



**WHO partnership working group meeting  
Berlin, Germany  
8–9 March 2012**

## ABSTRACT

A WHO collaborating centre participates in activities based on a workplan in line with WHO procedures that WHO and the centre jointly prepare. The activities may take place at the country, intercountry, regional, interregional and global levels. They also contribute to increasing technical cooperation with and among countries by providing them with information, services and advice, and by stimulating and supporting research and training. WHO Collaborating Centres can be a tremendous asset for fulfilling the planned strategic objectives of WHO. The Regional Director has pointed out that there is a need to find concrete actions to be taken in order to strengthen the collaboration.

In January 2000 the Executive Board urged the Member States to make full use of WHO collaborating centres as sources of information, services and expertise, and to strengthen their own national capacity for training, research and collaboration for health development. At the same time, it encouraged WHO collaborating centres to develop working relations with other centres and national institutions recognized by WHO, in particular by setting up or joining collaborative networks with WHO's support.

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## **Introduction and context**

WHO collaborating centres<sup>1</sup> are designated by the WHO Director-General to carry out activities in support of WHO's programmes. Currently, there are over 800 collaborating centres in more than 80 Member States.

This second partnership meeting, following the inaugural meeting in Edinburgh, United Kingdom (Scotland) in March 2011, provided an opportunity for collaborating centres and partners<sup>2</sup> in the WHO European Region who have a focus on health promotion, public health and the social determinants of health to network with each other. It was about strengthening partnership and collaboration and allowed representatives from WHO and key partners such as EuroHealthNet to describe essential areas of current work with a view to identifying how collaborating centres and partners can contribute.

Like the inaugural meeting, the Berlin meeting was convened at a very important time for the European Region, with the development of key initiatives such as the Health 2020 strategy and the noncommunicable diseases action plan. These initiatives are being progressed against a backdrop of important work that is being taken forward in Europe in relation to social determinants of health and the health divide, the implementation of a public health framework for action and the European Union (EU) 2020 programme which, while not focusing specifically on health, will nevertheless have a significant impact on health as it develops.

In addition, the Region faces significant social and political challenges in the face of the worldwide recession that seem certain to have impacts on the health of populations over the coming decade.

Regional Office wishes to thank the Federal Centre for Health Education, Germany, for hosting the meeting and looks forward to the next meeting, to be hosted by the National University of Ireland, Galway, in 2013. It also thanks NHS Health Scotland for supporting the contribution of the meeting rapporteur and all the directors of WHO and the collaborating centres present in Berlin.

### **Vivian Barnekow**

Programme Manager (a.i.), Child and Adolescent Health Development, WHO Regional Office for Europe

### **Helene Reemann**

Head of International Unit, Federal Centre for Health Education, Germany

### **Erio Ziglio**

Head, European Office for Investment for Health and Development, WHO Regional Office for Europe

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<sup>1</sup> For further information, see: <http://www.who.int/collaboratingcentres/en/>

<sup>2</sup> A list of participants is shown at Annex 1.

## Opening session

Before moving on to the meeting's business, **Chair Helene Reemann** asked **Dr Frank Lehmann** to provide a brief overview of the situation in relation to social determinants and inequalities in Germany.

Dr Lehmann said that in the 1990s, there was lack of awareness about poverty development in Germany and that health inequalities had not been addressed for many years due to the country's health insurance system and other social welfare measures. A report of the Federal Government in 1998, however, demonstrated for the first time that there was indeed a poverty issue in the country. The government report, *Poverty and Wealth*, is now published every four years.

The Ottawa Charter for Health Promotion raised the issue of health promotion in Germany, leading to its inclusion within health insurance contracts. However, an element of competition arose among companies, meaning that health promotion efforts tended to focus on "low-risk" populations and only offered services tailored to the problems of the middle-classes, such as courses for weight management, and other leisure time-oriented activities sponsored by the sickness funds.

This, of course, was not the focus that was required, and health promotion was removed from health insurance contracts in 1997 after consultation with the Federal Government. A new inclusion was made in 2000 which specified that all health promotion activity had to focus on tackling health inequalities. A settings approach emerged, with companies combining their resources to develop programmes for kindergartens, schools and communities. It was noted that as part of a joint action by WHO with the EU, a web-based resource of examples of health system action on socially determined health inequalities was developed. The web-based resource includes the introduction of the new law from Germany (Law 20) and the case study example was developed by the WHO collaborating centre on health inequities in insurance-based health systems and the Institute for Prevention and Health Promotion at the University of Duisburg/Essen.<sup>3</sup>

The Federal Centre for Health Education (BZgA) initiated the nationwide cooperation network "Health Promotion for the Socially Disadvantaged" in 2001. BZgA set out to find existing health promotion projects that focused on the needs of socially disadvantaged people by surveying 10 000 organizations in Germany. It found 2000 such programmes, which inspired BZgA to commence the online "good practice" resource, underpinned by the Scientific Advisory Group for Health Promotion for Socially Disadvantaged People, as a platform for further progression. The Scientific Advisory Group, in consultation with experts such as Professor Margaret Whitehead from United Kingdom (England), was able to devise 12 criteria to describe good health promotion and highlight the need for integrated approaches. These criteria are now being used by the health insurance system.

There are now over 100 good practice examples available with other Internet resources, conferences and meetings also accessible to support progress. There is as yet, however, no overall "upstream" strategy in Germany for addressing health

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<sup>3</sup> Example can be found at: <http://data.euro.who.int/Equity/hidb/Resources/Details.aspx?id=15>

inequalities. The approach that is being taken is therefore essentially a “downstream” one.

**Helene Reemann** stressed the importance of linking national and international strategies as BZgA did in developing the nationwide “Health Promotion for the Socially Disadvantaged” cooperation network and linking it with major EU-funded projects such as “Closing the Gap“ and, now, in the joint action on health inequality project, “Equity Action”. One of the key components of Equity Action, Ms Reemann explained, is initiating and improving stakeholder engagement at local, regional, national and European level. Experience from Germany shows that overall strategies and strong partnerships between actors in health and other sectors can contribute to effective outcomes in prevention and health promotion at all levels.

## Item 1. Health 2020: new developments

Dr Erio Ziglio

Health 2020 is not yet completed. Countries and institutions are currently providing feedback to short<sup>4</sup> and long<sup>5</sup> versions of the policy, each of which carries a set of consultation questions, but the policy remains in draft form at present. It will hopefully be endorsed at the next meeting of the WHO Regional Committee for Europe in Malta in September 2012.

The aspiration is to develop a framework for health for all the WHO European Region's 900 million people, a framework that will reduce health inequities and address the major burden of illness throughout the Region. WHO is putting the policy together, but it will be owned and approved by the countries.

The policy reflects the fast-changing context of health in Europe. It will advocate for more effective governance for health, with ministries of health being encouraged to engage with issues beyond their normal jurisdiction and with other ministries and players.

Health 2020 aims to provide a framework for action adaptable to different European country contexts. Such a framework is much needed to address a number of challenging trends and policy issues, which include the following.

- There is uneven progress within and between countries.
- Inequities are an obstacle to sustainable societies for local, regional and national development – the more inequities in a country, the more unsustainable is its society.
- Opportunities to be healthy arise as coproducts of the actions of multiple stakeholders. Population health should therefore be adopting whole-of-government and whole-of-society approaches.
- Addressing all of the above requires an effective and innovative governance structure for health for the 21<sup>st</sup> century.

Health 2020 is informed by a number of studies, the biggest of which is the European Review of Social Determinants of Health and the Health Divide. One of the studies is looking at health governance, which it defines as:

*“... the attempts of governments or other actors to steer communities, whole countries, or even groups of countries in the pursuit of health equity as integral to well-being and sustainable development through both a whole of society and a whole of government approach.”<sup>6</sup>*

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<sup>4</sup> The short Health 2020 policy document contains the key evidence, arguments and areas for policy action to address public health challenges and identifies opportunities for promoting health and well-being in the European Region.

<sup>5</sup> The long document provides the contextual analysis and main strategies and interventions that work and describes necessary capacities to implement the Health 2020 policy.

<sup>6</sup> Adapted from: *Governance for health in the 21st century: a study conducted for the WHO Regional Office for Europe*. Copenhagen, WHO Regional Office for Europe, 2011 ([http://www.euro.who.int/data/assets/pdf\\_file/0010/148951/RC61\\_InfDoc6.pdf](http://www.euro.who.int/data/assets/pdf_file/0010/148951/RC61_InfDoc6.pdf), accessed 2 May 2012).

The governance study is breaking new ground in this area and, with the other studies, will inform the development of the policy.

The vision for Health 2020 is for:

*“ ... a WHO European Region where all peoples are enabled and supported in achieving their full health potential and well-being, and in which countries, individually and jointly, work towards reducing inequalities in health within the Region and beyond.”*

Health 2020 is a values-based, action-oriented policy framework that is adaptable to different realities in the countries of the European Region. The values base is valid no matter how individual countries are organized. It is addressed to ministries of health but also aims to engage ministers and policy-makers across government and stakeholders throughout society who can contribute to health and well-being. It holds that health is a fundamental human right that is based in solidarity, fairness and sustainability.

The goals are to improve health and well-being of populations, reduce health inequities and ensure sustainable people-centred health systems. Targets will be developed, including targets for well-being – a significant step forward. Four strategic objectives are identified:

1. working together: adding value through partnership
2. setting common priorities
3. improving governance for health and increasing participation
4. accelerating the uptake of new knowledge and innovation through leadership.

The goals and strategic objectives then feed into six interconnected and integrated areas for policy action:

1. tackling the health divide;
2. investing in making people healthier, empowering citizens and creating resilient communities;
3. tackling Europe's major disease burdens;
4. creating healthy and supportive environments for health and well-being;
5. strengthening people-centred health systems, public health capacities and preparedness for emergencies; and
6. promoting and adopting “health in all policies”, whole-of-government and whole-of-society approaches.

At the time of the meeting, Dr Ziglio explained, Health 2020 drafts were undergoing further consultation and revision before the final version will be presented to the WHO Regional Committee for Europe in September 2012.

Dr Ziglio stressed that WHO does not want to see a good policy framework being developed, but then being followed by no action at country level. The policy needs to increase countries' capacity to endorse its values and principles by:



- providing innovative “space” for countries to participate in know-how development;
- accelerating capacity in applying governance solutions; and
- maximizing learning to promote health, reduce health inequities and add value to fair and sustainable development.

## Discussion

**Goof Buijs** asked how Health 2020 aligns with the European Union (EU) Europe 2020<sup>7</sup> strategy? **Vivian Barnekow** answered that a high-level meeting between WHO and the European Commission (EC) was taking place in Brussels to try and encourage joint working across all policies. This is challenging, however, as the organizations are quite different.

**Mr Buijs** then asked how such an ostensibly health-focused policy as Health 2020 could be promoted across all sectors? **Dr Ziglio** responded by saying the actual title of the policy includes “well-being”, and is not just “health”. Mr Buijs stressed that a real opportunity would be missed if there was lack of clarity on how Health 2020 and EU 2020 could be integrated across sectors, and he was concerned that they might be saying different things.

**David Pattison** commented that the focus of the European Parliament had altered following the last European elections, which may have created tensions between the EC and WHO. The key issue, he suggested, was about how Health 2020 supports ministries of health to promote leadership in other ministries. Recent experience he had had in chairing a meeting involving EC Directorates-General (DGs) revealed that DGs for economics, employment and the regions were now more actively engaged in promoting developments in health systems and health inequities, while the emphasis within the Directorate-General for Health and Consumers (DG SANCO) appears to have changed. He suggested that there is a challenge for the collaborating centres, both individually and collectively, to facilitate discussions that promote how Health 2020 will support ministries other than health in their own countries. This, more than anything, will help to make the links between Health 2020 and EU 2020 explicit.

**Frank Lehmann** agreed that there needed to be more connection with economic ministries. **Aixa Alemán-Díaz** added that WHO needs to show countries that Health 2020 is not about creating work for them, but is about working with them to address their problems. They need to understand that Health 2020 and EU 2020 do not represent a double burden.

**Vivian Barnekow** asked how it can be ensured that Health 2020 doesn’t end up as document everyone signs up to, but which spurs very little action. WHO needs to mobilize its resources and instruments to support ministers of health to engage and influence other ministries in a pragmatic and non-threatening way, she suggested.

**Erio Ziglio** remarked that a lot of work will be required to communicate about Health 2020 to stakeholders, who include ministries, professions, civil society and nongovernmental organizations. The policy can be perfect, he said, but if it can’t be

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<sup>7</sup> [http://ec.europa.eu/europe2020/index\\_en.htm](http://ec.europa.eu/europe2020/index_en.htm)

communicated, it is useless. Linked to this is an ongoing education process – there is apparently a perception in ministries of health in some countries that Health 2020 may compromise their role because it advocates engagement with other ministries. It is exactly the opposite, Dr Ziglio stressed – it is about strengthening ministries of health. WHO needs to be bold and brave in supporting countries to implement Health 2020, as the current economic circumstances make it a difficult time to deliver a new policy. **Goof Buijs** suggested that emphasizing the cost benefits of implementation would be beneficial in this respect.

**Dr Tatiana Buzeti** commented that countries are experiencing other crises in addition to economic. As a representative of a new EU Member State, she wished to address capacity issues: in particular, she asked if collaborating centres have the capacity to address the topics that were being discussed? Thought needed to be given to how collaborating centres can make a bridge between countries with limited capacities, she suggested.

**Dr Michal Molcho** said that collaborating centres needed to stress that health inequities were not good for countries' economies, but information on how much can be saved by tackling inequalities was lacking. **Vivian Barnekow** stressed that parallel to developing Health 2020, a huge piece of work was being taken forward by 13 task groups as part of the above-mentioned European review on social determinants of health and the health divide. One of these was looking at economic issues, while economic considerations also featured as cross-cutting issues across all the task groups' work.

## **Item 2. EuroHealthNet's role in supporting action on inequalities in Europe**

### **David Pattison<sup>8</sup>**

Mr Pattison first of all passed on the best wishes of Clive Needle, director of EuroHealthNet, who sent his apologies for being unable to attend the meeting.

EuroHealthNet now consists of 34 agencies in 27 European countries. It has grown since it came out of the European Network of Health Promoting Agencies in 1996 and is now being encouraged by the EU to actively engage with non-EU countries in Europe. This has benefits, but also presents a challenge, as the organization is still small and needs to target precisely where it can best influence the agenda.

EuroHealthNet has been looking at ways to broaden the network while protecting the interests of existing members. Membership fees vary according to the status of the member body (institution, regional centre, expert body, etc.) and some organizations are now being enabled to access network information for no charge. It is hoped that these organizations may realize the benefits of becoming full members! Funding emerges from members, DG Employment (for network capacity building between 2011 and 2013), and the EC PROGRESS programme<sup>9</sup> (EuroHealthNet is leading on work on health equity as part of the social inclusion agenda), with specific projects being funded by partners and programmes.

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<sup>8</sup> This presentation was delivered by David Pattison in Clive Needle's absence.

<sup>9</sup> <http://ec.europa.eu/social/main.jsp?langId=en&catId=327>

EuroHealthNet's main aim is to influence discussions within the EC and various directorates across the EU infrastructure, particularly in relation to articles 3 and 168 of the EU treaty. Well-being, the network believes, is at the heart of the EU treaty, and this is the cause the network espouses.

The EC PROGRESS programme is about tackling health inequalities. EuroHealthNet's involvement in this flagship platform against poverty is important, as is its contribution to Europe 2020. Work as part of the EC Framework Programme (FP) 7 research programme includes contributions towards the DRIVERS project, which will build on the recommendations of the Commission on Social Determinants of Health and the Marmot review of health inequalities. The "Crossing Bridges" project, part of the Health Action Programme, involves EuroHealthNet working between countries, promoting joint learning and enabling countries to adopt and adapt approaches that will be of use to them.

The focus across the EU since the 2008 economic crisis has been on sustainability. The key objectives of the Europe 2020 strategy are to promote smart, sustainable and inclusive growth. There are risks in this for public health and the aspiration of reducing inequalities, however. For instance, in the pursuit of "smart", e-health has been defined as the priority for a major pilot initiative on active ageing run by DG SANCO, but how can the public health community ensure that e-health outcomes neither create nor widen inequalities? In relation to "sustainability", Health 2020 highlights the importance of environmental inequities. The EU health and environment action plan, however, has been dropped and sustainable development plans are very unclear. Yet public health clearly recognizes the impacts of environmental exposures on individuals and populations.

Health will no longer feature as an exclusive category in EU funding from 2014: it will have to compete for funding with other areas. The EU Platform Against Poverty will consequently prioritize an e-health approach over one that is more closely aligned to public health. The challenge this presents is that the health community will have to be more prepared to try and access, and share, a much broader range of health intelligence involving sectors such as criminal justice, transport and agriculture. There is enormous potential for health gain in the areas of employment, education and social inclusion, and EuroHealthNet is increasingly working with diverse DGs to help them achieve their goals.

The EC's strategic research plan, Horizon 2020,<sup>10</sup> will have public health components and will aim to tackle societal change. There are nevertheless concerns that it will concentrate mostly on business problems and be solution-focused. The strategic research priority of healthy ageing may provide an example of this, with a focus that perhaps concentrates on medically dominated solutions rather than wider societal and environmental factors.

EuroHealthNet needs to look closely at the emerging research agenda and determine how it can complement it, but also be prepared to advocate for change in

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<sup>10</sup> [http://ec.europa.eu/research/horizon2020/index\\_en.cfm](http://ec.europa.eu/research/horizon2020/index_en.cfm)

direction if necessary. It has launched a specific web site around the healthy ageing programme to try and influence the way the research agenda develops.<sup>11</sup>

This raises questions about how much work should be taken forward with the private sector. EU funding submissions tend to be considered negatively if they contain 20% or more private sector funding, which seems to sit uncomfortably with the EU's overall ethos of partnership with the private sector.

Recent years have seen significant cuts in health budgets in many countries. This tends to mean that care and treatment become the priority and that public health-focused professionals, who are not directly involved in care and treatment, suffer as a result. EU health and finance ministers, however, are highlighting that health spending contributes to better health, which in turn contributes to economic prosperity. EuroHealthNet and the wider public health community need to define how they can support health and finance ministers to argue this case in their governments. They also need to make sure they lobby EU commissioners other than the health commissioner.

EuroHealthNet is following this agenda with various DGs, working with them to ensure that health can be included in all policies. It interacts with people at European level who are developing, supporting and advocating for various systems. It is trying to build the case for a reorientation to the Ottawa Charter, which remains a fundamentally important initiative. And it is working on issues throughout the European Region, developing policy briefings that are very helpful, particularly for those at regional level.

The EU budget to 2020 aims to deliver the main Europe 2020 aim and objectives, which focus on employment and growth. From a total budget of €1025 billion, €376 billion will go to cohesion policy, €80 billion to research and innovation policy, and €15.2 billion for education and training. Where, we must ask, is public health in all this? Public health also needs to ask where it sits in relation to the new EU health programme, "Health for Growth 2014–2020". This €396 million programme sets out four objectives:

1. contribute to innovative and sustainable health systems
2. increase access to better and safer health care
3. promote good health and prevent disease to improve citizens' health
4. protect citizens from cross-border health threats.

It would appear that public health has much to contribute to the achievement of all these objectives. Other opportunities are also arising, including:

- **Horizon 2020**, in which 40% of the total research, training and development budget is going towards addressing societal challenges, defined as "health, demographic change and improving well-being";
- **structural funds post 2014**: of the 11 key investment objectives, 2 are health-related, and there are also objectives on promoting social inclusion and

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<sup>11</sup> [www.healthy-ageing.eu](http://www.healthy-ageing.eu)

combating poverty, promoting employment and supporting labour mobility; and

- **EU instruments for employment and social policy:** €84 billion has been provided to promote employment and tackle poverty through the European Social Fund and a new programme for social change and innovation.

It is important for EuroHealthNet and public health to influence how budgets are dispersed and to demonstrate how health contributes to the achievement of key objectives. Health 2020 can be used as an advocacy tool in this endeavour, so it is important to get it right. EuroHealthNet is providing evidence to Health 2020 and is supporting WHO as it moves forward with the policy. As a network, it has some strength in this area.

### **Discussion**

**Erio Ziglio** noted that EuroHealthNet has grown very fast, which can sometimes lead to an organization losing its identity. How will EuroHealthNet develop in the future, he asked? **David Pattison** said that EuroHealthNet is a members' network and it is members who decide how it will develop through its annual assembly. Any significant change in the way the network works has to be approved by the assembly. EuroHealthNet's work with DGs has led to the DGs approaching the network for support and advice, but the network is clear that it will not deal with specific issues that are beyond its locus or which are better covered by other networks – tobacco and alcohol, for example.

**Dr Ziglio** then asked if EuroHealthNet could endorse Health 2020 and use it as a practical lobbying tool? **David Pattison** replied that Health 2020 was on the agenda for the upcoming EuroHealthNet board meeting and emphasized the network's good relationship with WHO. It has yet to be determined whether endorsement of Health 2020 would be taken forward to the assembly in June 2012, but he would be very surprised if core network members did not support Health 2020's aspirations.

It was asked if there was a concern that while EuroHealthNet is trying to shape EU policy, much of its budget comes from EU project funding. There was also an expressed concern that countries are using EU funding opportunities as cover for not funding their own projects, which can create problems.

**David Pattison** agreed that funders have an influence, and that this needs to be considered when an application is made. But EuroHealthNet is prepared to challenge and also promotes indirect advocacy by providing intelligence to other parties. Currently, it has got the balance right, but it continues to review the questions that have been raised and will continue to seek appropriate funding with partners.

EuroHealthNet is happy to take on the complexity these issues raises, Mr Pattison said. It uses funded projects to help provide the intelligence and evidence to support its advocacy work.

### **Item 3. Collaborating centres' and partners' main activities, opportunities and challenges**

Introducing the session, **David Pattison** suggested that it offered an opportunity for collaborating centres to report on progress since the last meeting in Edinburgh in 2011 and to show how they can support WHO in developing Health 2020 and other initiatives, such as the noncommunicable diseases (NCDs) implementation plan.

#### **Centre for Health and Development, Slovenia: WHO collaborating centre for capacity building in cross-sectoral investment for health**

The centre's areas of expertise are:

- health and regional development: the centre supports other regions in the country with regional development and capacity building;
- social determinants of health and health inequalities: supporting capacity building in measuring and communicating inequalities; and
- health equity in all policies: employment, social protection, education and cohesion are the main areas in which the centre tries to agree joint objectives.

The centre can share this expertise with other countries, but is currently seeking to focus within Slovenia on the regions with the greatest challenges.

In relation to challenges and opportunities for collaboration, the centre has offered study tours and visits to members of local, regional and national governments, policy-makers and professionals who are interested in its work. It also offers on-the-job training placements of 1–6 months on projects at regional and national level. Other regions approach the centre for consultancy and advice on how to progress projects, with a focus on developing the evidence base to support cases put to local, regional and national policy-makers.

Joint programmes and projects are in place with Norway focusing on health inequalities, which are high on the agenda of both Slovenia and Norway. This partnership mechanism is being used to invest in capacity building in Slovenia. There are strong similarities between the two countries – for instance, both are small countries with similar populations and each shares a common values base.

Evidence of the centre's activities can be found in two reports on the WHO website, one on the Pomurje region<sup>12</sup> and the other on national activities on health inequalities.<sup>13</sup> Developing projects such as these has been important, as it has enabled the centre to identify and publicize the problems highlighted in the data. The centre wants to show the impact of informed policies on preventing health inequalities and would be interested in collaborating with other centres, particularly in relation to women's health.

The centre is due for redesignation in 2013.

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<sup>12</sup> <http://data.euro.who.int/Equity/hidb/Resources/Details.aspx?id=9>

<sup>13</sup> [http://www.euro.who.int/\\_data/assets/pdf\\_file/0008/131759/Health\\_inequalities\\_in\\_Slovenia.pdf](http://www.euro.who.int/_data/assets/pdf_file/0008/131759/Health_inequalities_in_Slovenia.pdf)

## **National University of Ireland, Galway: WHO collaborating centre for health promotion research**

The aim of the centre is to build health promotion capacity through the generation and application of health promotion research into practice and policy. It is linked to WHO headquarters rather than the Regional Office.

The centre has developed the following four linked activities within its current work plan.

### **Activity 1: benchmarking implementation of health promotion**

A rapid review of the evidence in the area of mental health promotion has been carried out in partnership with WHO headquarters and discussions on how this work can be used are now being taken forward. Mental health promotion was the theme of the centre's annual conference last year, which the minister for health in Ireland addressed.

### **Activity 2: capacity building for health promotion research through training and education**

A project on developing competencies and professional standards for health promotion capacity building in Europe has been underway for two years and a set of competencies for health promotion has now been developed, following a mapping of competencies used globally. These are currently being mapped to health promotion education programmes to drive curriculum development. A global scoping study on the provision of accessible education and training programmes in health promotion in low- and middle-income countries was undertaken as part of the wider project in 2010. The focus in 2012 is on workforce development in health promotion and what it means for social determinants of health and NCDs.

### **Activity 3: evidence-based practice and policy in health promotion with young people and schools**

The centre is part of the WHO/Health Behaviour in School-aged Children (HBSC) Forum and carries out the HBSC survey in Ireland. It worked last year with the Regional Office in trying to identify national and subnational determinants other than gross domestic product that influence inequalities.

### **Activity 4: evidence-based practice and policy in mental health promotion**

This also links to Activity 1 and has involved an evaluation of mental health promotion initiatives and online mental health initiatives for young people.

The centre is due for redesignation in 2013.

**Goof Buijs** suggested that here may be scope for joint working with the Netherlands Institute for Health Promotion (NIGZ) and the Schools for Health in Europe (SHE) Network across these activities in future.

**Vivian Barnekow** said that HBSC has been trying for some years to use HBSC data to provide policy advice to Member States included in the study. HBSC needs help from the collaborating centres on developing the policy recommendations that arise from the research data in the HBSC reports, she said.



## **NIGZ, the Netherlands: WHO collaborating centre for school health promotion**

The centre's main task is to coordinate SHE. There are now SHE national coordinators in 43 countries: they are usually nominated by the ministry of health, so are very important assets to SHE and the countries.

The SHE advisory board includes representation from DG SANCO and DG Education and Culture, the Council of Europe, the Regional Office and HBSC. It took almost 20 years to secure involvement from DG Education and Culture, which shows how long cross-sectoral work can take. It nevertheless marks a very positive step.

Activities in 2011 included:

- finalizing the Healthy Eating and Physical Activity in Schools (HEPS) project,<sup>14</sup> which has developed some very interesting qualitative tools for measurement in schools;
- holding the SHE assembly meeting in February;
- supporting health-promoting schools (HPS) development in eastern Europe and Caucasus countries;
- providing HPS training in Georgia;
- holding the annual capacity-building workshop in the Netherlands; and
- running the SHE autumn school in October.

The redesignation process for 2012 to 2016 is almost complete. New terms of reference include maintaining the SHE secretariat, supporting Health 2020 and supporting the WHO National Friendly Schools initiative.

NIGZ contributes to key social determinants by:

- producing a report on linking the HPS approach with reducing health inequalities;
- investigating how HPS can influence the EU education agenda;
- focusing on early childhood care and education in line with EU policy and investigating early school-leaving; and
- contributing to the WHO report on social determinants in relation to children and young people.

NIGZ is currently working on its strategic plan for 2012 to 2016. This will focus on children's rights and the prevention of child violence and may open access to other DGs, such as DG Justice. There will also be a concentration on communicable diseases: NIGZ had a recent meeting with the European Centre for Communicable Diseases (ECDC) that has opened the door to discussions on how health promotion can support work in this area.

Regional HPS networks can now become members of SHE, which will hold its next assembly meeting in Tel Aviv, Israel, in June 2012. The SHE research group has 16

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<sup>14</sup> [www.hepseurope.eu](http://www.hepseurope.eu)



members drawn from public health or research settings: this group is now coordinating research efforts focusing on how health and education are related.

The centre is due for redesignation in March 2012.

**Dr Christine Winkelmann** asked if NIGZ's work on child violence would include sexual violence. **Mr Buijs** said there was not an exclusive focus on sexual violence, but it would be included. The aim was to look at how a whole-school approach can affect violence, using the school as an asset in which children can learn other ways to express frustration and develop resilience. **Vivian Barnekow** mentioned that there are some new evidence-based guidance documents relating to children and adolescents on the WHO web site, which includes managing violence.<sup>15</sup>

**Goof Buijs** was asked to send an e-mail to all collaborating centres present summarizing the work NIGZ was taking forward with ECDC, and to keep them updated. There may be potential for other collaborating centres to be involved in this work as it progresses. Mr Buijs explained that a joint workshop involving ECDC and health promotion experts is being scheduled for the International Union for Health Promotion and Education (IUHPE) conference in Tallinn, Estonia, in September 2012 – it is still possible to submit abstracts for this event.

### **School of Public Health, University of Bielefeld, Germany: WHO collaborating centre for child and adolescent health promotion**

The centre's work plan for 2011 to 2014 includes:

- undertaking research into children and adolescents as part of the HBSC study: this involves a four-year cycle of planning and conducting the survey, data analysis and reporting;
- disseminating results nationally: the national report has just been produced, a series of factsheets is under development and a well-known German public health journal will publish a special issue focusing on trends; other ways of disseminating the results and influencing policy are being sought, including information on the Federal Office of Statistics web site;<sup>16</sup>
- supporting the international HBSC study to address gender issues; and
- assuring knowledge transfer at national and international levels.

The gender-issues element is important for HBSC, collaborating centres and the Health 2020 policy. The HBSC study aims to address gender as an important determinant of health in adolescence that should be taken into account in data collection and analysis, interpretation of results and planning of interventions. An HBSC gender working writing group (closely related to the social inequalities focus group) has been initiated and a gender workshop was held in early March 2012. This looked at an instrument to check the HBSC gender questionnaire and discussed new questionnaire items to grasp the gender issue.

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<sup>15</sup> <http://www.euro.who.int/en/what-we-do/health-topics/Life-stages/child-and-adolescent-health/publications/2012/young-peoples-health-as-a-whole-of-society-response-series>

<sup>16</sup> [www.gbe-bund.de](http://www.gbe-bund.de)

The aim in relation to assuring knowledge transfer is to help experts in the field to develop interventions based on scientific evidence. It is about enabling practitioners to conduct small evaluation studies to enlarge the body of evidence about child and adolescent health promotion, in addition to large-scale intervention and evaluation studies.

A curriculum for training experts working in the field of child and adolescent health promotion was developed in 2011. This focuses on the question of how to evaluate health promotion activities to give teachers, social workers and other experts ideas on how to conduct small evaluation studies. The training, offered by the collaborating centre, will build capacity at national level and will contribute to quality management in health promotion and prevention in several fields. Five such workshops were held in 2011. The centre is also planning an Internet-based tutorial on how to conduct small and practice-based evaluations to strengthen the knowledge base for evidence-based interventions, with physical activity as the main field of action.

The centre is due for redesignation in December 2014.

**Department of Public Health and Policy, University of Liverpool, United Kingdom (England): WHO collaborating centre for policy research on social determinants of health**

The centre has been active in contributing to Health 2020 over the last year, with Professor Whitehead acting as a senior adviser to the WHO European review, visiting several countries in the process. It has been a fascinating, but tricky, process. The centre has also been inputting to some of the task groups supporting Health 2020.

The Edinburgh meeting was informed about the “How can the equity impact of universal health policies be evaluated?” conference, held in Liverpool in November 2010. Since then, the centre has been working with Dr Chris Brown from the WHO European Office for Investment for Health and Development in Venice, Italy, who has been encouraging the centre to work with individual countries on natural policy experiments. Some participants from the Liverpool meeting joined with the centre to put in a successful bid to the FP7 programme to create the Developing Methodologies to Reduce Inequalities in the Determinants of Health (DEMETRIQ) programme, which will be starting soon for three years. The DEMETRIQ programme involves 9 institutions from 6 country partners, datasets from 22 countries and 10 work packages (WPs) (see Box 1).

**Box 1. DEMETRIQ work packages (WPs)**

WP 1	Policy evaluation methodologies
WP 2 and 3	Health inequalities databases in 22 countries
WP 4–9	Policy evaluation work packages: <ul style="list-style-type: none"> <li>• unemployment reduction policies</li> <li>• poverty reduction policies</li> <li>• tobacco control policies</li> <li>• alcohol control policies</li> <li>• universal services: formal education system</li> <li>• universal services: preventive health care</li> </ul>
WP 10	Synthesis

Members of collaborating centres are well represented as WP or expert group leaders.

The objectives of DEMETRIQ are to:

1. develop, evaluate and refine methodologies for assessing the effects of social, economic and health policies on the pattern and magnitude of health inequalities among socioeconomic groups;
2. assess the differential health effects by socioeconomic group of natural policy experiments in the fields of unemployment and poverty reduction, tobacco and alcohol control, and access to education and preventive health care; and
3. synthesise the evidence from the findings of objectives 1 and 2 to actively engage users in the research to promote effective exchange of knowledge for policy and practice.

It is hoped that the project will help to refine methods for looking at population-wide universal policies, then perform some natural policy experiments. It is also hoped to liaise with many of the collaborating centres to make the programme a real joint effort.

The centre is due for redesignation in April 2014.

**Dr Ziglio** asked if the WPs were connected, as there was a risk of fragmentation if not. **Professor Whitehead** answered that there were multiple connections between them and that part of the work of WP 10 was to facilitate cross-WP analyses. She had no doubt that ways to identify the impact of policies were desperately needed but in times of economic crisis, when many universal policies were being attacked and reduced, it was also important to identify the impact of reduction, especially in identifying which populations were being affected most.

**Dr Sakari Karvonen** asked for examples of the kinds of methodologies the programme would be likely to use. **Professor Whitehead** responded by saying that an initial task was to review methodologies to identify those that have been effective, then to assess which options might be promising in terms of evaluating equity impacts. The DRIVERS project that EuroHealthNet is involved in is part of the same EU programme, and the leaders of DEMETRIQ and DRIVERS got together and decided to collaborate rather than compete.

**David Pattison** asked Professor Whitehead to keep the group informed about the programme's progress. Collaborating centres that are not part of the specific partnership may nevertheless still be able to contribute.

### **The HBSC study, a WHO collaborative cross-national study**

The international coordinating centre for the HBSC study is now based at the Child and Adolescent Health Research Unit at the University of St Andrews, United Kingdom (Scotland). The international centre's work is primarily funded by NHS Health Scotland, WHO collaborating centre for health promotion and public health development.

The aim of the HBSC study is to try and understand the health behaviours of young people aged 11, 13 and 15 years within their social context. The study enables an assessment of the dimensions of inequality by gender, socioeconomic status and setting.

The HBSC network has around 350 members and covers 43 countries in Europe and North America. HBSC exchanges knowledge within the network and disseminates knowledge outside. It would be very helpful for HBSC to be able to tap the expertise of collaborating centres, especially in relation to policy issues. HBSC has tremendous potential in the policy field and participants' support in developing HBSC data and disseminating them would be invaluable.

The international report produced by HBSC every four years – the fifth international report will be published in May 2012 – constitutes HBSC's main contribution to Health 2020. It reflects a very strong inequalities approach.

The international centre manages the research network and liaises with other centres in Europe: the HBSC Data Management Centre at the University of Bergen, Norway; the Support Centre for Publications, based at the University of Southern Denmark, Odense; and the Study Protocol Production Group at the Ludwig Boltzmann Institute for Health Promotion, University of Vienna, Austria. It focuses on building research capacity through activities such as provision of training for partners and opportunities exist for training activity with collaborating centres.

The centre also coordinates scientific, methodological and protocol development. The HBSC has its 30<sup>th</sup> anniversary next year, which provides an opportunity to consider issues such as: are the right questions being asked; should the study be extended to additional age groups; and is it managing to reflect more vulnerable populations? The collaborating centres' input to these kinds of questions would be greatly appreciated.

The question of membership of HBSC has been raised, and the centre has discussed membership issues with SHE and EuroHealthNet. It is important to discuss issues such as how to cope with funders and how to manage competing interests within large forums such as these. A new membership system has been developed that enables HBSC to work outside the network with other groups whose projects are employing HBSC methodologies. HBSC is trying to integrate these groups to grow the study further.

**Dr Michal Molcho**, who has been working with HBSC for a number of years, reiterated the point that while HBSC data have the potential to influence policy development, HBSC needs help to deliver in this area. This is necessary to enable HBSC to be sustainable and to develop. The collaborating centres have vital expertise to contribute to this effort, she suggested.

**Goof Buijs** suggested it would be good to be able to position HBSC in a similar way to the Organisation for Economic Co-operation and Development (OECD) Programme for International Student Assessment (PISA) study. Governments in Europe keenly await the results of PISA, and it would be very positive if they did likewise with HBSC – HBSC data are fantastic for policy development, he suggested.

The way forward is to strengthen collaboration and integration with the SHE network and others.

**Sarah Simpson** said that the WHO European Office for Investment for Health and Development is providing technical assistance to some countries in the European Region to develop health inequalities profiles using existing and available data as far as possible. HBSC data comprise one main source, but there are challenges with the way socioeconomic status or determinants are measured and some countries are using proxies such as “number of children in the family” and “marital status of parents” as direct measures of inequalities. In one country, she reported, family structure, including the number of children, was used as part of a review of inequalities on dietary intake and led to the conclusion that there were no inequalities. However, number of children in the family is a proxy for issues such as household income and is not actually a measure of socioeconomic inequality, she explained.

HBSC is a good source of existing data, but Ms Simpson suggested that the minimum set of criteria for equity surveillance, as proposed by the Commission on Social Determinants of Health, provides a good model from which to work. It can be used by countries to identify if the existing available datasets, such as HBSC, include sufficient information to develop a reasonable assessment of inequalities. While the HBSC dataset is an excellent starting point, it can prevent countries from looking to identify other sources and surveys which may be available to supplement the results of the HBSC findings and/or to triangulate them. We therefore need to be careful about what HBSC can deliver in terms of a social determinants and inequalities focus and emphasize the need for cross-linking of additional data, ensuring that proxies are not being used as the basis for an inequalities assessment.

**Vivian Barnekow** confirmed that ministers of health and education in participating countries would receive a copy of the new HBSC international report at least one week in advance of the launch, in recognition of the fact that it will create national and international media interest. She also stated that a major update of HBSC was being considered for the survey after next, reflecting the changes that have occurred since HBSC’s launch in the 1980s. While small changes have been made over the years, it was always felt that radical change to the questionnaire was inappropriate from a trend-analysis point of view, but the upcoming changes will reflect new ways of living. HBSC is taking very seriously the need to make this update a collaborative effort, she said.

**Dr Tatiana Buzeti** confirmed the need to provide good briefings for ministers and the media when releasing the HBSC data. She cited an example in Slovenia of two recently published reports that featured inequalities in childhood, one of which was the national HBSC report. The other report was actually received more positively, even though it contained more potentially controversial findings, because the right level of preparation had been done prior to its launch. Without this preparation, the media, in particular, will place its own interpretation on the findings: in the case of the HBSC national report, this was very different from the professional perspective, and it also led to ministers having to face very awkward media scrutiny.

**David Pattison** said HBSC was heavily dependent on principal investigators in member countries to complete this kind of preparation. If any participants were not sure of who their country's principal investigator was, they should contact **Aixa Alemán-Díaz** at the HBSC international centre.

**Vivian Barnekow** suggested that the international centre, which provides training for national teams on scientific issues, should look into offering communication training to support national launches. **Goof Buijs** suggested that in addition to briefing the HBSC principal investigator in advance, the national SHE coordinator should also be informed.

### **National Institute for Health and Welfare, Finland: WHO collaborating centre for promotion of equity in health**

According to reports from the OECD, Finland is facing rapidly increasing income differentials with wide regional differences in health burden. The newly elected president has pledged to set up a commission on social exclusion of youth and the relatively new coalition government is taking forward a fairly progressive social agenda.

The centre's activities include:

- advancing the evidence base on the social determinants of health inequalities in the European Region with policy responses and actions;
- making better use of disaggregated data;
- monitoring and evaluating policy responses and actions on social determinants and health inequalities; and
- performing actions related to health systems and health economics.

Achievements include:

- a national action plan case study which provides an example of action to counter socially determined health inequalities; a draft report is being finalized in collaboration with WHO;
- an intervention study on health behaviour change by level of education: this involved examining 400 people aged over 60 years;
- the development of an assessment report on Finnish action to reduce health inequalities between 2008 and 2011: the group involved in this has arranged group interviews in ministries based on the government programme to reduce poverty, inequality and social exclusion, which aims to narrow disparities in income levels, well-being and health status;
- case reports on subnational policies and tools to tackle health inequalities in three regions;
- the launch in May 2012 of "Welfare Compass", a new online survey of key indicators of well-being and disparities;
- the preparation of a report on health care systems in transition in collaboration with the Observatory on Health Systems and Policies (still to be finalized); and
- a study on equity in the health care system funded by the Academy of Finland: data collection and development of the methodology are ongoing.

Preparations for the 8<sup>th</sup> Global Conference on Health Promotion to be held in Helsinki on June 10–14 2013 are also well underway. The centre is organizing a fringe event on implementation strategies and a parallel track on social determinants.

The centre has also been active in the area of social determinants. A government-commissioned 20-year follow-up evaluation on the sufficiency of basic benefits was undertaken. This showed that the disposable income of households on basic benefits increased by between 4% and 41% in real terms between 1990 and 2011, but disposable income after housing costs decreased in all groups except pensioners. Most of the households living on basic benefits were unable to meet reasonable minimum living costs out of their income.

A new research project on child protection focusing on children who have been taken into custody has been launched. This will lead to the development of a register-based follow-up on risk factors. The centre is also involved with a research consortium in developing a research programme on inequality in society.

The centre was redesignated in June 2011.

**David Pattison** suggested that collaborating centres might wish to offer support to Dr Karvonen and his colleagues in preparing for the 8<sup>th</sup> Global Conference on Health Promotion.

### **BZgA, Germany: WHO collaborating centre for sexual and reproductive health (SRH)**

#### **Tackling health inequalities**

Most children and adolescents in Germany are healthy, but 15–20% have a more problematic health status, largely connected to difficult social conditions. The German network approach to tackling this problem was to initially map good practice in the area by developing a project database and by assessing the knowledge of experts and practitioners nationally. Recommendations for action were then published in the BZgA expert series, *Growing up healthily for all*.

This process created a broad consensus among the network's 55 partners, which include municipal umbrella organisations (this level was considered very important as most of the affected children and young people live in municipal areas). Seven overall recommendations with specific recommendations for different age groups were developed, underpinned by concrete models of good practice.

The municipal partner process began in November 2011. With 12 000 cities and towns in Germany, the Internet was identified as the most suitable medium for allowing municipalities to share experiences with each other. Face-to-face meetings with municipal experts were nevertheless held in all 16 federal states, focusing on issues such as promotion of physical activity through intersectoral cooperation between schools and leisure services.

## SRH

BZgA has been a collaborating centre for SRH since 2003. The centre is responsible, by law, for sexuality education<sup>17</sup> and also:

- supports exchange of expertise;
- conducts research in the field of SRH, such as a representative repeat study of youth sexuality;<sup>18</sup> BZgA is now linking with colleagues in the Netherlands who have carried out a similar study there – the aim is to compare results and methodologies.
- is developing an overview of different studies on youth sexuality that will be published in 2012, hopefully facilitating an exchange on indicators and research designs;
- promotes quality improvement in HIV prevention,<sup>19</sup> which has been included in the work plan since redesignation in August 2011 – it is now a significant part of the centre's work; and
- has developed standards for sexuality education in the European Region.<sup>20</sup> Sexuality education differs markedly between countries, so the standards, developed in collaboration with WHO, define what needs to be taught, to which groups, and at what age.

The sexuality education standards have now been translated into six languages and workshops with representatives of Eastern European countries have been held. An implementation strategy for countries is now being developed.

**Goof Buijs** suggested the implementation strategy could include the SHE network. **Dr Winkelmann** agreed to send the next draft of the strategy to SHE for consultation.

### **North Rhine-Westphalia (NRW) Centre for Health, Germany: WHO collaborating centre for regional health policy and public health**

The NRW Institute for Health and Work was divided into two independent organizations on 1 January 2012. The NRW Institute for Work is now located in Düsseldorf and the new NRW Centre for Health (consisting of the former public health division of the NRW Institute for Health and Work and the Strategy Centre for NRW) is sited in three locations: Bielefeld, Münster and Bochum. The NRW Centre for Health is in the jurisdiction of the NRW Ministry of Health, Equalities, Care and Ageing.

The responsibilities of the new institutions have not changed but the addition of the former strategy centre has brought new work to the Centre for Health, including development of the health care system structure, health industry and campus development. The centre is now developing a new health campus that will work on competencies in the health care sector.

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<sup>17</sup> The term "sexuality education" replaces the term "sex education" and is now used by all relevant organizations in the field, including WHO. Sexuality education is much broader and does not solely focus on sex and sexual activity but includes relationships, body knowledge, emotions, sexual rights, gender and social and cultural determinants of sexuality.

<sup>18</sup> <http://www.sexualaufklaerung.de/index.php?docid=2132>

<sup>19</sup> [www.iqhiv.org](http://www.iqhiv.org)

<sup>20</sup> <http://www.bzga-whocc.de/?uid=4796653431264a30c954b8946add46d6&id=home>



Activities since the Edinburgh meeting include the following.

- A bilingual (German–English) web site on regional health policy has been created, including a page on the WHO Regions for Health Network. There is a possibility that all the centre’s web sites will be in English in future.
- Two EC co-funded projects have been completed. The first is the Risk Assessment from Policy to Impact Dimension (RAPID) project, which focused on developing risk assessment methods for conducting health policy impact assessments. Partners from 12 countries developed and tested a methodology and the final report of the project will be available soon on the centre’s web site. The second is the European Health Literacy Survey, which ended in February. Health literacy was measured among populations in eight European regions, with levels being found to differ considerably between countries. A main finding was that on average, almost every second citizen has a low level of health literacy. The University of Maastricht is now submitting an application for a follow-up study.
- A handbook on effective use of Interreg funding in cross-border health care was published following a three-year project with Euregio II on improving health care cooperation in border regions through existing instruments and methods, such as structural funds and health technology indicators.
- A project on the use of subnational indicators to improve public health in Europe (UNIPHE) was completed in March. A sustainable health monitoring system was developed, comprising a set of subnational indicators and the identification of relevant policies and interventions.

In addition, the Centre for the Promotion of Physical Activity NRW, which is part of the centre, has applied to host the annual meeting of the European Network for the Promotion of Health-enhancing Physical Activity (HEPA) and an international workshop on regional health policy was held by the centre in September 2010.

The centre is due for redesignation in May 2012.

### **NHS Health Scotland, United Kingdom (Scotland): WHO collaborating centre for health promotion and public health development**

There is severe pressure on all public sector budgets across the United Kingdom. The general emphasis has moved to care and treatment rather than a public health focus, meaning the collaborating centre’s host organization, NHS Health Scotland, which is the national agency for health improvement in Scotland and does not get involved in “hands-on” care and treatment, saw its budget uplifted by 1% but had to find 5% efficiency savings, resulting in a 4% cut in real terms. This resulted in a £1 million reduction, which is not a huge sum, but it needs to be added to reductions in previous years and to future reductions in years to come, which seem inevitable.

NHS Health Scotland appointed a new chief executive in September 2010 which, alongside the appointment of four new board members, has changed the emphasis within the organization. A new corporate strategy for 2012–2017 is soon to be delivered and it seems likely that this will major on health inequalities. Health improvement approaches will be used to achieve health inequality outcomes. This

will arise in the recognition that while there has been solid investment in public health over the last 50 years in Scotland, outcomes have not been good.

Support for the international coordination of HBSC is secure to September 2012 and a submission has been made by the centre in the 2012/2013 business plan for extension of funding: £50 000 is being sought from October 2012 to March 2013 and another £50 000 from April 2013 to September 2013. Early signs are very positive that this submission will be successful. The collaborating centre will have supported the HBSC international coordinating centre with almost £3 million by the end of September 2012, which is a considerable sum for a small country.

No specific work has been taken forward on developing the database on NCDs, but the collaborating centre has contributed greatly to a variety of requests from WHO for support. It is also strengthening links with EuroHealthNet and IUHPE.

The centre achieved redesignation in October 2011. It celebrates its 30<sup>th</sup> anniversary as a collaborating centre in October 2012 and is considering hosting an event with WHO to celebrate the occasion.

**Vivian Barnekow** congratulated the collaborating centre on its soon-to-be-reached milestone and commented that flexibility in the work plans WHO has had with NHS Health Scotland has always been in WHO's favour: perhaps WHO needs to work more closely with collaborating centres to ensure joint benefits and joint needs are taken into consideration in work plan changes. **Dr Ziglio** suggested that collaborating centre work plans should not contain too many items and should focus on issues that really add value to the centres' governing bodies.

## Item 4. Closing session and ideas for action

**Helene Reemann** thanked all participants for contributing to the partnership meeting and especially colleagues from the University of Galway, who offered to host the next meeting in 2013.

She invited participants to attend the 17<sup>th</sup> Congress on Poverty and Health, which would start in Berlin the day after the meeting. The congress focused on questions about the effectiveness of prevention and health promotion in tackling health inequalities. **Dr Erio Ziglio, David Pattison, Göran Henriksson and Helene Reemann** would present a workshop on “Regional approaches to tackling health inequalities”.

### Results of the partnership meeting:

The following key action points arose from discussions.

- The collaborating centres should form a virtual community through e-mail or other social media to share newsletters, reports, strategic plans and ideas. This would encourage engagement, involvement and collaboration.
- The collaborating centres should liaise directly with the HBSC international centre around policy development.
- The WHO/HBSC Forum should be reactivated to support HBSC data dissemination, inform Health 2020 development and enable collaborating centres to support implementation of findings.
- The collaborating centres should link more positively with, and support, the WHO Regions for Health Network.<sup>21</sup> Dr Ziglio undertook to circulate the Regions for Health Network work plan to the collaborating centres after the network’s forthcoming meeting in June 2012.
- It is important to build on the existing collaborating centres in the pursuit of new areas of focus for work plans, as it takes a fairly long time for a prospective new collaborating centre to move through the designation process.
- The collaborating centres linked to the Regional Office tend to have Europe-focused work plans, while those linked with WHO headquarters may not. Those that are linked with WHO headquarters may wish to consider communicating with the Regional Office to introduce a more European-focused component to their work plans. Regional Office would welcome such approaches.
- Collaborating centres were invited to submit comments on Health 2020 to Dr Ziglio by the end of March (the questions asked of countries about Health 2020 were included in a CD given to all participants at the meeting). The WHO European Office for Investment for Health and Development will collate the comments as an output of this meeting.
- The WHO European Office for Investment for Health and Development would welcome comment on the framing of the Health 2020 approach to ensure the messaging around it is right to encourage uptake by different sectors and different players.

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<sup>21</sup> <http://www.euro.who.int/en/who-we-are/networks/regions-for-health-network-rhn>

- The final Health 2020 document will be a high-impact policy for the collaborating centres: it should be a background document for all the group's future discussions.
- The opportunities offered to the centres by increased collaboration with ECDC should not be missed. Goof Bujis will ensure the group will be updated on progress SHE makes in this area.
- It was suggested that for the next meeting of the group, a single topic be chosen for detailed examination. An example of such a topic might be consideration of the outputs from WPs 4–9 of the DEMETRIQ programme. Another might be an aspect of the HBSC study. This might open an opportunity to focus in a very meaningful way on topics of shared interest.
- The next meeting of the group will take place in Galway, Ireland. Date to be confirmed.

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