

Second expert meeting of The Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region: *how do we collaborate powerfully and accelerate targeted action?*



Expert Meeting
Helsinki, Finland
28 – 30 November 2017

Public Health Services Programme
Division of Health Systems and Public Health



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

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Abstract

The second expert meeting of the Coalition of Partners (CoP) to Strengthen Public Health Capacities and Services in the European Region was held in Helsinki, Finland on 28–30 November 2017. The meeting was co-organized and co-hosted by the Ministry of Social Affairs and Health of Finland and the Public Health Services Programme, Division of Health Systems and Public Health, WHO Regional Office for Europe. The meeting objectives were two-fold: to strengthen the CoP as a powerful platform for joint action and learning; and to co-create concrete actions and initiatives to move forward. Participants collectively assessed progress on current projects, developed methods to strengthen the collaborative platform underpinning the work of the CoP, and deepened their relationships. Twenty new actions and ideas were created during sessions and workshops, opening up a breadth of opportunities for the CoP to achieve its objectives during 2018/2019. The European Public Health Association invited the third CoP meeting to take place in November 2018 in Ljubljana, Slovenia, to coincide with the annual European Public Health Conference.

Keywords

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Acknowledgements

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The report was edited by Dr Anna Cichowska Myrup, Ms Danielle Agnello, Dr Martin Kraye von Krauss and Dr Nurlan Algashov of the Public Health Services Team, WHO Regional Office for Europe, and by Mr Alex Mathieson, text editor, United Kingdom.

List of abbreviations

AfA	Agenda for Action
ASPHER	Association of Schools of Public Health in the European Region
CPD	continuing professional development
CoP	Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region
EAP-PHS	European action plan for strengthening public health services and capacities
EPHOs	the Essential Public Health Operations
EuroHealthNet	European Partnership for Improving Health, Equity and Wellbeing
GPH	global public health
IANPHI	International Association of National Public Health Institutes
IHR	International Health Regulations
MPH	Master of Public Health (curriculum)
NCD	noncommunicable disease
NPHI	national institutes of public health
PHS	public health services
PHWf	public health workforce
SDGs	United Nations Sustainable Development Goals
ToC	theory of change

Note to the reader

The WHO Regional Office for Europe, through the Public Health Services Programme, the Division of Health Systems and Public Health, together with the Ministry of Social Affairs and Health of Finland, hosted the second expert meeting of the Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region on the 28 to 30th of November 2017 in Helsinki, Finland. This report provides a summary of the proceedings, presentation and interactive discussions of this meeting. The report condenses each session, including interventions from the participants, according to the theme addressed rather than attempting to provide a chronological summary.

The summaries of the discussions and group work address the main themes emerging from wide-ranging discussions among all speakers, and do not necessarily imply consensus. Summaries of presentation and points made in the discussions and interactive sessions are presented as the opinions expressed; no judgement is implied as to their veracity or otherwise.



Background

Origins of the Coalition of Partners to Strengthen Public Health Capacities and Services in the European Region

The mid-term review of the European action plan for strengthening public health capacities and services (EAP-PHS) called for increased focus on the *enabler functions* of public health services (PHS), particularly governance, legislation, organizational structures and financing, workforce and advocacy. This mid-term review further called for an increased effort to engage national and international partner organizations in implementing the EAP-PHS. In response, the WHO Regional Office for Europe convened the Coalition of Partners (CoP) to Strengthen Public Health Capacities and Services in the European Region in January 2017.

The CoP brings together experts and practitioners from national PHS and their ministries, international organizations, civil society and academia. Its mission is to empower countries to make their PHS function better within the wider health system, with the ultimate aim of improving population health outcomes and reducing health inequities. The CoP's approach is highly participatory and action-oriented, inviting partners jointly to identify challenges and co-create solutions for strengthening PHS at national level.¹

The vision, mission and objectives of the CoP are enshrined in the Agenda for Action (AfA), a living document that evolves around countries' needs and changing contexts. The six objectives are:

1. the public health workforce is recognized and valued as a profession;
2. there is alignment between the allocation of human resources and the priorities determined by the burden of disease;
3. public health leaders have the knowledge and skills required to function as effective change agents;
4. countries have strong public health legislation enabling effective delivery of PHS;
5. leaders in countries effectively advocate for investment in PHS and apply strategic financial management practices; and
6. PHS are organized and governed effectively and efficiently.

The CoP operates under five core principles: **focus** (on the enablers), **empowerment** (as a goal in itself and as a way of working), **co-creation** (of) **action**, and **joint responsibility** (for implementation). The CoP practices the philosophy of learning-by-doing, doing-through-learning, and distributed leadership.

Prior to this second meeting, partners were asked to share a picture that defined in their opinion the essence of the CoP. They were prompted with the question, "What does CoP mean to you as a partner?" The photographs and acknowledgements are presented in Annex 1.

¹ Coalition of Partners Expert Meeting on Strengthening Public Health Capacities and Services in Europe – meeting report (2017). Copenhagen: WHO Regional Office for Europe; 2017 (<http://www.euro.who.int/en/health-topics/Health-systems/public-health-services/publications/2017/coalition-of-partners-expert-meeting-on-strengthening-public-health-capacities-and-services-in-europe-meeting-report-2017>).

Aim and objectives

The aim of the meeting was to accelerate current actions and seize further opportunities for the CoP to respond meaningfully and practically to the needs of countries to strengthen their PHS, while working towards a powerful and effective collaboration.

The objectives were to:

1. *take stock of current projects* by sharing and learning from achievements to date, in pursuit of the objectives of the AfA;
2. *move towards a powerful and effective collaboration* to strengthen the structural and financial foundations of the CoP while nurturing relationships towards greater cohesion; and
3. *accelerate implementation* to initiate the next steps of the CoP to support countries to strengthen PHS towards universal health coverage.

Expected outcomes

It was anticipated that the meeting outcomes would be:

- assessment of progress of current projects;
- strengthening of the collaborative platform underpinning the work of the CoP to enable effective interventions;
- strengthening of relationships among CoP partners;
- identification of next steps and actions initiated; and
- further enabling of country champions to intervene to strengthen PHS at country level.

The programme for the meeting is presented in Annex 2 and participants are listed in Annex 3.



Welcome and context

The meeting was opened by co-hosts Dr Taru Koivisto, Director of Health Promotion, Ministry of Social Affairs and Health of Finland, and Dr Anna Cichowska Myrup, Programme Manager, PHS Programme, Division of Health Systems and Public Health, WHO Regional Office for Europe.

Dr Koivisto described Finland's current public health activities and outlined the global context in which the meeting took its place. She was pleased to host the second CoP meeting in Finland, as it is an important platform from which to share learning and joint action.

Dr Hans Kluge, Director of the Division of Health Systems and Public Health, WHO Regional Office for Europe, was able to join the meeting on the third day to provide the regional perspective and add some reflections on the value of the CoP initiative, particularly in the country-focus sessions.

Public health and Sustainable Development Goals

Dr Cichowska Myrup framed the meeting, asking "Why is it important for us to be here?" In the era of the United Nations Sustainable Development Goals (SDGs), governments have committed to a whole-systems approach to improving the health of their populations, specifically through SDG 3 on ensuring healthy lives and promoting well-being for all at all ages. Health is also vital to enabling the achievement of the other SDGs.

In the WHO European Region, the *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being* has been developed.² It has become clear through the development of the roadmap that Europe already has a strong foundation on which to build. The CoP is aligned with these efforts, seeking to address the determinants of health and health inequity through a whole-system approach at country level.

The Finnish experience

Dr Koivisto noted the importance of primary health care and public health (including health promotion) in Finland from 1940 to the 1950s, and especially since the 1970s, when the 1972 Primary Health Care Act was launched. She also spoke about how the wider 2030 Agenda for Sustainable Development, in which health is key to many of the SDGs, presents an important opportunity to make public health a priority in Europe. Finland is currently at a turning point, reforming its health and social care services and seeking to ensure that the present strong position of public health and health promotion is preserved. The holding of this meeting in Finland was therefore welcome at this key time.

The regional perspective

On Day 3, Dr Hans Kluge made a strong commitment on behalf of the Regional Office, stressing that public health would be high on the agenda of the next WHO Regional Committee for

² Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020, the European policy for health and well-being. Copenhagen: WHO Regional Office for Europe; 2017 (EUR/RC67/9; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/past-sessions/67th-session/documentation/working-documents/eurrc679-roadmap-to-implement-the-2030-agenda-for-sustainable-development,-building-on-health-20>).

Europe meeting in September 2018. From his perspective, the CoP had the potential to become an important catalyst of change for PHS in Europe, and the work being done at this meeting was an important step in the establishment of the CoP. Dr Kluge also thanked the Government of Finland for its excellent hosting of the meeting and described the upcoming conferences the Division of Health Systems and Public Health will be supporting in 2018;

- WHO High-level meeting on Health Systems Respond to NCDs: Experience in the European Region, Sitges, Spain, 16–18 April 2018;³
- Health Systems for Prosperity and Solidarity: Leaving No One Behind, 10th Anniversary Conference of the Tallinn Charter, Tallinn, Estonia, 13–14 June 2018;⁴ and
- 40th Anniversary of the Alma-Ata Declaration, Almaty, Kazakhstan, 25–26 October 2018.⁵

Weak health systems pose a major challenge for sustainable development in the 21st century, so the work of the Regional Office across these three conferences is aiming to ensure strong health systems to tackle noncommunicable diseases (NCDs), to be more inclusive and able to adapt to the future, and to not push people into poverty. Work in these three areas remains firmly grounded in the values of solidarity, equity and universality, which can be supported and further developed by implementing innovative, efficient and well-functioning PHS.

³ High-level regional meeting – Health Systems Respond to NCDs: Experience in the European Region. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2018 (<http://www.euro.who.int/en/media-centre/events/events/2018/04/high-level-regional-meeting-health-systems-respond-to-ncds-experience-in-the-european-region>).

⁴ Health Systems for Prosperity and Solidarity: Leaving No One Behind. In: WHO Regional Office for Europe [website]. Copenhagen: WHO Regional Office for Europe; 2018 (<http://www.euro.who.int/en/media-centre/events/events/2018/06/health-systems-for-prosperity-and-solidarity-leaving-no-one-behind>).

⁵ Global Conference on Primary Health Care. In: World Health Organization [website]. Geneva: World Health Organization; 2018 (<http://www.who.int/primary-health/conference-phc/>).



Meeting outcomes

Assessment of progress of current projects

Each of the projects initiated as a result of the first CoP meeting in January 2017 were introduced by the project leads, and then discussed in further detail with participants. The projects are as follows.

1. **A guide on how to design, organize and implement modern health promotion services in the European Region**, led by Director Caroline Costings and Dr Cristina Chiotan (European Partnership for Improving Health, Equity and Wellbeing (EuroHealthNet), with Mr David Pattison (International Union for Health Promotion and Education) and Dr Rainer Christ (Gesundheit Österreich (GmbH), Austria).
2. **A roadmap towards professionalization of the public health workforce in the European Region**, led by Director Robert Otok (Association of Schools of Public Health in the European Region (ASPHER)).
3. **Core competencies framework for public health professionals in the European Region**, led by Professor Kasia Czabanowska (Maastricht University, Netherlands and ASPHER) and presented by Dr Anna Cichowska Myrup (WHO Regional Office for Europe) on behalf of Professor Czabanowska.
4. **A handbook for managing credentialing and accreditation systems in the European Region**, led by Director Julien Goodman (Agency for Public Health Education Accreditation) and Director Robert Otok (ASPHER).
5. **Public health finance assessment tool**, led by Professor Peggy Honoré (Louisiana State University Health Sciences Center, United States) and Professor Zoltán Vokó (Eötvös Loránd University and Syreon Research Institute, Hungary).
6. **Mapping the legal framework of public health to ensure completeness and cohesion in the European Region**, led by Dr Alexey Goryainov (St Petersburg State University, Russian Federation), Andre den Exter (Erasmus Rotterdam University, Netherlands) and Professor Dominique Sprumont (Swiss School of Public Health).

The project leads received concrete feedback on progress to date through an interactive approach and mobilized contributions to the further development of the tools.

Marketplace for action

On Day 3, participants proposed new conversation topics and posted them in the so-called marketplace. They then self-organized around the topics on offer, using Open Space principles to answer the questions: “What are the conversations, actions or activities that will help the CoP move forward together to realize its vision?”; and “What else could we feasibly do as a coalition to further expand the reform space and find more synergy in our work?”

Table 1 summarizes the collective insights from these groups, including details of the next steps envisioned by each project group.

Table 1. Marketplace: emerging ideas and activities

Public health workforce		
Led by: Professor Vesna Bjegovic-Mikanovic		
<p>Collective insights and highlights</p> <ul style="list-style-type: none"> • The public health workforce (PHWf) is the “channel for communication” between members of the CoP • Multidisciplinary aims; getting out of silos; medical workforce • Exchange among countries: Ukraine and Slovenia to develop new curriculum for public health practitioners • Look at International Labour Organization classifications 	<p>Main questions</p> <ul style="list-style-type: none"> • Who are the PHWf? • What is the identity of the PHWf? • How should Master of Public Health (MPH) curricula and continuing professional development (CPD) be addressed? • How should effective policy dialogue be approached? 	<p>Next steps</p> <ol style="list-style-type: none"> 1. Thematic meeting at London School of Hygiene & Tropical Medicine in June 2018 2. Develop two thematic workshops for the European Public Health conference in November 2018: <ul style="list-style-type: none"> ○ CoP workforce development ○ European public health: the South Eastern European Health Network experience 3. Actions will continue at country level in Slovenia to build up the public health profession, and in Ukraine and Slovakia, where there also is commitment to work in this area (CoP can support this)
Better health faster		
Led by: Professor Dominique Sprumont		
<p>Collective insights and highlights</p> <p>Policy surveillance system:</p> <ul style="list-style-type: none"> • develop a European public health law atlas • interesting example of the Finnish tool for municipalities, describing health promotion capacity-building⁶ 	<p>Next steps</p> <ol style="list-style-type: none"> 1. Conduct a survey through ASPHER to assess the extent to which public health law is taken into consideration in current curricula 2. Organize four training sessions about “Better health faster” in 2018/2019 (London, Lugano, Brussels and Geneva) 3. Important to have further discussion with some countries in which legislative reform currently is taking place 4. Produce a report on the core competency for public health professionals on public health law 	
National institutes of public health (NPHI)		
Led by: Professor Mark Bellis		
<p>Collective insights and highlights</p> <ul style="list-style-type: none"> • NPHIs currently are being set up in two settings (Kazakhstan and United Kingdom (Scotland)) 	<p>Why is this important to us?</p> <ul style="list-style-type: none"> • NPHIs have the potential to strengthen both PHS delivery and population health 	<p>Next steps</p> <ol style="list-style-type: none"> 1. IANPHI offer to support Kazakhstan application to become a formal member 2. Kazakhstan would also like assistance to go forward

⁶ TEAviisari [website]. Tampere: Department of Health and Welfare; 2018 (<https://www.teaviisari.fi/teaviisari/fi/index>).

<ul style="list-style-type: none"> • WHO country offices and the International Association of National Public Health Institutes (IANPHI) asked to support this • Understanding of the process to establish NPHIs in the newly independent states 		with its public health law self-assessment
Developing an advocacy strategy for CoP Led by: Mr Graham Robertson		
Collective insights and highlights <ul style="list-style-type: none"> • Advocacy is key to much of the plans for the CoP • Raising the public health voice, policy engagement, community voice etc. 	Why is this important to us? <ul style="list-style-type: none"> • If the CoP intends to become effective in advocacy, it will need to strengthen competencies in advocacy 	Next steps <ul style="list-style-type: none"> • Aim to develop and present a CoP framework on advocacy at the CoP third meeting in Ljubljana in 2018
Professionalization of the PHWf at country level Led by: Dr Anna Cichowska Myrup (on behalf of Professor Kasia Czabanowska)		
Collective insights and highlights <ul style="list-style-type: none"> • Development of the draft roadmap on PHWf professionalization by ASPHER is a good initiative 	Ideas <ul style="list-style-type: none"> • Undertake mapping of public health capacities: organization, functionalities, workforce • Needs to be based on the Essential Public Health Operations (EPHOs) • Clarifying the added value of the public health profession • Organize a policy dialogue on the roadmap 	Next steps <ol style="list-style-type: none"> 1. Situation analysis and tools (January 2018) 2. Needs determination (March 2018) 3. Identification of action needed at country level (April/May 2018) 4. Present at London ASPHER meeting (June 2018) 5. Policy dialogue in country (October 2018) 6. Presented in Ljubljana at CoP3/European Public Health conference (November 2018)
Global public health Led by: Professor Ulrich Laaser		
New questions <ul style="list-style-type: none"> • How to ensure that global health community understands the value of International Health Regulations (IHR)? • IHR “normative” aspects in health systems strengthening? 	Next steps Intended work objectives: <ol style="list-style-type: none"> 1. explore the dimension of global public health (GPH) as an essential element of the CoP 2. start with adequate preparation of curricula for GPH education and training, including CPD 3. for first information, look at the second edition of the ASPHER Global Public Health Curriculum,⁷ which may serve as a basis for further work 4. Collect case studies describing relevant 	

⁷ South Eastern European Journal of Public Health. Special volume 2016: a Global Public Health Curriculum; 2nd edition (2016) (<http://www.seejph.com/index.php/seejph/article/view/106/82>).

	<p>aspects of GPH</p> <p>5. Attend the next European Public Health Conference in Ljubljana, where a workshop (or similar) in the framework of the CoP event could be planned.</p>
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The collaborative platform underpinning the CoP is strengthened

Maintain the focus on system enablers

A key role of the CoP is to facilitate **increased focus** on specific aspects of the EAP-PHS, in particular the four *enabler functions* of PHS which, in essence, are the *system enablers* (that is, they enable PHS and the wider health system). Participants worked in groups to consider each of these system enablers, with the aim strengthening the CoP's scope of activities. Two questions guided the discussion.

1. What are your biggest personal challenges (within your organizations/profession)?
2. Who else is connected to these challenges?

Table 2 summarizes some of the points raised during this group session. The emerging themes centred on **connections** and **advocating on behalf of populations**.

Table 2. Enabler challenges

Human resources for public health	Public health law
<ul style="list-style-type: none"> • How do we connect European public health schools and ASPHER? • How do we develop competencies not just for health professionals, but also for person-centred care? • How can we agree who the public health people are? 	<ul style="list-style-type: none"> • There are many laws with public health impacts that are mediated through ministries other than health • There is a need to advocate for resources to invest in public health law • We need to put a cost on the value of acting, but also on the cost of not acting
Organization of PHS	Financing of PHS
<ul style="list-style-type: none"> • There is a need to develop new technologies and establish national systems for their regulation and surveillance 	<ul style="list-style-type: none"> • Need to attract investment in PHS; this requires a strong evidence base, and advocacy skills are key • Need for sharing innovative successes (such as on social impact bonds) • We should take time to talk to other sectors and convince them with a co-benefits argument

Strengthening CoP's collaborative foundation

Participants then focused on considering how to strengthen the CoP's collaborative foundations. A draft document had been shared with participants prior to the meeting. Participants worked in nine groups, utilizing pre-developed templates with tailored prompts and focusing on the topics outlined in Table 3.

Table 3. Suggestions to further strengthen the CoP foundations

Agenda for Action⁸	
<ol style="list-style-type: none"> 1. To sustain a large coalition, its purpose needs to be engaging and it needs continuously to involve new partners and expertise 2. It should align with the Regional Office roadmap on implementing 2030 agenda, building on Health 2020 to promote public health 3. It should contribute to, and demonstrate work on, equity and include impact equity through the AfA 4. A platform for sharing knowledge, toolkits and practices should be established to equip Member States and individuals with relevant expertise 5. The potential CoP role in contributing to policy recommendations should be clarified 	
Evaluation⁹	Capacity building¹⁰
<ol style="list-style-type: none"> 1. Use (repeat) outcomes of the EPHO self-assessments at country level to assess change 2. Analyse the activity of the CoP in terms of strategic objectives 3. Develop indicators for CoP success 4. Keep track of progress on the deliverables 5. Dissemination of evaluation results externally and internally is important 6. Enhance clarity on selection of partners joining the CoP 7. CoP should become a "mark of quality" 8. Ultimately, public health needs political priority, which may be a mark of success for the CoP 	<ol style="list-style-type: none"> 1. Sharing internally and externally is a key opportunity of the CoP 2. Development of a skills and knowledge matrix 3. Sustainability of capacity-building and governance is necessary 4. Roles of institutional and individual capacity-building are not the same and need to be addressed with different conversations and actions 5. Project-based funding and the limitations this has for sustainability after a project completes 6. Potential for learning sites to test ideas 7. Look at skill-building approaches and sharing of training (opportunities) 8. A useful way to approach these actions would be to develop a communication strategy for the CoP
Economy	Partnering¹¹
<ol style="list-style-type: none"> 1. A need to estimate the costs of the CoP; what its budget would look like 2. May need to employ different mechanisms for funding of the CoP work 3. Needs a dedicated line item in the Regional Office budget 4. Additional external funding support from 	<ol style="list-style-type: none"> 1. Define what it means to be part of the CoP 2. Advertise the benefits of partnering, such as learning, innovation exposure, so-called speed-date opportunities and network-building 3. Responsibilities: continuity, critical mass, being open, active listening, fostering

⁸ AfA group participants: Soňa Senderáková, Tatul Hakobyan and Rita Valentukevičienė.

⁹ Evaluation group participants: Jeanine Pommier, Mark Bellis, David J. Hunter, Ana Paula Coutinho Rehse, Meri Koivusalo and Maciek Godycki-Cvirko.

¹⁰ Capacity-building group participants: Ellen Kuhlmann, Robert Otok, Stephan Van den Broucke, Timo Ståhl, David Patterson, Cris Scotter and Donato Greco.

¹¹ Partnering group participants: Gabriele Pastorino, Maaïke Droogers, Karolina Mackiewicz and Bettina Borisch.

foundations, governments or specific organisations should be sought (active resource mobilization)	dialogue; need to identify future partners – policy-makers, academics and knowledge brokers – who are important to the CoP’s aims and objectives 4. Agree a core group for the CoP Secretariat.
Change down to country level	Staying connected¹²
<ol style="list-style-type: none"> 1. Varying capacities at national and local levels 2. Constraints that cannot be ignored and which need to be considered exist at national level 3. Sense of humility required to move forward 4. Whatever should be done needs to be done in close collaboration with international and national partners (including Member States) 	<ol style="list-style-type: none"> 1. Staying connected cuts across all themes 2. Secretariat to act as a forum of exchange 5. Need an up-to-date list of CoP members 6. Virtual conference platforms 7. Recognize challenge of geography and value of face-to-face meetings
Governance and Secretariat	Needs and purpose¹³
<ul style="list-style-type: none"> • Establish thematic commissions/committees • Establish a resource area • Establish resources for each of the enabler functions <p>Outstanding questions</p> <ul style="list-style-type: none"> • Do we need a leader of the CoP elected for a year to chair, like a president from a country? • Can we use alternative principles of operation? • What is the role of the Secretariat? • What opportunities are there for collective responsibilities? Two major functions – organizational and methodological 	<p>Many <u>needs</u> for the CoP to address:</p> <ol style="list-style-type: none"> 1. many populations not served by PHS, so we need to include the equity issue: the inequitable distribution of public health resources 2. address fundamental weaknesses of public health at country level 3. bring arguments together – advocacy – how do we support the “brave guys”? <p>Two <u>purposes</u> defined:</p> <ol style="list-style-type: none"> 1. to strategically advance the public’s health in a globalized world 2. to use assets in a more strategic way

The theory of change

Strengthening PHS is a complex problem and requires a different way of working. A document about the CoP’s proposed theory of change (ToC) was shared with participants before the meeting to facilitate discussion of the following questions.

- How do we create change?
- We know what our end goal is, but how do we get there?
- How do we work practically with the ToC as a coalition?
- What does it mean for me, as an individual, in my organization?

During the discussion it was identified that the CoP needs to distinguish between three separate ToCs:

- that of the overall CoP group
- that of how the CoP is applied at country level
- that of each specific intervention (tool/thematic meeting) created by the CoP.

¹² Staying-connected group participants: Bernd Rechel, Alison McCallum, Pia Vračko, Milena Santric Milicevic and Vesna Bjegovic-Mikanovic.

¹³ Needs and purpose group participants: Heli Hätönen, Anne Bergh, Jürgen Pelikan, Ruediger Krech and Graham Robertson.

For the CoP overall, the current ToC could be complemented by the metaphor of the policy cycle, reflecting the iterative nature of the process. The ToC should integrate some of the key learning from the book, *The essentials of Theory U* by C. Otto Scharmer.¹⁴ It is also important to include:

- the establishment of light, flexible, multidisciplinary structures;
- the creation of space for deliberation, learning and innovation;
- a focus on co-creating interventions aimed at strengthening the system enablers and identifying leverage points for systemic scale impacts;
- enabling trust and the nurturing of relationships; and
- importantly, being inclusive with communities.

Important questions that arose from the participants were as follows.

- Why is the CoP relating to the four system enablers?
- What barriers does the CoP face?
- How does the ToC fit with the Realist Logic Model approach?
- Can the ToC be linked to the CoP (draft) learning and evaluation framework?

Challenges to introducing change were also identified, such as one participant noting that “we may have the skills and competency to introduce change, but don’t always have the mandate to implement this change.” This is where advocacy is needed to open the reform space and achieve the desired change.

A participant of a group¹⁵ discussing the question “Can the ToC be linked to the CoP (draft) learning and evaluation framework?” illustrated how the ToC was perceived by saying, “[The ToC allows me to] justify my efforts, without being able to predict the outcome.”

Next steps

An opportunity to convene a workshop with interested CoP partners to co-create and finalize the ToC presents itself. The workshop would aim to:

1. define in more detail the three levels of the CoP ToC (as stated above);
2. illustrate the interactive nature of the CoP;
3. further substantiate why the enablers are, indeed, enablers (by defining drivers and how to overcome barriers, for instance);
4. integrate learning from the Theory U model;
5. consider how the ToC fits with the ‘Realist Logic Model’ approach to develop a realistic perspective, complemented by an exploration of what other conditions need to be in place, and add them to the ToC (that is, the Kingdon model, creating a reform space or policy window); and
6. link the ToC closely to the (draft) CoP learning and evaluation framework.

Learning and evaluation framework

The CoP needs a multidisciplinary approach and space for deliberation, learning and innovation to succeed. As with the ToC, a pre-developed document about the CoP’s proposed learning and evaluation framework was shared with participants before the meeting.

¹⁴ Scharmer CO. *The essentials of Theory U*. Oakland (CA): Berrett-Koehler Publishers, Inc.; 2018.

¹⁵ Group participants were: Gabriel Gulis, Frederiek Mantingh, David McDaid, Krunoslav Capak, Darina Sedlakova and Zoltán Vokó.

Participants were asked during the meeting to look at the CoP objectives and state: what they liked; what they thought could be measured; and what would be the indicators (of success).

Participants created some ideas for measuring CoP success over time:

- using the (repeat) outcomes of the WHO EPHOs self-assessment tool (including equity) at country level;
- analysing CoP activity in relation to its strategic objectives;
- keeping track of deliverables;
- disseminating tools and knowledge;
- branding the CoP as a mark of quality –if something is endorsed by the CoP, it is good to use; and
- granting political priority to public health, which may be an indicator of success for the CoP.

There were also outstanding questions, such as the following.

- Do people outside know about the CoP and what it stands for?
- How representative is the CoP? How are partners selected?
- What would so-called hard indicators be (such as increased investment in PHS as a proportion of national gross domestic product)?

Participants identified the need for shared learning and perspectives. This can be achieved by sharing examples and learning from other countries, especially on quality control and incentives, and by developing learning sites to test some of the emerging ideas and pilot the CoP tools. The benefits of partnership and what can be learned from each other was emphasized, with a view that staying connected creates shared wisdom being prominent; as one participant put it, “Sharing our learning is key”.

Strengthening relationships among CoP partners

Central to the successful functioning of the CoP is the strong and productive relationships between partners, which allows for a distributive leadership process to strengthen PHS in the European Region. A significant part of the meeting, particularly on Day 1, was given over to establishing this through team-building sessions and group reflection on stories of transformational change.

Storytelling and reflections

Three inspirational stories of transformative change with a strong community focus and participatory governance aspect were shared with participants through a live presenter and three pre-recorded interviews:

- “Our optimal health,” by Phil Cass, Columbus, United States;¹⁶
- “Public health renewal,” by Tim Merry, Change Leader, Mahone Bay, Nova Scotia, Canada;¹⁷ and
- “European Commission”, by Matthieu Kleinschmager, Communication Officer and Internal Trainer, European Commission.¹⁸

¹⁶ Phil Cass – story of optimal health [online video]. San Bruno (CA): YouTube; 2017 (https://www.youtube.com/watch?v=J1QTdlHbvU4&feature=em-upload_owner).

¹⁷ Tim Merry public health [online video]. San Bruno (CA): YouTube; 2017 (https://www.youtube.com/watch?v=9sf0lAXil4g&feature=em-upload_owner).

¹⁸ M Kleinschmager [online video]. San Bruno (CA): YouTube; 2017 (<https://www.youtube.com/watch?v=-g-HVG3noUM>).

Participants were asked to listen to the stories while using a number of so-called listening lenses, then feedback their reflections to the group. The listening lenses were:

- the witness lens
- the collaboration and participation lens
- the leadership lens
- the results and critical success factors lens
- the powerful questions lens
- the blocks and challenges lens.

Participant reflections using these lenses showed the importance of context, and that “one size does not fit all.” They also emphasized the vital importance of skills, leadership and relationships. Key observations from the participants, grouped according to the five listening lenses, are shown in Table 4.

Table 4. Listening lenses and participant feedback

Lens 1. Witness	Lens 2. Collaboration and participation
<ol style="list-style-type: none"> 1. Be mindful of contextual factors; all given examples were Anglo-Saxon, which could limit lessons 2. Public health message should always be framed as a positive, speaking of “well-being” rather than “illness” 	<ol style="list-style-type: none"> 1. Inclusive participatory approach is needed; public health professionals need to engage with the public 2. Initial impetus for collaborations is required, followed by a sustainable mechanism 3. Use windows of opportunity, be brave and courageous
Lens 3. Leadership	Lens 4. Results and critical success factors
<ol style="list-style-type: none"> 1. Setting the foundations for change is very important 2. Importance of humanizing and building trust 	<ol style="list-style-type: none"> 1. We need to establish a culture receptive of change 2. Often, we need to work differently with communities
Lens 5. Powerful questions	Lens 6. Overcoming blocks and challenges
<ol style="list-style-type: none"> 1. One size does not fit all 2. Public health is about public wellness, not ill health 3. Need to engage and ensure long-term sustainability, as public health is rarely a solution to immediate problems 	<ol style="list-style-type: none"> 1. Creating and maintaining a shared vision 2. Being open to change 3. Happy to work without knowing the destination



Table 5. Country-specific opportunities for the CoP to support and empower

Croatia		
<p>Summary of national situation</p> <ul style="list-style-type: none"> • Since independence, silo-working, very health-protection focused • Need to look more at NCDs and health promotion • Public health has a low share of budget 	<p>EPHO-specific needs</p> <p><i>Law:</i> currently minimal law, which needs expansion</p> <p><i>Workforce:</i> need more flexible public health professionals; resistance to change among current workforce; health protection bias in public health workforce</p> <p><i>Organization:</i> parallel organizations create heavy salary burden</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> • Assist with policy dialogue to help reform of public health system • IANPHI has offered support for reform of national institute
Estonia		
<p>Summary of national situation</p> <ul style="list-style-type: none"> • Focus on municipalities 	<p>EPHO-specific needs</p> <p><i>Law:</i> cross-sector, public protection focus</p> <p><i>Workforce:</i> central workforce plan</p> <p><i>Organization:</i> municipality public health organization</p> <p><i>Financing:</i> no more domestic money</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> • Impact assessment • Plans to address minimum services
Finland		
<p>Summary of national situation</p> <ul style="list-style-type: none"> • Undergoing big reform of health and social services • Responsibility for health and social care moves from municipalities to counties • Coordination challenges 	<p>EPHO-specific needs</p> <p><i>Law:</i> do we need a public health law?</p> <p><i>Workforce:</i> support/capacity-building for workers</p> <p><i>Organization:</i> participatory approach – common platforms to generate solutions</p> <p><i>Financing:</i> common public health funding for municipalities and counties</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> • Examples/learning from other countries, especially quality control incentives • What works and, just as important, what doesn't work • Can CoP provide quality control and incentives examples?
Georgia		
<p>Summary of national situation</p> <ul style="list-style-type: none"> • Difficulties for municipality level receiving central funding • Plan new laws aligned with European Union 	<p>EPHO-specific needs</p> <p><i>Law:</i> legislation to support public health capacity – well-educated staff for nongovernmental organizations</p> <p><i>Financing:</i> capacity (municipal resources – finances to employ public health staff (from central public health budget)</p> <p><i>Organization:</i> primary health care and PHS do not speak to each other</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> • Guidance on allocation of resources for PHS at municipal level • Faculty of Public Health, United Kingdom training-the-trainer session for 61 outlier centres • Study tour to United Kingdom
Kazakhstan		
<p>Summary of national situation</p> <ul style="list-style-type: none"> • Amending public health legislation • Discussion about third-party liability insurance (for doctors and/or patients) 	<p>EPHO-specific needs</p> <p><i>Law:</i> it would be interesting to hear from others in the CoP about liability and limits of the state</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> • Tailoring public health legislation review exercise • Upcoming health literacy survey – assist with the analysis and presentation/communication

Lithuania		
<p>Summary of national situation</p> <ul style="list-style-type: none"> Reforms focus on strengthening local public health Strengthen the skill set of public health specialists and update their competencies 	<p>EPHO-specific needs</p> <p><i>Workforce:</i> revise training and CPD to include health promotion and train nurses in public health</p> <p><i>Organization:</i> strengthen coordination and support to municipal public health bureaus</p> <p><i>Financing:</i> more resources and better evidence on effectiveness</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> Identify and access best-practice interventions and promote public health Raise profile of public health as a profession Demonstrate effectiveness to justify finances
Portugal		
<p>Summary of national situation</p> <ul style="list-style-type: none"> Public health law being reformed Reviewing laws that place bureaucratic burden on public health professionals Partnership culture seen as important Financial incentives used to deliver health to populations 	<p>EPHO-specific needs</p> <p><i>Law:</i> major legislative review to define public health; public health professionals deal with administration, diverting energy from core work</p> <p><i>Workforce:</i> very good public health training, more synergies needed with non-public health professions</p> <p><i>Organization:</i> strengthen culture of strategic health planning in institutions</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> Provide examples from other countries Provide case studies on examples of intersectoral governance to help the health sector How to build social networks with actors interested in public health Shared case studies on contracting and financing
Russian Federation		
<p>Summary of national situation</p> <ul style="list-style-type: none"> Separating public health from health care to give emphasis to public health Focus is on local level and on implementation Aware of its needs – support needed on action 	<p>EPHO-specific needs</p> <p><i>(Was not filled out by the participants)</i></p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> Sharing best practices and knowledge, with a focus on municipal policies for public health management
Slovakia		
<p>Summary of national situation</p> <ul style="list-style-type: none"> Focus on strengthening services and financing Need clear public health strategy and a good platform to implement The voice from within the county is needed – need help to change thinking about public health 	<p>EPHO-specific needs</p> <p><i>Law:</i> more comprehensive legislation – intersectoral approach</p> <p><i>Workforce:</i> more public health epidemiologists – CPD</p> <p><i>Organization:</i> roles and functions of public health structures should be strategically defined</p> <p><i>Financing:</i> reallocation of resources</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> Strengthening communication, collaboration and cooperation among national partners (main enablers) Build the platform for a common vision and action
Slovenia		
<p>Summary of national situation</p> <ul style="list-style-type: none"> Currently in EPHO self-assessment EPHO mapping exercise to include civil society Enabler functions a 	<p>EPHO-specific needs</p> <p><i>Law:</i> drafting national strategy for public health – a new law on public health to follow (time horizon 2018/2019)</p> <p><i>Workforce:</i> introduce accredited study programme for public health (including nonmedical background)</p>	<p>Potential contribution from CoP</p> <ul style="list-style-type: none"> United Kingdom willing to share its workforce strategy, and ASPHER is willing to provide tools; consider pilot project with United Kingdom on public health workforce development

<p>priority</p> <ul style="list-style-type: none"> • Introduce public health programmes for nonmedical professionals • Establish strong association of public health professionals • Establish ecosystem of public health institutions 	<p><i>Organization:</i> map all contributors to delivery of EPHOs, including civil society <i>Financing:</i> multisource financing with secure and sufficient percentage from state budget – to avoid project-driven financing – endorsed priorities for public health should be followed by financing; project financing also related to funder priorities</p>	<ul style="list-style-type: none"> • University of Belgrade and University of Southeast Denmark willing to provide assistance in organizational structures, function of public health workforce and PHS to address the current provision of PHS and inclusion of civil society
United Kingdom (Wales)		
Summary of situation	EPHO-specific needs	Potential contribution from CoP
<ul style="list-style-type: none"> • Engagement of the whole of society on public health • Reduced academic public health is seen as a problem • How do we attract the right people to public health? • Shift away from treatment system, and communicate health-care costs to society 	<p><i>Law:</i> excellent legislation – problem getting population-level targets into health-care delivery <i>Workforce:</i> capacities issue; current workforce concentrated on “old” public health functions; rural gap <i>Organization:</i> Public Service Board: intersectoral with consistent plan and good public engagement with public health <i>Financing:</i> how can public health become co-funded with other sectors?</p>	<ul style="list-style-type: none"> • Do we train more or recruit more? How to retain staff? • Standardization of norms and training curricula • Sharing problem definitions and solutions • Joint work on restructuring • CoP should address issue of areas of competition in human resources • Shifting health care towards prevention • Seeking lessons from United Kingdom (Scotland)



Closing session

Dr Anna Cichowska Myrup closed the meeting by stressing three words: **movement** – this coalition had moved a long way over the 10 months since its last meeting; **connection** – many participants had made many (new) connections, and connection was one of the red threads in the discussions at the meeting; and **participants** – she thanked all for their attendance as the CoP platform is only as strong as the individuals that join and actively contribute to the initiative.

Dr Taru Koivisto thanked visitors for coming to Finland and sharing their experiences. She noted that though each may have their own challenges, most countries are going through reforms that open opportunities. By working together and sharing experiences, influence grows.

Dr Hans Kluge's closing statement focused on four key messages: **energy; people; distributed leadership; and values (trust)**. He committed his support for the CoP from the Regional Office perspective and reiterated his view that the CoP should remain Member State-driven. The mission was to:

- create a learning movement to accelerate public health capacity at country level
- be freedom fighters
- seek to increase the capability of all people to live without suffering
- leave no-one behind.

Next steps

The next key milestone of the CoP will be its third meeting, to be held in conjunction with the annual European Public Health Conference on **27–28 November 2018 in Ljubljana, Slovenia**, co-hosted by the Ministry of Health of Slovenia, the European Public Health Association and the PHS Programme of the WHO Regional Office for Europe.

Other concrete activities for 2018/2019 that were identified and will be taken forward under the CoP banner include the following.

Two specific country activities:

- a country-level policy dialogue, “Ensuring collaboration between primary health care and public health functions across administrative levels”, will be held on 18 June 2018 in Helsinki, Finland, in collaboration with the Ministry of Health and Social Affairs, the European Observatory and the Regional Office; and
- a strategic workshop, “Fostering the role of Estonian municipalities in delivering public health services”, will be held in Tallinn, Estonia in September 2018, in collaboration with the Ministry of Health and the Regional Office.

Two thematic meetings with key partners:

- the joint WHO–IANPHI technical seminar, “Establishing national public health institutes through mergers – what does it take?”, aimed at countries in the process of establishing or solidifying NPHIs, will be held in Warsaw, Poland, on 24–25 April 2018; and
- the WHO, ASPHER and Imperial College London joint expert meeting on professionalization of the public health workforce in the European Region will be held on 19 June 2018 in London, United Kingdom.

Thematic workshops at three high-level health system strengthening events:

- a CoP-led interactive workshop to co-create actions towards strengthening IHR core capacities in the context of strengthening links between health system strengthening, EPHOs and IHR core capacities will be held on 13–15 February 2018 in Munich, Germany as part of the Regional Office high-level meeting to accelerate implementation of the IHR core capacities for emergency preparedness and response;
- a CoP-led interactive workshop on PHS strengthening for NCDs will be held on 16–18 April 2018 in Sitges, Spain as part of the Regional Office high-level meeting on “Health systems respond to NCDs: experience of the European Region”; and
- a CoP-hosted panel session, “Getting serious about prevention; investing in public health services”, will form part of the 10th Anniversary Conference of the Tallinn Charter, on 13–14 June 2018 in Tallinn, Estonia.

Importantly, throughout 2018/2019 the CoP will be exploring the feasibility of establishing country-level coalitions for PHS in, for example, Slovakia and Slovenia, and working towards finalization and publication of the CoP tools (including piloting the tools in interested countries).

Partners also co-created several other activities that have not yet been implemented: they were urged to reflect on whether they want to take the lead on behalf of the CoP in operationalizing these activities in the spirit of practising distributed leadership. Activities that are taken forward will be shared with CoP partners. The activities are:

- a policy dialogue in Croatia in support of reform of the public health system;
- development and dissemination of best practices and knowledge focused on municipal policies for public health management;
- development of detailed guidance on allocation of resources at municipal level in Georgia, based on other countries’ experiences;
- a two-day workshop with interested CoP partners to co-create and finalize the CoP theory of change;
- the universities of Belgrade and Southern Denmark will consider sharing knowledge and expertise on organizational structures, the function of the PHWf and PHS to address current provision of PHS and inclusion of civil society in Slovenia;
- dissemination of case studies on examples of intersectoral governance;
- dissemination of case studies on contracting and financing to enable effective PHS delivery;
- the creation of a course on how to build social networks with actors interested in public health;
- dissemination of case study examples of quality control and incentives for effective PHS delivery;
- training sessions on “Better health faster” in London, Lugano, Brussels and Geneva;
- a report on the core competency for public health professionals on public health law;
- development of a CoP framework on advocacy for PHS; and
- development of a methodology and establishment of learning sites to pilot CoP ideas and tools on a small scale.

Annex 1 - Participant photograph campaign results



Top left Associate Professor Gabriel Gulis (University of Southern Denmark) and colleague Maja Bertram: “From our city, Esbjerg, which could symbolize the Coalition of Partners, because together, as the four sitting men, we have more power than individually, as the four standing people isolated by ‘walls’ created by the legs of the statues. The blue sky symbolizes the unlimited possibilities of collaborative work in the Coalition of Partners.”

Top middle Dr Jeanine Pommier (European Centre for Disease Prevention and Control (ECDC)). Her picture, “Boiling partnerships produce creative solutions”, was taken in in the ECDC building in Stockholm, Sweden.

Top right Lisa Cople (WHO Regional Office for Europe): “I find that this photo conveys solidarity, joint effort and commitment, all of which must be integral to the Coalition of Partners.”

Bottom left Tatul Hakobyan (WHO country office, Slovakia) suggests his photo may be designed into a potential logo for the Coalition of Partners.

Bottom middle Soňa Senderáková (Public Health Authority, Slovakia) created a logo proposal with two components: bee hive, representing sedulity, hard work, and working together through different positions and tasks but with a common goal and vision – WHO can be the queen bee, taking care of, organizing and helping; and neuron, standing for ideas, sparkle, sharing movements (knowledge, information and experience), connection and having a move-it-forward attitude.

Bottom right Tatul Hakobyan (WHO country office, Slovakia): “This shows my meeting with the Public Health Agency, the main public health institution, building a coalition between the Ministry of Health, the agency and WHO. You see how thoughtfully we consider the structure of the agency for capacity-building.”

Annex 2 - Programme

Tuesday 28 November 2017

09:00–09:10	Welcome and framing the meeting content
09:10–09:15	Host welcome: Ministry of Social Affairs and Health, Finland
09:15–09:25	How will we be working together?
09:10–09:20	Check-in
09:50–10:50	Coalition of Partners (CoP) status update
11:10–12:30	Group conversation and reflection
14:00–16:00	Inspiration from the field
16:20–17:20	Applying the learning to context and to CoP
17:20–17:30	Summary

Wednesday 29 November 2017

09:00–09:10	Welcome and framing
09:10–09:20	Meta-harvest from Day 1
09:20–10:10	Check-in (individual peer coaching)
10:10–11:00	Country sessions
11:20–11:50	Harvest from country sessions
11:50–15:20	Strengthening CoP's collaborative foundation
15:30–17:00	Project peer-review session

Thursday 30 November 2017

09:00–09:10	Welcome and framing
09:10–09:20	Check-in
09:20–09:40	Meta-harvest from Days 1 & 2
09:40–11:40	Marketplace for further actions
11:40–11:55	Reflection and evaluation
11:55–12:25	Commitments and check-out
12:25–12:55	Closing remarks
14:00–17:00	Self-organized activities

Annex 3 – List of participants

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Volunteer Assistant

The WHO Regional Office for Europe

The World Health Organization (WHO) is a specialized agency of the United Nations created in 1948 with the primary responsibility for international health matters and public health. The WHO Regional Office for Europe is one of six regional offices throughout the world, each with its own programme geared to the particular health conditions of the countries it serves.

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