



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

**Promoting intersectoral and
interagency action for health
and well-being in the WHO
European Region: synergy
among the health, education
and social sectors**

**Meeting report
Paris, France, 24 April 2015**

Keywords

EDUCATION
HEALTH POLICY
HEALTH PROMOTION
PUBLIC HEALTH
SOCIOECONOMIC FACTORS

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1. Introduction

As part of taking forward the Health 2020 action priorities, and in particular the principal agenda item on promoting intersectoral and interagency action for health and well-being at the 65th session of the Regional Committee for Europe (RC65), the WHO Regional Office for Europe organized a technical meeting in Paris, France, on 24 April 2015. Hosted by the Ministry of Health of France, the purpose of the meeting was to discuss effective ways to strengthen the intersectoral collaboration among the health, education and social sectors in the European Region.

This technical meeting brought together professionals from the health, education and social sectors from selected countries with long experience in intersectoral action, including Austria, Finland, France, Ireland, Latvia, Montenegro, the Netherlands, Norway and Slovenia. Technical officers from the Organisation for Economic Co-operation and Development and the United Nations Educational, Scientific and Cultural Organization also participated in the meeting, addressing the challenge and need to promote interagency action to improve the health and well-being within intersectoral development agendas and programmes.

This meeting report provides an analytical overview of the discussions about the experiences of Member States in implementing intersectoral actions for health and well-being among the health, education and social sectors; the approaches and mechanisms used; the preconditions needed for an effective implementation; the common challenges found from these experiences; and the recommendations and opportunities identified to achieve a comprehensive, effective and sustainable intersectoral collaboration.

2. Approaches to intersectoral action for health and well-being with the education and social sectors

Much evidence has been produced and gathered today on the social determinants of health and the impact of non-health policies and interventions on the health and well-being of individuals and communities across the European Region. The health sector alone cannot address the full range of policies that influence and shape the conditions and opportunities for citizens to make healthy choices. The wide diversity of determinants of health pertains to political agendas across governments and requires an intersectoral approach to health and well-being.

Intersectoral governance is, therefore, a pre-condition to achieve the six policy objectives highlighted in the report *Fair society healthy lives* produced by the UCL Institute of Health Equity:

- giving every child the best start in life;
- enabling all children, young people and adults to maximize their capabilities and have control over their lives;
- creating fair employment and good work for all;
- ensuring healthy standards of living;

- creating and developing health and sustainable places and communities; and
- strengthening the role and impact of ill-health prevention.

The "health in all policies" approach has been part of national and international health agendas since the mid 2000s. However, this concept is rapidly changing alongside evolving local and global health dynamics and policy responses. While most cross-sectoral collaborations have been based on bilateral and downstream interventions focused on synergy and coordination, the current context calls for a whole-of-government approach to health where the emphasis is on policy coherence and accountability.

Intersectoral action is a prerequisite to move forward the available evidence on the social determinants of health and transform this into practice. However, there is still a long way to go in understanding the conditions and requirements that enable comprehensive, effective and sustainable forms of intersectoral collaboration. Professionals from the health, education and social sectors across the European Region have used different entry points, approaches and mechanisms to reach cross-sectoral involvement.

2.1. Recognizing well-being as a whole-of-government responsibility

Ireland: Healthy Ireland and the Framework for Junior Cycle

In 2012, Ireland adopted *Healthy Ireland*, a framework to improve the health and well-being in the country for the period 2013–2025. An intersectoral mechanism was established at a high technical level involving regular meetings with representatives across the government. The implementation of the framework is overseen at government level by the Cabinet Committee on Social Policy.

The Ministry of Education of Ireland, advised by the National Council for Curriculum and Assessment, published in 2012 the *Framework for junior cycle*, a document aimed at improving the educational experience of junior students between 12 and 15–16 years of age by revising the roles and responsibilities of teachers and institutions. The provision of universal access to preschool education has a major focus on equity and aims at reducing the divide. The proposed changes in this document are informed by eight overarching principles: quality, creativity and innovation, engagement and participation, continuity and development, choice and flexibility, inclusive education, learning to learn, and well-being. The principle of well-being acknowledges the impact that the educational experience has on the physical, mental, emotional and social well-being of students. It also recognizes the need for harmonized actions at the school, community and society levels to build supportive environments and resilient communities. Young people's empowerment towards the improvement of their health and well-being may be achieved through the reiteration of coordinated tailored messages at the school, hospital, family and community aimed at producing behavioural change.

2.2. Reinforcing the health promotion approach at schools

Latvia: guaranteeing a healthy start in life

A national intersectoral conference brought together representatives from the health, education and agriculture sectors; regional development authorities; municipalities; producers; and the food

industry in Latvia. The aim of the meeting was to revise the collaboration among these sectors in schools, focusing on areas such as school nutrition, physical activity, health education, health literacy, health promotion, adequate school environments and so on. The final report highlighted the importance of vertical coherence for successful implementation at all levels of government. At the end of 2012, the Ministry of Health of Latvia and the Centre for Disease Prevention and Control started collaborating with the Healthy Cities Network to improve implementation at the municipal level. As a result of this process, the number of hours dedicated to physical activity at schools has been increased, and the health and education sectors are working together to improve the health curriculum at schools with a stronger focus on health promotion.

The Netherlands: providing healthy choices and supportive environments at the school

The health and education sectors in the Netherlands have engaged in a long collaboration to start and/or improve health initiatives at schools throughout the country. The Healthy School Programme aims to have 850 schools who have successfully implemented health promotion activities by the end of 2016. Specific goals are the improvement of health literacy, with a specific focus on sexual health, and the reduction of child obesity. For the latter, 26 public and private partners have come together in a working group that offers healthy food in the canteens at schools and sport clubs.

Slovenia: integrating health promotion within the school curricula

Slovenia has a high percentage of attendance at schools both at primary and secondary level. The health and education sectors have joined forces to strengthen health promotion activities while integrating them within the existing school curriculum. This approach avoided the creation of new modules that would require additional human and financial resources. Mandatory breakfasts have been established at primary schools, and mandatory lunches during secondary education. Physical activities include compulsory swimming lessons as a measure to reduce the high mortality rate from drowning. Furthermore, the introduction of toxicology lessons at high school aims at raising awareness on product safety.

2.3. Revising the impact of existing policies on health inequalities

France: Apprendre et agir pour réduire les inégalités sociales de santé

Health equity impact assessments are useful evaluation mechanisms to revise existing policies with regards to their impact on health inequalities, as well as to make known public health interventions at local level, which are not always described and evaluated. The health equity impact assessment umbrella programme Apprendre et Agir pour Réduire les Inégalités Sociales de Santé (Learning and taking action to reduce social inequalities in health) was developed within the field of population health intervention research in France. Its main objective is to reduce the cumulative impact of policies that do not take social inequalities in health into account through cross-sectoral partnerships.

This methodology was first piloted in France with two regional partners from the departments of education and urban policy. Interdisciplinary and intersectoral working groups were established to favour the exchange of knowledge between academics, public health actors, local planners, decision-makers and communities in the analysis of current and planned projects. Modifications

to reduce the impact on widening health inequalities were introduced. Examples include the revision of several nutrition projects targeting children, which led to the introduction of health equity as an explicit goal and the participation of parents in the project, and the adoption of new criteria for selecting the participating schools based on social indicators (deprivation index) instead of based exclusively on a voluntary basis.

2.4. Integrating health in development policies

France: The national multiannual roadmap tackling poverty and social exclusion

Responding to the recent increase of poverty and social exclusion in France among groups in vulnerable situations (especially children, young people and single parents), an assessment was organized to identify and tackle the causes of poverty. The result of this exercise was the adoption by an interministerial committee in 2013 of a National Multiannual Roadmap to tackle poverty and social exclusion.

The plan includes a new approach to poverty based on five principles: objectivity, non-stigmatization, participation of the poor, fair right; and an intersectoral approach. Three axes define its main focus: prevention, assistance and support to those who need help, and participation of the poor with greater coherence between different public policies at national and subnational levels. This approach is applied to six different public policy areas: access to social rights and minimum benefits; jobs, work and vocational training; families and children; housing and shelter; health and access to health care; and access to banking services and fight against over-indebtedness.

The implementation and revision of the plan is under the responsibility of the General Inspectorate of Social Affairs and counts on the support and leadership of the prime minister. The first phase of implementation has been completed and reviewed. The tools used for its implementation at national level include regular interministerial meetings organized by the Directorate-General of Social Cohesion and multistakeholder discussions that also involved participation of the National Council for the Fight against Poverty and Social Exclusion (Conseil national des politiques de lutte contre la pauvreté et l'exclusion sociale). Similar meetings are also organized at the subnational level by government services. Reports on the regional developments are requested at national level on a regular basis.

Montenegro: new strategy on sustainable development

Sustainable development is a key strategic priority for Montenegro. A new national strategy on sustainable development has been developed for the period 2014–2020, where health is considered a key part and an essential component of all policies. Special emphasis is given to the prevention and control of noncommunicable diseases by addressing the social determinants of health and related risk factors. An intersectoral committee was established to develop this strategy under the umbrella of the European policy framework Health 2020.

2.5. Strengthening cross-sectoral collaboration through intersectoral targets

Austria: definition of intersectoral targets for health

A meeting was convened in 2011 by the Ministry of Health of Austria with the participation of the National Health Institute, the public administration and the Federation Commission, and with support from the European Observatory on Health Systems and Policies. The objective of the meeting was agreement on a set of intersectoral targets for health and well-being at national level. The meeting was followed by an online consultation and the creation of interministerial working groups at both technical and political levels, each one focused on one specific target. The implementation of the targets was based on self-commitment; no legally binding instruments were used. While horizontal coherence was largely strengthened, vertical cohesion and sustainability remained important challenges to be improved.

2.6. Implementing public health acts

Norway: adoption of new Public Health Act

The new Norwegian Public Health Act was introduced in January 2012. The main objective of this document is to contribute to social development by placing the social determinants of health at the heart of its public health policy and encouraging the reduction of health inequalities through intersectoral action at national, regional and local levels. The public health principles informing this act include health equity, health in all policies, sustainable development, precautionary principle and participation. Mechanisms have been put in place to promote and enable regular meetings between the Directorate-General of Health and other sectors. Public health and health equity policies are debated every four years in the parliament.

2.7. Strengthening intersectoral action for health at the local level

Finland: integrating health and well-being across municipal activities

Given the decentralized nature of the Finnish Government and the difficulties in defining and approving separate financial resources for health equity and well-being, the government decided to mainstream these issues throughout all activities at local level. The "Healthy Cities" network provided support throughout this 10-year long process, which brought together the National Institute for Health and Welfare of Finland and the Public Health Committee, which consists of all ministries, nongovernmental organizations, academia and other key stakeholders. A law defining the specific tasks and responsibilities of municipalities in the areas of health promotion and reduction of health inequalities was passed in 2010. According to this law, all municipalities have the responsibility to define specific objectives for health and well-being, decide on the measures for implementation and differentiate tasks and responsibilities for the different local actors involved. These activities were integrated within the daily work of the municipality, avoiding the creation of parallel structures. The duty to cooperate among different sectors and with nongovernmental actors is also included. Every four years, each municipality presents a report on the situation, the main developments and trends.

3. Preconditions needed to achieve an effective intersectoral collaboration

Despite the diverse contexts and specificities of each country, a series of preconditions were identified that were common to the different experiences described at the meeting and which enabled and facilitated the achievement of comprehensive, effective and sustainable ways of collaboration.

- **High-level political commitment.** Health is a political choice. Therefore, the recognition of health and well-being as political priorities is a prerequisite to guarantee adequate collaboration and horizontal and vertical coherence. The leadership of prime ministers has proved to be a useful way to guarantee high-level political commitment.
- **Identifying key actors.** Ensuring will at high political level is as important as the participation of adequate technical and managerial professionals who are motivated and have expertise and/or understanding of intersectoral action.
- **Shared working culture.** The working culture is a determinant of successful intersectoral action for health. For this reason, it is essential to ensure the right working conditions to share knowledge and to build trust and common understanding between professionals from different sectors.
- **Participatory and inclusive approaches.** It is of paramount importance to involve every stakeholder from the beginning of the process, to clearly define the specific tasks and responsibilities of each member of the working team and to make sure that everyone is able to identify them.
- **Common agendas across sectors.** Identifying common entry points across different agendas such as “investing in children for a good start in life” might be a good starting point for the health, education and social sectors to strengthen cooperation to achieve common objectives.
- **Strong administrative involvement.** Administrative support and active involvement in the process is fundamental to overcome potential bottlenecks.
- **Accountability for health of the health sector.** The evidence on the social determinants of health and the evolving health dynamics at global and local levels have changed the way health is created and understood. Understanding the "new role" of ministers of health and health professionals at all levels is a prerequisite that should not be taken from granted.
- **Accountability for health of non-health sectors.** Different sectors must use a common language aimed at facilitating understanding about the impact and responsibility of non-health policies and interventions on health and well-being.
- **Leadership and negotiation skills.** Priorities across sectors are not always compatible. Negotiation skills are essential to overcome obstacles and solve conflicts aiming at the achievement of win-win situations.
- **Time.** It must be acknowledged that time is one of the key resources to set up the adequate conditions for collaborating with other sectors and arriving at the optimal point where such

collaboration starts to give benefits.

- **Horizontal and vertical coherence.** Consistency among projects, programmes and policies is important not only across sectors but also at different governmental levels. Adequate local implementation of intersectoral actions is a prerequisite for reducing health inequalities.

4. Common challenges to the different approaches for intersectoral action

Despite the available evidence, experiences across countries and identification of preconditions for successful intersectoral action, the art of reaching out to other sectors remains a common challenge. The following difficulties may be highlighted.

- **Communication and language barriers between sectors.** Health professionals cannot use health arguments to engage with other sectors. There is a need to find a common language to enable effective communication. Cross-sectoral arguments may facilitate the identification of synergies. Furthermore, there is still work to be done in order to find the correct narrative to better explain key health equity concepts and the rationale behind the intersectoral approaches to health and well-being.

- **Lack of accountability for health from health and non-health professionals.** The difference between "health" and "health care" and the intersectoral responses needed to address health in its broader sense are sometimes not well understood and applied by health and non-health professionals. Intersectoral action must be based on government responsibility for health and well-being.

- **Health literacy of the public:** The use of traditional and social media must be further explored in order to change the public discourse, improve understanding of health equity and the social determinants of health and achieve behavioral change.

- **Lack of horizontal and vertical policy coherence.** Most intersectoral actions for health and well-being are bilateral and downstream interventions focused on coordination and synergy rather than on policy coherence and whole-of-government accountability.

- **Fiscal policy.** Current fiscal policies often pose obstacles and prevent the establishment of horizontal budgets across sectors.

- **Guaranteeing sustainability in a context of political change.** While the importance of the presence of a leader should be acknowledged, a systematic and sustainable approach to intersectoral action must be achieved to guarantee continuity despite political instability.

- **Lack of adequate evidence for promoting intersectoral action.** Most available evidence focuses on the health outcomes of intersectoral actions with the education and social sectors, while the evidence and narrative on the advantages for the education and social sectors to do so are less developed. Evidence must be strengthened in a bidirectional way. For example, the connection between good health and better learning could be further supported with educational indicators such as attendance and attainment. The economic case, including cost–benefit analysis

of intersectoral approaches to health and well-being, should also be further developed.

- **Lack of appropriate monitoring and evaluation methodologies.** Evaluation methodologies are not tailored enough to measurement of the success of intersectoral actions.

- **Avoiding the creation of additional governance structures.** Intersectoral action for health and well-being should be inclusive and merged within existing governance mechanisms to avoid parallel structures.

- **Reaching out to different fora.** Getting out of the comfort zone of the health sector is mandatory in order to achieve a whole-of-government approach to health and well-being. International fora such as the European Parliament should be further explored so that health considerations are reflected.

5. Recommendations to move towards comprehensive, effective and sustainable forms of intersectoral collaboration

The adoption of the European policy framework Health 2020 formed the basis to take forward one of its principal agenda items on intersectoral approaches to health and well-being. As part of this process, intersectoral action will be a key agenda item at RC65 in Vilnius, Lithuania, on 14–17 September 2015. An action plan will be submitted to help governments at home and in the international arena to speed up intersectoral and interagency action for health and well-being in the WHO European region. **Taking advantage of this political momentum to translate the evidence into practice is one of the main recommendations of the Paris meeting.**

In addition to the Regional Committee for Europe, **other international processes and fora such as the post-2015 development agenda should also be further explored** and strategically used to move forward intersectoral governance for health and well-being.

The **development of sectoral policy briefs** to assist the health sector in its interactions with other sectors was also welcomed during the meeting and comments were provided to better tailor its key messages and adapt them to the reality in individual countries.

Professionals from the education and social sectors who participated at the Paris meeting agreed on the importance and potential of intersectoral collaboration to improve health and societal development. They stated that the focus of the discussions on intersectoral action should be much more on the “how” than the “what”: **the process is as important as the result, regardless of the entry point.** Therefore, the practicalities of the process should be equally highlighted, particularly the conditions and prerequisites to enable comprehensive, effective and sustainable collaboration. Furthermore, it was acknowledged that these processes do not follow one single path, neither do they have a start and end; rather they are in continuous development. A starting point for intersectoral collaboration may be the **identification of common agendas between the health, education and social sectors**, such as investing in children for a good start in life, tackling poverty and social exclusion, or fostering sustainable development.

As a result of the emphasis on the process, **sharing stories was underlined as a useful mechanism to strengthen intersectoral action for health in countries while promoting**

exchange of know-how across the region. These stories should also include failures, not just best practices.

There is great potential in the **creation of an informal platform where priority sectors and key partners may come together regularly** to further explore the conditions and common challenges for intersectoral action for health, share experiences and identify potential opportunities. "**Live demonstration sites**" could be promoted through this platform as locations of innovation and excellence where the health, education and social sectors come together to work and explore new windows of opportunity for health and well-being.

Annex 1

SCOPE AND PURPOSE

WORLD HEALTH ORGANIZATION
REGIONAL OFFICE FOR EUROPE

WELTGESUNDHEITSORGANISATION
REGIONALBÜRO FÜR EUROPA



ORGANISATION MONDIALE DE LA SANTÉ
BUREAU RÉGIONAL DE L'EUROPE

ВСЕМИРНАЯ ОРГАНИЗАЦИЯ ЗДРАВООХРАНЕНИЯ
ЕВРОПЕЙСКОЕ РЕГИОНАЛЬНОЕ БЮРО

Promoting intersectoral and interagency action for health and well-being in the WHO European Region: synergy among the health, education and social sectors

/1

**Paris, France
24 April 2015**

**19 March 2015
Original: English**

Scope and purpose

As part of taking forward the Health 2020 action priorities, in particular the principal agenda item on promoting intersectoral and interagency action for health and well-being at the 65th session of the Regional Committee for Europe (RC65), the WHO Regional Office for Europe is organizing a technical meeting in Paris, hosted by the Ministry of Health of France, to discuss effective ways to strengthen intersectoral action for health, building on existing good practices in the European Region and specifically to support collaboration among the health, education and social sectors.

The Paris meeting is part of a series of meetings and consultations leading up to RC65, to be held in Vilnius, Lithuania, from 14–17 September 2015. Its main aim is to make recommendations that will inform the preparation of the relevant RC65 documents and sessions. The emphasis will be on the use of innovative and strategic intersectoral processes and mechanisms at the national and regional levels in order to address key priorities of population health.

Intersectoral action for health and well-being is fundamental to fully implementing the Health 2020 vision. Its legitimacy stems from the strong evidence on the economic, social, environmental and behavioural determinants of health. Intersectoral action is required to implement the recommendations of the *Review of social determinants and the health divide in the WHO European Region: final report*. Only a whole-of-government approach can address today's growing systemic risks to health, as has been well demonstrated in the governance for the health reviews that informed Health 2020 – the new European policy framework for health and well-being.

This one day meeting will bring together selected countries with experience in intersectoral action in important Health 2020 priority areas where the education and social sectors play a key role, including addressing inequalities and the social determinants of health, early childhood

development and groups in vulnerable situations, as well as noncommunicable diseases and health literacy. The meeting will draw on the good practices in countries and the extensive regional experience in this area.

The meeting discussions will be framed around the following key questions:

- (1) What processes and/or approaches and high-level mechanisms were chosen by the participating countries to achieve their policy objectives?
- (2) What instruments, tools and mechanisms were needed for effective implementation?
- (3) What was the impact and what lessons can be drawn from the experiences?
- (4) What are the strategic priorities and opportunities for action at the country and regional levels?
- (5) What should be the modalities for creating a platform at the European level to engage the education and the social sectors in the goal of promoting the health of children and a healthy start in life?

The expected outcomes of the meeting include:

- (1) deepening the understanding of the different approaches available to Member States for increasing intersectoral action among the health, education and social sectors;
- (2) identifying strategic priorities for intersectoral action among these sectors at the country and regional levels and the key tools and instruments to facilitate implementation;
- (3) exploring and proposing ways to engage the education and social sectors at the European level, focusing on giving children a healthy start in life; and
- (4) proposing recommendations and input for the RC65 working document and discussions on intersectoral action.

Annex 2

AGENDA

WORLD HEALTH ORGANIZATION
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Promoting intersectoral and interagency action for health and well-being in the WHO European Region: synergy among the health, education and social sectors

/2

**Paris, France
23–24 April 2015**

**22 April 2015
Original: English**

Agenda

Day 1: Thursday, 23 April 2015

19:30 **Dinner, hosted by the Ministry of Health, France**

Day 2: Friday, 24 April 2015

8:30–9:00 **Registration**

9:00–10:00 **Opening Remarks**
Benoît Vallet, Director General, Health, Minister of Social Affairs and Health, France
Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

Tour de table

Presentation

Professor Sir Michael Marmot, Chair of the Commission for the Review of Social Determinants and the Health Divide in the WHO European Region

Respondents

Ireland: Ms Breda Naughton, Principal Officer, Curriculum and Assessment Policy Unit, Department of Education and Skills

Norway: Mr Tone P. Torgersen, Deputy Head of Department of Social

Determinants of Health, Norwegian Directorate of Health

UNESCO: Ms Dafna Feinholz, Chief of Section, Bioethics and Ethics of Science Ethics, Youth and Sports Division, Social and Human Sciences Sector

UNESCO: Mr Scott Pulizzi, Senior Project Officer, Section on Health and Global Citizenship Education, Division of Teaching, Learning and Content

Questions and answer session: all participants

Moderated by: Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

10:00–12:00

Session 1: National experiences in the implementation of sectoral policies and measures – conditions for success

This session will take the form of an exchange among Member States and participants on experiences in implementation of intersectoral action

- What were the preconditions for and obstacles to implementation?
- What tools and mechanisms were used to reach out to and work with other sectors?
- What were the main lessons learned and recommendations for future action?

Presentation

France: The National Multiannual Roadmap tackling poverty and social exclusion, Ms Mayalen Iron, Assistant to the Deputy Director of the Directorate General of Social Cohesion,

Case studies (5 minutes each)

Austria

Finland

Ireland

Slovenia

Expert commentators

Dr Roberto Bertollini, Chief Scientist, WHO Representative to the European Union

Dr Emily Hewlett, Health Policy Analyst, Directorate for Employment, Labour and Social Affairs, OECD

Ms Monika Kosinska, Programme Manager, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

Experience exchange: all participants

Moderated by: Dr Matthias Wismar, European Observatory on Health Systems and Policies

12:00–13:30

Lunch

13.30–15.30

Session 2: Health, education and social policy – improving the health and well-being of children at national and subnational level

This session will address the different experiences from across member states in

implementation of the recommendations from the *Review of social determinants and the health divide in the WHO European Region* and particularly addressing children via the education, health and social sectors

Presentation

- Building a curriculum addressing health in school, Professor Didier Jourdan, Institut Universitaire de Formation des Maîtres d’Auvergne, Blaise Pascal University, Clermont-Ferrand II, and member of the Haut Conseil de la Santé Publique (15 minutes)
- Learning and acting to reduce social inequalities in health, Professor Thierry Lang, Institut Fédératif d’Etudes et de Recherche Interdisciplinaires Santé Société (15 minutes)

Case studies (5 minutes each)

Latvia
Montenegro
Netherlands
Slovenia

Expert commentators

Dr Ian Forde, Health Policy Analyst, Directorate for Employment, Labour and Social Affairs, OECD
Professor Sir Michael Marmot, Chair of the Commission for the Review of Social Determinants and the Health Divide in the WHO European Region
Professor David Stuckler, Department of Sociology, University of Oxford

Experience exchange: all participants

Moderated by: Ms Christine Brown, Programme Manager, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

15:30–17:00

Conclusions and next steps

- Presentation of the Education Sector Briefs: Monika Kosinska, Programme Manager Governance for Health, WHO Regional Office for Europe (10 minutes)
- Presentation of the Social Policy Brief: Professor David Stuckler, University of Oxford
- Recommendations for the RC65 working document (10 minutes)
- Next steps, challenges and opportunities

Questions and answer session: all participants

Moderated by: Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

Final summary

Dr Agis Tsouros, Director of Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe

Annex 3

LIST OF PARTICIPANTS

WORLD HEALTH ORGANIZATION
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**Paris, France
24 April 2015**

**22 April 2015
Original: English**

Provisional list of participants

Austria

Magdalena Arrouas

Deputy Head, Department of Public Health and Medical Affairs, Ministry of Health

Finland

Taru Koivisto

Director, Health Promotion Department, Ministry of Social Affairs and Health

France (host of the meeting)

Saran Branchi

Head of the Mission of European and International Affairs, Directorate-General for Health, Ministry of Social Affairs, Health and Women's Rights

Amélie Schmitt

Head of the International Health Office, Delegation for European and International Affairs, Ministry of Social Affairs, Health and Women's Rights

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