement of the location for the third high-level meeting

Dr Zsuzsanna Jakab

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The second high-level meeting of small countries took place in Soldeu, Andorra, 2–3 July 2015 with the aim of reviewing progress made since the first meeting particularly in implementing the activities as set out in the San Marino Manifesto. The meeting aimed to further advance the implementation of Health 2020 in the WHO European Region by exploring intersectoral approaches to improve health outcomes and reduce health inequities.

The specific outcomes of the meeting were the Andorra statement and an action plan covering four areas paving the way forward for small country implementation of Health 2020 namely, documentation of various aspects of Health 2020 implementation; development of joint capacity-building events on core Health 2020 themes; better engagement of the media as an implementation partner, and creation of a platform for sharing experiences and mutual learning about Health 2020 implementation.



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