



**World Health
Organization**

REGIONAL OFFICE FOR **Europe**

Building a healthier future for all: a role to play for everyone

**24th annual meeting of the
Regions for Health Network**

**Marstrand and Gothenburg,
Västra Götaland, Sweden,
10–12 June 2018**





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Abstract

The 24th annual meeting of the WHO Regions for Health Network took place in Region Västra Götaland, Sweden, on 10–12 June 2018. The main theme was to analyze and discuss action in support of the ongoing commitment at all levels to the objectives of Health 2020 and the 2030 Agenda for Sustainable Development. The meeting included sessions on three main areas of activity. The first was work at the WHO Regional Office for Europe. An update was given on progress related to the 2030 Agenda and the SDGs, as well as on the European Environment and Health Process. The work being carried out to develop a new European Health Equity Status Report and a European strategy on men's health was described. A second theme focused on the Network, including reports from regions and updates on the designation of a new collaborating centre and launch of a catalogue of RHN members. A third theme was more specific, centering on how health and other sectors can work together to improve school outcomes, an important determinant of future health. The meeting also included many opportunities for members RHN to discuss experience and progress within their own areas.

Keywords: HEALTHY PEOPLE PROGRAMS, HEALTH PLAN IMPLEMENTATION, HEALTH POLICY, HEALTH EQUITY, INTERNATIONAL COOPERATION, CONSERVATION OF NATURAL RESOURCES, PUBLIC HEALTH

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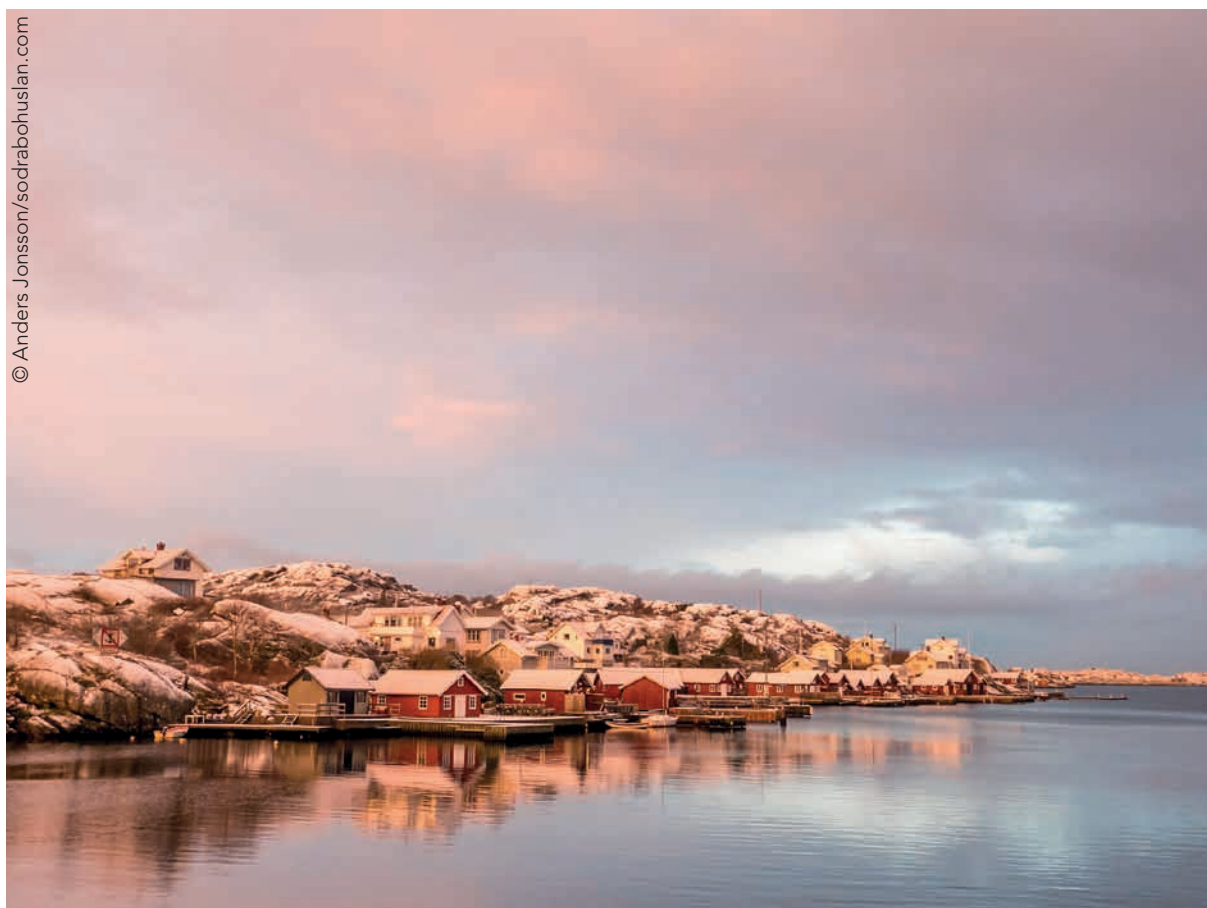
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Foreword

The success of the annual meetings of the Regions for Health Network (RHN) depends very much on the generosity of the host region and the commitment and expertise of the presenters and the participants. At the beginning of the 2018 meeting, which was kindly hosted by Region Västra Götaland, Sweden, with the support of neighbouring Østfold County in Norway, I asked all present to give their fullest attention to the issues on the agenda and, rather than just listen, to use the opportunity to network with and inspire each other. They did.

This report illustrates well how the regions and the WHO Regional Office for Europe can and do work together to benefit the people of Europe. I should like it to serve as a reminder to the participants of the knowledge and enthusiasm they shared during the meeting in Marstrand and Gothenburg, and as a reliable source of information for those who were unable to take part. I know the report is useful – I hope it will be used.

Through the Göteborg (Gothenburg) Manifesto (2012), RHN members committed themselves to taking “action across the whole health agenda, with a sharper focus on the environmental, social and economic determinants that can foster or damage health”. They also pledged their support for the new WHO European Health Policy – Health 2020 – the strategic objectives of which are stronger equity and better governance for health. In 2015, the United Nations announced 17 Sustainable Development Goals (SDGs) all of which are rooted in the three dimensions of sustainable development: economic, social and environmental. The SDGs seek to realize human rights for everyone and achieve gender equality and the empowerment of all women and girls.

This report shows how action at all levels, including that of the regions, can be combined to support implementation of Health 2020 and achievement of the SDGs. It also provides a practical focus on ways of measuring improvement in health, equity and sustainability.

In 2012, the Network acknowledged that it was making a new start. The Göteborg Manifesto stated:

In our new phase of development, we shall concentrate our efforts on bringing people together to share know-how and tackle hard issues. We will use every opportunity to work together and help each other.

This report shows that these were not empty words.

Francesco Zambon
Coordinator
Investment for Health and Development in Healthy Settings

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The WHO European Office for Investment for Health and Development also wishes to thank the Regions for Health Network (RHN) Steering Group and colleagues at the WHO Regional Office for Europe for their contributions, which helped in no small way to making the meeting a success, the speakers and participants for their invaluable input into the event, and Mr Christopher Riley, WHO Consultant, European Office for Investment for Health and Development for writing the report.



Executive summary

Members of the WHO Regions for Health Network (RHN) and other stakeholders meet annually to discuss important issues in public health and share their approaches to addressing them. This is the report of the 2018 meeting, entitled “Building a healthier future for all: a role to play for everyone”, which took place in Marstrand and Gothenburg, Sweden, on 10–12 June 2018, hosted by Region Västra Götaland with the support of Østfold County in neighbouring Norway.

In 2015, the United Nations Member States adopted *Transforming our World: the 2030 Agenda for Sustainable Development* (the 2030 Agenda), including its 17 interconnected Sustainable Development Goals (SDGs). Meeting these goals will have a profound effect on the planet and its people.

In working towards meeting the SDGs, European countries will also be working to implement *Health 2020: the European policy for health and well-being* (Health 2020). A particular aim of this policy is to reduce health inequity in Europe. Health inequity damages lives, incurs heavy costs in terms of lost economic potential and health care, and harms the reputation of countries both at home and abroad.

Regions are important actors in the WHO European Region, many having extensive responsibilities for public services. Those participating in RHN are fully committed to working towards achieving the SDGs and implementing Health 2020.

The report is presented in three parts, the first of which describes developments in the WHO Regional Office for Europe in relation to:

- the 2030 Agenda and the SDGs (section 1.2);
- the first European Health Equity Status Report (section 1.3);
- the forthcoming European strategy on men’s health, which will complement that on women’s health (section 1.4);
- the European Environment and Health Process, with reference to improving health and air quality through active transport (section 1.5).

In each case, the report enlarges on the implications for regions.

The second part of the report presents progress made in the regions and introduces recent developments to support action at the regional level, namely:

- the designation of the WHO Collaborating Centre for Investment for Health and Well-being in Wales (section 2.2);
- the launch of the *Regions for Health Network Catalogue of Regions 2018*, a new RHN publication, describing the regions participating in the Network (section 2.3)

It also reports on ways in which individual regions are actively engaged in efforts to promote sustainable development and health equity:

- development of a healthy ageing strategy (Friuli Venezia Giulia, Italy) (section 2.4);
- intersectoral action for health and development (Pomurje region, Slovenia) (section 2.5);

- development and use of integrated public health action-planning tools (North Rhine-Westphalia, Germany) (section 2.6);
- building cross-governmental support into a regional health strategy (Andalusia, Spain) (section 2.7);
- creation of support across all levels of government for the implementation of the 2030 Agenda in Västra Götaland and elsewhere in Sweden (sections 2.8, 2.9).

Action by the health and education sectors to improve school outcomes is the theme of the third part of the report, which includes case studies on:

- measures to reduce school failure through regional action (Västra Götaland, Sweden) (section 3.2);
- action to help schools compensate for inequities among their pupils (Gothenburg, Västra Götaland, Sweden) (section 3.3);
- efforts to improve mental health among young people (Østfold County, Norway) (section 3.4);
- joint action to reduce school drop-out rates (Flanders, Belgium) (section 3.5).



Overall aim of the meeting

The 24th annual meeting of the Regions for Health Network (RHN),¹ kindly hosted in Marstrand and Gothenburg, Sweden, by Region Västra Götaland, was designed with the needs of the participating regions in mind. Its overall purpose was to provide RHN members with an update on the implementation of the United Nations 2030 Agenda on Sustainable Development (1) and on selected priorities for WHO Europe (Annex 1 – programme).

Approximately 90 people took part in the meeting, including representatives of 32 regions in 26 countries, WHO temporary advisers, staff of the WHO European Centre for Investment for Health and Development and the WHO Regional Office for Europe, and observers (Annex 2 – participants).



¹ Further information about RHN and copies of the presentations made at the meeting can be requested from: Francesco Zambon, Coordinator, Investment for Health and Development in Healthy Settings (zambonf@who.int).

1. WHO's ambitions and the role of the regional level

1.1 INTRODUCTION

In 2012, the 53 Member States of the WHO European Region adopted *Health 2020: the European policy framework for health and well-being* (2). The key strategic objectives of the framework are to improve health for all, particularly through intersectoral action to reduce health inequities, and strengthen governance for health. In September 2015, representatives of all United Nations Member States voted to adopt *Transforming the World: the 2030 Agenda for sustainable development* (2030 Agenda) and to work towards achieving its 17 Sustainable Development Goals (SDGs), also known as the Global Goals (1). The SDGs are the basis of the 13th General Programme of Work of WHO (GPW13) (2019–2023), which was endorsed by all WHO Member States at the World Health Assembly in May 2018 (3). As a result, three key documents are driving all WHO action in the European Region: Health 2020, the SDGs, and GPW13 (1,2,3).

Health 2020 and the 2030 Agenda have similar core values and objectives. The aims of Health 2020 to achieve health equity and take a whole-of-government approach match the commitments of the 2030 Agenda to “leave no one behind” and strive for good governance. The importance of social, economic and environmental factors is prominent in both frameworks, as are resilience and empowerment (1,2). They also both point to the importance of a rights- and gender-based approach, and Health 2020's life-course approach is reflected both in the 2030 Agenda (SDG 3 explicitly refers to “health for all at all ages”) and throughout GPW13 (1,2,3).

This section of the report looks at progress made in taking these agendas (1,2,3) forward in tandem. It also presents recent work carried out to strengthen action in support of health equity and gender equity, as well as in relation to environmental health issues. In each case, the importance of the regional response is drawn out.



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1.2 THE 2030 AGENDA AND THE SUSTAINABLE DEVELOPMENT GOALS: HOW REGIONS CAN “MAKE IT HAPPEN”

1.2.1 The goals

The 1987 report of the World Commission on Environment and Development defines “sustainable development” as “development that meets the needs of the present without compromising the ability of future generations to meet their own needs” (4).

The 2030 Agenda is both a plan and a commitment. It envisages “a world free of poverty, hunger, disease and want, where all life can thrive, with equitable and universal access to high quality education, healthcare and social protection”. It aims to safeguard people, the planet and prosperity, and to strengthen peace and freedom. All countries and stakeholders must work together in partnership to support this, taking into account the five pillars of sustainable development (the 5 Ps): people, planet, prosperity, peace and partnerships (1).

In planning developmental action, therefore, the social, economic and environmental consequences it will generate need to be considered and conscious choices made in terms of trade-offs and spin-offs. Decisions must be taken collectively and include everyone.

The 2030 Agenda specifies 17 goals and 169 targets (Fig. 1) (1); 232 indicators were developed by the Inter-Agency and Expert Group on SDG indicators and agreed at the global level (5). These are meant to be “integrated and indivisible”, that is, they should be treated as component elements of a single enterprise.

Fig. 1. The Sustainable Development Goals (SDGs)



Source: Sustainable Development Knowledge Platform (6).

The central idea is that no-one must be left behind. The aim is to reach the furthest behind first, addressing inequality in all its dimensions. This requires a focus on the needs of people who are particularly vulnerable, such as children, young people, people with disabilities, people living with HIV/AIDS, older people, indigenous populations, refugees, and internally displaced persons and migrants. Careful data analysis will be needed to see whether policies and interventions in support of the 2030 Agenda (1) are reaching these groups.



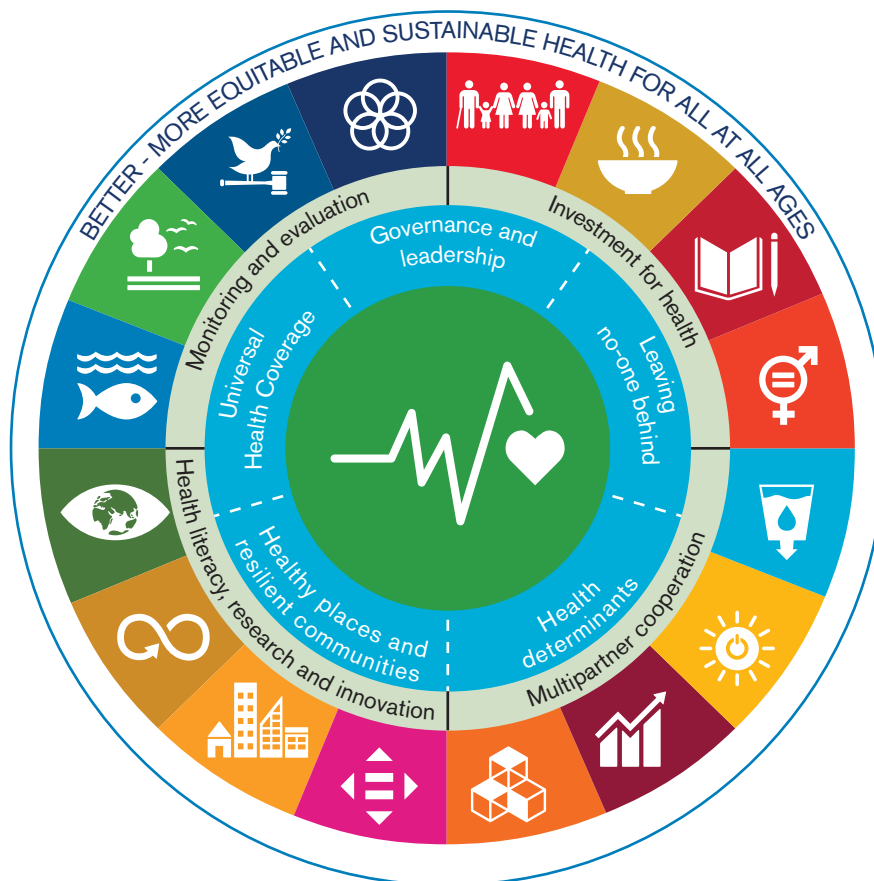
1.2.2 The health content of the SDGs

The main health-related goal is SDG 3 (good health and well-being), which comprises 13 targets. Efforts to achieve this goal, however, will contribute to and benefit from efforts to achieve all the SDGs. For example, violence against women is covered under SDG 5, target 5.2; malnutrition, including obesity, under SDG 2, target 2.2; social protection systems under SDG 1 and SDG 8; safe drinking water and sanitation under SDG 6; and resilience to climate change under SDG 13 (6).

To date, the WHO European Region has made good progress in many areas, such as life expectancy, the health of women, children and adolescents, and the prevention and control of communicable and noncommunicable diseases. The pace of change is slow in other areas, however, such as sexual and reproductive health, mental health, disabilities, violence, and injuries. The same applies to tackling inherited problems, such as HIV and drug-resistant tuberculosis, and ensuring universal access to water and sanitation (Zuidberg M, Menne B. WHO Regional Office for Europe. Unpublished observations. 2018).

Health 2020 is seen as a stepping-stone in the delivery of the 2030 Agenda, and the latter provides an opportunity to advance progress in the above areas in Member States (1,2). Therefore, WHO developed the *Roadmap to implement the 2030 Agenda for Sustainable Development, building on Health 2020* (the SDG Roadmap) (Fig. 2), which was adopted by the WHO Regional Committee for Europe in 2016 (7).

Fig. 2. Elements of the WHO European Roadmap to implement the 2030 Agenda



Source: WHO Roadmap to implement the 2030 Agenda for Sustainable Development (7).

The SDG Roadmap proposes five interdependent strategic directions:

- advancing governance and leadership;
- leaving no one behind;
- addressing health determinants;
- establishing healthy places; and
- strengthening health systems (7).

It also identifies four enablers:

- investment for health;
- multipartner cooperation;
- health literacy, research and innovation; and
- monitoring and evaluation (7).

Both Health 2020 and the SDG Roadmap support the Health-in-All Policies (HiAP) approach, which clarifies and calls for the stronger accountability of policy-makers regarding health impacts at all levels of policy-making (2,7,8). Action on the SDGs will help promote action to this end by showing how

policies in non-health areas can also contribute to improving health. Examples of this are: stressing the relevance of improving the quality of education (SDG 4); ensuring decent working conditions (SDG 8); acknowledging, in all action taken, the principles of basic rights and equity, including gender equality (SDGs 5 and 10); and allocating resources for investment in the private and public sectors in line with commitments made and targets set (SDG 17) (6,8).

1.2.3 The regions' task and support available

The United Nations Member States were unanimous in adopting the 2030 Agenda and it should operate at every level within them. They are required to adapt its goals and targets to local contexts and stimulate innovative, bold action towards their achievement. The 2030 Agenda is extremely relevant to RHN, not only as a global challenge, but also because the basic assumption is that its successful implementation in the countries depends on collaboration at and between all levels (1).

An early task is to identify where best to start (key entry points) and what will speed progress (accelerators), not only towards achieving individual SDGs, but also across a number of them (6). The key entry points must be identified locally and correspond to local circumstances. Regions are well-placed to do this since they are often large enough to have responsibility for important functions and to be in control of significant resources. At the same time, they have a better understanding of local needs and aspirations than national government.

The aim of the regions must be to adapt the SDGs (6) to their level, integrating action towards achieving them, not only with other activities in their own regions, but also with those in neighbouring regions and at the national level. A number of WHO publications can be helpful to this end, two examples of which are *Fact sheets on Sustainable Development Goals* (9) and *Strategizing national health in the 21st century: a handbook* (10).

Fact sheets on Sustainable Development Goals

Besides the SDG Roadmap (7), the WHO Regional Office for Europe has developed SDG-related fact sheets, presenting key facts and figures, details of ongoing commitments, guidance on action, and indicators for monitoring progress. They illustrate how the WHO Regional Office for Europe supports the Member States in achieving the targets, and cover key SDG-related aspects, such as equity, partnerships and intersectoral collaboration (9).

Strategizing national health in the 21st century: a handbook

This WHO publication provides up-to-date and practical guidance on planning and strategizing for health (10). This information is very relevant to the regions, especially those with major planning responsibilities.

Along with Health 2020, the 2030 Agenda and the SDG Roadmap (1,2,7), these resources (9,10) provide a vision of, a strategic path towards, a set of priorities for, and a range of recommendations on how to improve health and well-being, reduce health inequity and ensure the health of future generations in the context of the WHO European Region. WHO will help and work with regions to this end.

Important tasks for regions are seen as ensuring that their parliamentarians are fully briefed on and involved in these issues, and publishing case studies on their own experiences to help and inspire others.

1.2.4 Lessons learnt from monitoring progress

Monitoring and evaluation are vital in ensuring the effectiveness of policies and measuring their impact. The submission of voluntary national reviews (VNRs) to the United Nations High Level Political Forum represents one important method that countries are using to assess progress. Thirty-five European countries have already submitted VNRs (11).

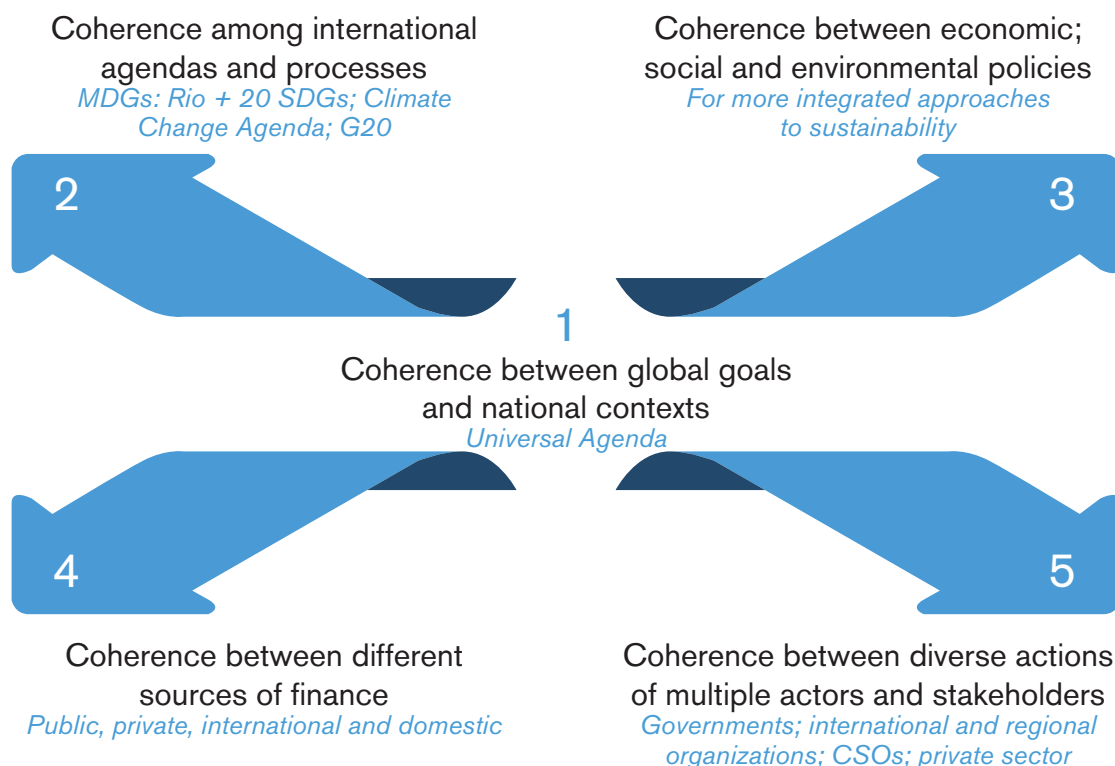
A review (to be published in the WHO Bulletin) of the submitted VNRs in relation to implementation of the SDG Roadmap (7,11) has identified strengths and weaknesses in performance. The main findings were that countries do quite well in key areas, such as governance, monitoring, leaving no one behind and multipartner cooperation, but less well in other areas, such as health determinants, healthy settings, health literacy and investment for health. The countries seemed to understand how to link the economic dimensions of sustainable development with its environmental aspects better than with its social aspects (health and well-being). Some countries specifically highlighted their commitments to supporting developing countries, but few recognized the impact of domestic policies on the planet overall, or on the health of future generations. Table 1 includes suggestions of how additional evidence might demonstrate greater commitment to and a stronger likelihood of transformational improvement.

Table 1. Opportunities to strengthen performance on the SDGs

SDG-Roadmap issue (maximum score 2.0)	Potential ways of strengthening currently reported performance
Monitoring and evaluation (average score 1.45)	Improve links between data analyses and priorities for action on sustainable development
Multipartner cooperation (average score 1.0)	Provide more convincing evidence of strong engagement and its potential impact on future national policies
Governance and leadership (average score 0.98)	Develop clearer plans for strengthening public health institutions; provide more evidence of the involvement of health departments
Leaving no-one behind (average score 0.95)	Take more on action to: maintain a healthy workforce and ensure healthy workplaces; support vulnerable groups; create legal frameworks to promote gender equality; and protect the environment with a focus on equity
Investment for health and well-being (average score 0.58)	Demonstrate that evidence -informed investment is actually taking place, particularly in relation to future health outcomes
Addressing health determinants (average score 0.49)	Introduce efforts to develop a HiAP approach (8); consider how legal and regulatory frameworks might improve health; and introduce action on environment and health
Strengthening health systems for universal coverage (average score 0.48)	Put more focus on uptake rates or outcomes in relation to specific groups
Establishing healthy places, settings and resilient communities (average score 0.45)	Make green or blue spaces more accessible; develop co-benefits by mitigating climate effects in urban areas; and evaluate the frontline role of local government
Health literacy, research and innovation (average score 0.45)	Introduce plans to improve public understanding of the co-benefits of sustainable development, especially health benefits; introduce innovative research/IT strategies on public engagement; and encourage effective democratic engagement in the wide-ranging policies needed to achieve the SDGs (6)

Perhaps the biggest challenge is to increase coherence across responses to the different sets of ambitions currently accepted by countries (Fig. 3). In relation to health, techniques that might help with this are health impact assessment (HIA) (12) and the HiAP approach (8).

Fig. 3. The challenge of creating coherence



Notes. MDGs = Millennium Development Goals; Rio+20 = United Nations Conference on Sustainable Development, Rio de Janeiro, Brazil, 20–22 June 2012; G20 = Group of Twenty;² CSOs = civil society organizations.

Source: WHO Roadmap to implement the 2030 Agenda for Sustainable Development (7).

1.2.5 Discussion

During the meeting, the regions discussed how they might best support the 2030 Agenda (1). The main points raised were as follows.

- The response will depend on local circumstances; there is no one fit. Political situations vary so greatly that local sensitivity is vital.
- If one level of government is slow to act, action by another level may be the best way forward.
- Economic arguments are important, but they must be real and tangible, not examples taken from publications. Simple, clear, solid arguments are vital.
- Colleague-to-colleague persuasion may be one of the best options.
- Mobilizing public support is also valuable, and young people may have the passion older people lack.

2 The Group of Twenty (G20) is a leading forum of the world's major economies that seeks to develop global policies to address today's most pressing challenges. The G20 is made up of 19 countries and the European Union. The 19 countries are Argentina, Australia, Brazil, Canada, China, Germany, France, India, Indonesia, Italy, Japan, Mexico, Russia, Saudi Arabia, South Africa, South Korea, Turkey, the United Kingdom and the United States.

1.3 DEVELOPMENT OF THE FIRST WHO HEALTH EQUITY STATUS REPORT – HOW REGIONS CAN ACCELERATE PROGRESS IN TACKLING HEALTH INEQUITY

1.3.1 Health inequity and its causes

The WHO European Centre for Investment for Health and Development (Venice, Italy) of the WHO Regional Office for Europe is a centre of excellence on, among other matters, the social and economic determinants of health and health equity. These two areas are closely connected.

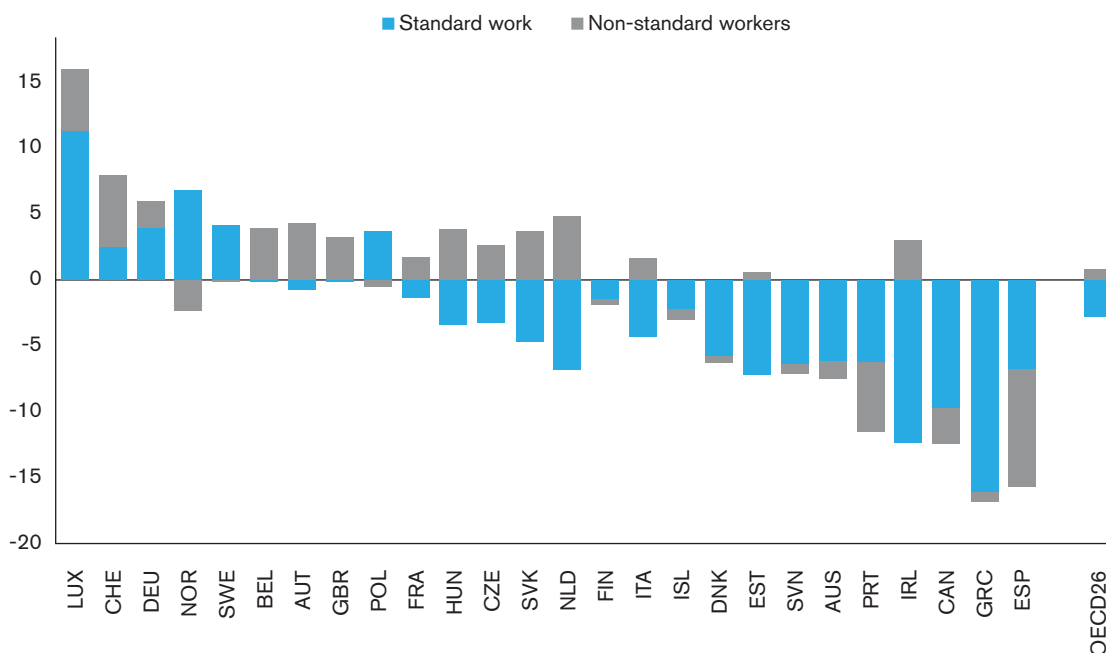
The social determinants of health represent the conditions in which people are born, grow up, live, work and age. These conditions influence a person's opportunity to be healthy and his/her risk of illness and early death. Social inequities in health – the unfair and avoidable differences in health status across groups in society – result from the uneven way in which the social determinants affect different groups. In recent years, the causes and extent of health inequity and the very substantial economic cost incurred by poor health and lost economic potential, have become much clearer.



Because sustainable development is about social justice and prosperity for all, health equity is both a driver of sustainable development and an indicator of its success. Since awareness about the many influences of health inequity has improved, so has targeted action to reduce them.

Success in reducing inequities in the WHO European Region, however, has been mixed. Evidence suggests that between 2008 and 2015 the gap between the richest and poorest either remained unchanged, or increased, and that there is still a large gap in every country. This problem will not resolve itself. Indeed, some trends, such as a lack of quality housing and stable, well-paid employment, may be increasing the likelihood of future inequities, as Fig. 4 suggests (13).

Fig. 4. Proportion of non-standard jobs among all jobs created since 1995



Note: Working-age (15-64) workers, excluding employers as well as students working part-time. Non-standard workers include workers with temporary contract, part-times and own-account self-employed.

Source: *In it together: why less inequality benefits all* (13).

It is important to recognize that there are different strands of inequity. While some problems are inherited from the past (for example, industrial pollution, or the collapse of heavy industry), others may still be developing as a result of present circumstances. Each requires a particular set of responses. Separate problems, which may be linked, can arise from precarious employment, poor diet, or lack of exercise, all of which may have a long-lasting impact if not managed.

1.3.2 Making the case for action

Understanding the nature of health inequity and its causes is not sufficient. Effective action is needed to reduce it. The WHO European Office for Investment for Health and Development has looked closely at how to inspire those who can best set this in motion.

An initiative has been set up to develop the first European Health Equity Status Report (HESR) with the aim of:

- improving the data for monitoring health inequity and progress in tackling this in the WHO European Region;
- promoting action towards progress; and
- strengthening the voices of those arguing for action.

The intention is to provide policy-makers and government agencies at every level with relevant arguments and tools that will incentivize and enable them to start taking action. These can also be useful to energize groups (for example, academics, civic groups and the public) that wish to influence those in power to take action. The initiative aims to strengthen the health sector and other sectors in

society towards acting on their own and across sectoral and national borders. The goal is better health as measured in terms of mental health and well-being, self-reported health, morbidity and mortality.

The initiative's core messages are:

- create conditions that enable everyone to prosper and flourish;
- remove the barriers that are holding people back.

It is anticipated that some HESR findings will be presented to the WHO Regional Committee in September 2018, the launch of which will take place during the first semester of 2019 supported by a substantial media campaign and series of meetings.



1.3.3 The regions' task and support available

The initiative to develop HESR represents an important area in which regions need to take action in support of their commitments to Health 2020 and the 2030 Agenda (1,2). The following information and tools will be made available to help in these endeavours.

(1) WHO Euro Health Equity Atlas

This will set out the health-equity data available at the regional level to: improve understanding of the issues and where action is needed; help monitor progress over time; and promote collaboration among the regions. Updated versions will be issued every 4 years.

(2) Analysis of what promotes and frustrates improvement

The focus of the analysis will be on factors that most influence health in terms of:

- health services (for example, accessibility and affordability);

- living conditions (including housing and community safety);
- personal and community capabilities (including issues, such as education and confidence building);
- employment and working conditions (for example, job security and quality);
- income and social protection.

A policy-tracking tool will allow the monitoring of change over time.

(3) Evidence base and scorecard

To ensure that actions are managed in a way that will reduce rather than increase inequity, careful attention will also be paid to the extent to which policy-making and implementation build on and promote participation, empowerment, accountability and policy coherence, as well as to the role of commercial factors, which are determinants of health. This will include looking at how systems and governance approaches can ensure fairness, justice and the rights of all to be able to live healthy lives. To this end, the HESR initiative will provide both an evidence base and a score card to facilitate delivery on Health 2020, the SDGs and the European Pillar of Social Rights (2,6,14).

(4) Online interactive policy guidance

This guidance will be aimed at helping non-experts in the policy-development process (priority setting, policy design, selection of options for joint implementation with other sectors inside or outside government) to enhance the chances that their policies will improve health equity. The guidance will also illustrate how to integrate the different strands of policy and tackle various types of inequity at the same time. It will address:

- pensions and social protection;
- working conditions and carers' rights;
- urban design and housing tenure;
- fuel and food security;
- the rights of those being cared for;
- quality health and social services.

1.3.4 Discussion

The following messages were among those put forward during the discussion on the best ways of accelerating action to tackle health inequity.

- Focussing on a convincing narrative is the right approach, but it must be genuinely convincing. Equity-related problems have deep roots and there is no simple cure. There is a need to generate a sense of urgency, but at the same time it is important to avoid false optimism or fatalism. The task is not to persuade public health experts; they are aware of the problems. It is the wider community that needs to be won over.
- To gain the trust and support of this audience, precise, neutral, technical public health language will not be what is needed, but words and examples that catch its interest and enthusiasm. What is

intolerable must be exposed – equally, it must be clear that success is attainable, based on powerful evidence of past change and improvement.

- To this end, the language used to convey the message must be simple, vivid and easily translatable to the contexts of different countries and cultures. It needs to address the heart as well as the brain. Recommendations must be practical and explicit; at times they may be uncomfortable. More thought needs to be given to helping countries interpret them for local use.
- The aim must be transformation and not related to single issues alone. The breadth of the 2030 Agenda (1) is an aid here. The private sector needs to be better engaged, and use should be made of the full range of marketing and communication methods.
- Work is needed to separate action needed at the collective or government levels from that needed at the family and individual levels, and from that requiring a radically different approach, for example, through coproduction. Though work cannot present answers, it must inspire effort and creativity.



1.4 WHO EUROPEAN STRATEGY ON MEN'S HEALTH AND WELL-BEING – WHAT REGIONS CAN DO

1.4.1 Why this issue is being raised now

While it is true that women in Europe generally live longer than men and women anywhere, it is also true that they have many problems, such as disability in later years, that require attention. In 2016, the WHO Regional Office for Europe published the *Strategy on women's health and well-being in the WHO European Region* (15), the explicit aim of which is to take a much wider view of women's health than issues relating simply to reproduction.

In the context of considering equity for all groups and trying to understand what harms health and how best to deal with it, it is clearly important to examine men's health. The WHO Regional Office for Europe has, therefore, been leading the development of a European strategy on men's health and well-being. Specific aspects of men's health that stand out are their shorter lifespans as compared to women, the higher rates of suicide and death from cardiovascular disease among men than among women,

and the striking differences in men’s health across Europe. Uncovering the impact on men’s health of gender norms and roles and other health determinants will help mobilize society towards, and promote the engagement of men in, achieving gender equality.

The forthcoming European strategy on men’s health has been developed in the context of the SDGs (6), the *Strategy on women’s health and well-being* (15) and a number of relevant publications issued by WHO (16,17), EU and individual countries, such as Denmark.

Attitudes to gender issues can take a number of forms, from simply recognizing gender as an issue and taking no action, to adopting a transformative approach that firmly tackles harmful gender norms, roles and relations. The forthcoming strategy is intended to be transformational. Its objectives are drawn from:

- SDG 3 – to contribute to reducing premature mortality of men and improving their health and well-being across the life-course;
- SDG 10 – to reduce inequalities between men of all ages across the region and within countries; and
- SDG 5 – to improve gender equality by engaging men in fatherhood, in unpaid care, in preventing violence and in sexual and reproductive health (6).

In support of a transformative approach across the life-course, the forthcoming European strategy on men’s health includes five elements:

- strengthening governance for men’s health and well-being;
- making gender equality a priority for men’s health;
- making health systems gender responsive;
- improving health promotion;
- building a strong evidence base.

The forthcoming European strategy on men’s health includes a number of priorities in connection with which a careful and critical analysis of existing assumptions, practices and opportunities will be needed (Fig. 5). For example, the assumption that men have power in society often ignores the fact that many men are in extremely vulnerable situations (for example, in prison or homeless). Health-promotional messages also need to be more carefully considered since they may bolster stereotypes and have unintended consequences.

Fig. 5. Emerging priorities of the forthcoming strategy on men’s health and well-being

Priorities

Governance	Gender equality	Health system	Health promotion
Policy coherence	Men's role in GE	Needs and behaviours	Intersectionalities
Across sectors	Care imbalance	Service delivery	Assets
Participation	Violence prevention	Reaching out	Main risks
Leaving no one behind	Reproductive health		Places and settings

Source: *The health and well-being of men in the WHO European Region. Better health through a gender approach* (17).

The men's strategy should help create an understanding of the different concepts of masculinity, as well as of the existing norms and changing expectations in different countries.

A report has been elaborated to complement the strategy on men's health (17), addressing the main issues of ill-health, interaction between gender and the social determinants of health, health-system response and governance, and gender equality. Both documents will be presented to the WHO Regional Committee for Europe in September 2018, when the timetable for the strategy will be agreed.

1.4.2 The regions' task and support available

Men's health is clearly an important matter for the regions. Västra Götaland, for example, has produced short videos of politicians' discussing men's health to raise awareness, established a tailor-made service for young men aged 18 to 30, and made efforts to sensitize health-service staff to issues related to men's health and adapt their services accordingly. In addition, the maternity service now offers all fathers a consultation after the birth of their children and has made simple adjustments to make men feel more welcome (for example, through the choice of magazines they place in waiting rooms).

1.4.3 Discussion

Discussions on the forthcoming strategy on men's health were very positive. The following points emerged.

- Few regions had a strategy in this area, and the prospect of having one was welcome.
- Cultural differences are great, not only between and within countries, but also between different generations. In addition, social circumstances (such as older men living alone) matter a lot.
- Government attitudes to men, women and families differ greatly.
- National responses to the strategies for women's and men's health will need to consider the very rapidly occurring changes in society, including those related to roles and attitudes, and increasing stress.
- It will be important to integrate the two gender strategies in due course.

1.5 THE EUROPEAN ENVIRONMENT AND HEALTH PROCESS – HOW REGIONS CAN IMPROVE HEALTH AND AIR QUALITY THROUGH ACTIVE TRANSPORT

1.5.1 Sixth Ministerial Conference on Environment and Health, 2017

Every year, nearly a quarter of deaths globally are linked to the environment, the main risk factors being air pollution and smoking, and cardiovascular disease being the main cause. In the WHO European Region, 1.4 million deaths annually (15% of the total) are linked to environmental factors, about half of them attributable to air pollution. Altogether, European citizens lose 50 million years of healthy life each year due to environmental risks.

Since the 1980s, international efforts to tackle this problem in Europe have been conducted through the European Environment and Health Process (EHP), which brings together WHO Member States, UN agencies and other groups. EHP has been supported by a series of ministerial conferences on environment and health (18). During the sixth and most recent of these, which took place in Ostrava,

Czech Republic, in June 2017, the importance of the regional and local levels in fighting environmental threats was fully recognized for the first time. The priority actions agreed on this occasion were to:

- improve air quality for all;
- ensure access to safe drinking water, sanitation and hygiene for all;
- minimize the adverse effects of chemicals;
- prevent and eliminate the adverse effects of waste management and contaminated sites;
- strengthen adaptation to and the mitigation of climate change;
- support cities and regions in their efforts to become healthier; and
- build the environmental sustainability of health systems.



1.5.2 Making the case for action

There are strong arguments for radical changes in urban transport systems. In the WHO European Region:

- ambient air pollution causes about 500 000 deaths a year;
- the annual health costs of air pollution are estimated at US\$ 1.6 trillion;
- road-traffic accidents cause around 85 000 deaths a year;
- around a million deaths a year are attributable to insufficient physical activity;
- transport accounts for approximately 20% of total greenhouse gas emissions;
- transport-related noise causes 1.6 million lost years of healthy life each year;
- further damage is caused by biodiversity fragmentation, congestion, loss of land and wasted space.

A brief, entertaining and informative role-play session gave some useful insights into factors to be considered in connection with presenting the case for action towards radical changes in urban transport systems. These included:

- assessing where the power lies and what resources would be available during negotiation, and gathering as much intelligence as possible on those involved, including their likely interests;
- where possible, formulating alliances in advance to conserve energy and maximize impact;
- carefully preparing arguments suited to the audience, paying attention to the choice of language used (avoiding jargon), and the evidence selected for presentation;
- being aware of the time needed to develop an effective case and knowing how best to manage this time;
- recognizing the power of personality and ensuring that those chosen to present the case would be suitable for making the case (persuasive, not aggressive or dominating);
- considering the likely dynamics of any negotiating opportunity: the nature of the chairing role, potential opponents and allies, possible hidden agendas, and options for reformulating arguments and making compromises.

1.5.3 The regions' task and support available

The regions' role in dealing with transport-related air pollution and other environmental threats is now fully recognized. Active mobility – regular walking and cycling – can improve health and cut deaths. It can also make life more pleasant and enjoyable. Valuable WHO tools are available to support local policies on active transport, as outlined below.

In April 2018, the WHO Regional Office launched a new webinar series on environment and health tools, organized jointly by the WHO European Office for Investment for Health and Development (seat of RHN) and the WHO European Centre for Environment and Health (Bonn, Germany). The series encourages commitment to action at the subnational level. To date, it has included webinars on the AirQ+ software for quantifying the health impacts of air pollution and health benefits of better air quality, and the Health Equity Assessment Tool (HEAT) for walking and cycling, which is designed to support the economic assessment of the impacts of walking or cycling on health (19). Future webinars will focus on tools to estimate the economic costs of adaptation to protect health from climate change, urban green and blue spaces, and HIA (12).

1.5.4 Discussion

Discussions on the health effects of air pollution caused by traffic showed that this is not an abstract issue, but of real concern in many places.

- Although many initiatives are already in place, perhaps more could be done to create international models of good practice that could be adapted locally.
- The nature and scale of the problems vary greatly, according to location: in cities awareness of health problems arising from traffic pollution is greater than in rural areas; in some places, the source of air pollution is outside their areas; and the causes of the pollution (for example, transport and industry) are different in different places.

- Although the argument for focussing environmental programmes on health issues is strong, economic concerns outweigh taking this approach in some countries. This is where the SDGs (6) can be of help, as well as international pressure and the availability of easy-to-use tools.
- It is, however, important not to be simplistic or complacent about dealing with environmental issues; not only are measures often expensive, but it also takes time both to implement them and for them to be accepted.



2. RHN in action – sustainability, health and equity

2.1 INTRODUCTION

RHN has been in existence for a quarter of a century, helping regions work together to improve the health of their residents, and offering examples of how WHO policy can be implemented at their level. RHN provides an opportunity for regions to learn from each other by working together, for example, in joint projects, or through visits, meetings, and/or participation in the development of publications.

As an illustration, since 2008, collaboration between Lower Austria and bordering regions in the Czech Republic has resulted in the development of various long-term, cross-border health initiatives. In September 2017, Lower Austria hosted a study visit for representatives of seven RHN member regions and other networks and countries (20,21).

The brief reports in this section illustrate some of the other ways in which RHN is supporting the regions. They include examples of ways in which regions apply innovative thinking and systematic action to ensure a better chance of a full and healthy life for their populations. The two WHO collaborating centres closely connected to RHN are also described.

The following examples are from very different countries but each shows how purposeful action can help ensure that public resources can be carefully targeted to improve health on a sustainable and equitable basis. Those from Västra Götaland, Sweden (host of the meeting), draw attention to the importance of action at all levels to implement a common agenda.



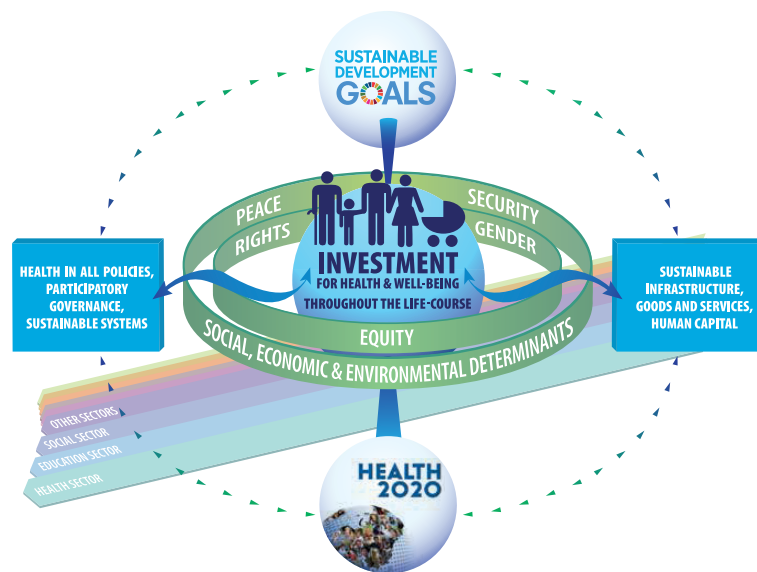
© Helena Kryssman, Västra Götaland

2.2 DESIGNATION OF THE NEW WHO COLLABORATING CENTRE ON INVESTMENT FOR HEALTH AND WELL-BEING IN WALES

In March 2018, WHO designated the Policy, Research and International Development Directorate

of Public Health Wales, the national public health agency for that region, as WHO Collaborating Centre on Investment for Health and Well-being. This is the first WHO collaborating centre – and the only one in the world – with this focus. The designation was the result of a long-lasting collaboration between Public Health Wales, the WHO Regional Office for Europe and the WHO European Office for Investment for Health and Development. One of the recent results of this collaboration is the publication (in 2017) of *Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020* (Health Evidence Network synthesis report 51). While the report focuses on public health policies that bring returns on investment, it also presents a more generalized framework for investment in health and well-being, as illustrated in Fig. 6 (22).

Fig. 6. Framework for investment for health and sustainable development



Source: *Investment for health and well-being: a review of the social return on investment from public health policies to support implementing the Sustainable Development Goals by building on Health 2020* (22).

The Collaborating Centre’s founding concept and guiding principle is that investment in people’s health and well-being is a driver and enabler of sustainable development and inclusive growth. A substantial body of evidence shows that current investment practices are unsustainable in the long run, with high costs for individuals, families, communities, society, the economy and the planet. At the same time, there is powerful evidence that investment in fair, value-based, evidence-informed, cross-sector policies and interventions for better health and well-being also brings benefits to the overall economy, society and environment. To achieve this, an urgent shift in thinking, policy and practice is required aimed at involving not only all sectors of society, but also people and communities, in investment decisions to help reduce health inequity and achieve prosperity for present and future generations.

Using a social-return-on-investment approach is a way of considering return on investment in terms of all three dimensions of sustainable development – economic, social and environmental.

According to the Collaborating Centre’s first 4-year work plan (2018–2022), it will support WHO Members States and regions in strengthening the sustainability of their investment approaches for health and well-being by:

- enhancing knowledge about and understanding of the relationship between investment for health as a driver and enabler of sustainable development and inclusive growth;

- supporting a WHO network for cooperation on and the innovation of investment approaches, and the sharing of good practice and policy solutions in prioritizing investment decisions in a national context; and
- developing and providing practical support, such as “how to” guidance and tools for advocacy and cross-sectional communication (for example, policy briefs or infographics).

An advocacy pack to support mainstream investment for health and well-being across different policies, sectors and contexts will be one of the first tools to be made available. The report, *Making a difference: investing in sustainable health and welfare for the people of Wales* (2016), exemplifies how it has already been used in Wales (23).



2.3 REGIONS FOR HEALTH NETWORK CATALOGUE OF REGIONS 2018

While efforts have been made in the past to help regions participating in RHN to get to know each other, a far more ambitious approach was taken in compiling the publication, *Regions for Health Network Catalogue of Regions 2018*. The Catalogue, which includes standardized information pertaining to 39 different areas in Europe and beyond (Table 2), allows the reader a quick overview of each region/area, including its strengths, challenges and aspirations. It provides their contact details and information about matters on which they would like to collaborate (24). RHN has also issued a foldable credit-card size information sheet for each region/area.

Table 2. Regions, including candidate areas, included in the *Regions for Health Network Catalogue of Regions 2018*

Region/area	Country	Region/area	Country
Akershus	Norway	Moscow*	Russian Federation
Andalusia	Spain	Northern Region	Israel
Baden-Württemberg	Germany	North Rhine-Westphalia	Germany

Region/area	Country	Region/area	Country
Budapest*	Hungary	Orhei Rayon	Republic of Moldova
Burgas*	Bulgaria	Østfold County	Norway
Botoşani County*	Romania	Pomurje Region	Slovenia
Catalonia	Spain	Puglia Region	Italy
Centro Region*	Portugal	Romania*	Romania
Dubrovnik-Neretva County*	Croatia	San Marino	San Marino
Emilia-Romagna Region	Italy	Saskatoon	Canada
Estonia*	Estonia	Split-Dalmatia County*	Croatia
Flanders	Belgium	Ticino Canton	Switzerland
Friuli Venezia Giulia	Italy	Trento, Autonomous Province of	Italy
Kaunas Region	Lithuania	Ústí Region	Czech Republic
Klaipeda Region*	Lithuania	Varna Region	Bulgaria
Kyzylorda Oblast	Kazakhstan	Västra Götaland	Sweden
Lebap Velayat*	Turkmenistan	Veneto Region	Italy
Lower Austria	Austria	Wales	United Kingdom
Madeira, Autonomous Province of	Portugal	Žilina Self-governing Region*	Slovakia
Meuse-Rhine Euroregion			

*Candidate member.

2.4 HEALTHY AGEING IN FRIULI VENEZIA GIULIA

The Friuli Venezia Giulia Region is situated in north-eastern Italy and has a population of 1.2 million. For the last twenty years, it has been working to create a supportive, resilient and friendly environment for its citizens. The focus has been on vulnerable population groups – older people, disabled people and children – based on the premise that an environment suitable for these groups is an environment suitable for everyone. As regards older people, it was also of significance that the proportion of the population represented by this group was increasing rapidly, resulting in a need to be able to provide greater support. A similar approach was taken to all three population groups; here, the highlight is on older people.

WHO has identified nine of the SDGs as being particularly relevant to older people:

- SDG 1: no poverty;
- SDG 2: zero hunger;
- SDG 3: good health and well-being;
- SDG 4: quality education;
- SDG 5: gender equality;
- SDG 9: industry, innovation and infrastructure;
- SDG 10: reduced inequalities;
- SDG 11: sustainable cities and communities;
- SDG 16: peace, justice and strong institutions (6).



This list suggests the breadth of the contribution older people can and do make to society. They are engaged with both the formal and informal economy, support families, generally participate more in elections than younger people and, by their involvement in community and civic life, strengthen social capital.

Three of the strategic directions of the SDG Roadmap are relevant to healthy ageing: preventing disease and addressing health determinants by promoting multi- and intersectoral policies throughout the life-course; establishing healthy places, settings and resilient communities; and leaving no-one behind (7).

Friuli Venezia Giulia's strategy for active and healthy ageing is being implemented through a multisectoral approach, using multistakeholder platforms (clusters, networks, thematic working groups). Accordingly, as mentioned above, older people are viewed, not just as beneficiaries of care services, but also as key actors in promoting the growth and socioeconomic development of their communities. The approach, which was developed over a period of ten years, has two important elements of structural support: regional law no. 22/2014 on healthy ageing; and a permanent "working table" – an interdisciplinary group working on annual plans, programmes, actions and evaluation.

To support home care, the regional Government has developed policies to strengthen the provision of integrated social and health-care services at home, promote continuity of care between hospital and district, as well as social housing and accessibility initiatives, and establish funds to support self-sufficiency and independent living, as well as intensive home care.

In 2017, a web portal on active ageing was created to respond to the requests of associations and entities that had participated in compiling the three-year programme for implementation of the law on healthy ageing, and in promoting the topic. The web portal aims to give visibility to the activities and initiatives for healthy ageing that Friuli Venezia Giulia has put in place, support the networking of people concerned with healthy ageing, and facilitate information sharing on best practice, opportunities for collaboration and work being carried out in this field (25).

The Friuli Venezia Giulia Region has created a number of projects to support the strategy for active and healthy ageing. Prompted by the problem of older people dying alone, the AMALIA project –

created in 1997 – has evolved to include elements aimed at counteracting loneliness, promoting socialization, monitoring people’s health and supporting physical activity. In 2017, 474 people were involved in the project and provided help through 15 367 telephone calls. A hotline, created to tackle elder abuse in the region and throughout Italy, helps abused older people regain their dignity and lets them know that their human rights are being protected. Centro Regionale di Informazione sulle Barriere Architettoniche Friuli Venezia Giulia (CRIBA FVG) (Regional Centre of Information on Architectural Barriers Friuli Venezia Giulia) offers free building support to ensure that frail people can remain mobile and stay at home as long as possible.

The key messages of the AMALIA project are that:

- age-friendly environments are good for all;
- intersectoral mechanisms work;
- it helps to start small, or locally, and gather evidence for use in scaling up at a later stage;
- it is important to accept citizens as participants in the policy-making process;
- planning and evaluation in cycles is important;
- exposure to international experience, leadership and expertise is beneficial (support from the international community strengthened the work of Friuli Venezia Giulia).



The experience of Friuli Venezia Giulia is the basis of a new online RHN publication, *Healthy Settings for older people are healthy settings for all: the experience of Friuli Venezia Giulia*. This publication not only sets out the background to the long-maturing work of the region, but also incorporates helpful material on experiences in other regions (Andalusia, Baden-Wurtemberg, Meuse-Rhine Euroregion, Portugal, the Autonomous Province of Trento and Wales). In addition, it discusses how best to create and maintain strategies on healthy ageing (26).

2.5 INTERSECTORAL ACTION FOR HEALTH AND DEVELOPMENT IN THE POMURJE REGION AND SLOVENIA

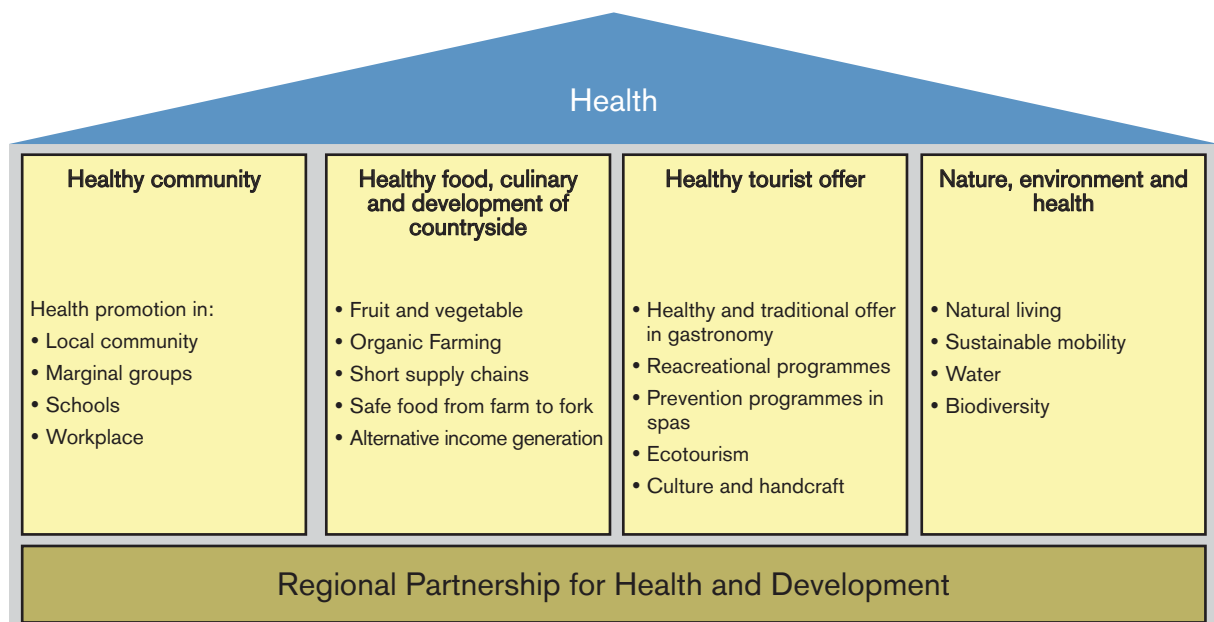
The Pomurje region in Slovenia also houses a WHO collaborating centre; in 2009, the Centre for Health and Development Murska Sobota was designated WHO Collaborating Centre on Cross-sectoral Approaches to Health and Development (27).

Pomurje, the most easterly region of the country, has a number of structural, economic and developmental challenges, including a high unemployment rate, low levels of education, and relatively high mortality rates. On the other hand, it has natural assets, including thermo-mineral and mineral waters, arable land, water and solar energy, and a strong tradition of healthy tourism, agriculture, and handcraft. It also has a history of working in partnerships and understands the links between health and development. These assets provide a solid basis for applying the concepts of investment for health and sustainable development in practice.



Developed in the early 2000s, Programme Mura was a powerful example of the practice of improving health and the quality of life in the region, supported by its mayors and leading stakeholders (27). Despite changes made since that time, Pomurje has continued to focus on broadly similar objectives and development areas (Fig. 7) and has extended cooperation to involve over 100 institutions.

Fig. 7. Priorities for improving health in Pomurje



Source: Murska Sobota: Centre for Health and Development Murska Sobota (27).

This successful project, which started in promoting a healthy lifestyle in all 27 municipalities of a rural area in Pomurje, grew into a movement. It focussed on nutrition and physical activity as important health risk factors in connection with which the regional data showed a much worse situation than the national average.

A campaign to improve nutrition by promoting the consumption of more locally-produced fruits and vegetables and less animal fat was run as a joint objective of the agricultural and health sectors in the region. Short supply chains and partnerships between local small- and medium-scale farmers and food producers on the one side, and schools, kindergartens, restaurants and health spas on the other, were developed.

Another venture was aimed at further promoting healthy tourism by creating infrastructure, such as cycle tracks and footpaths, to support cycling, walking, Nordic walking and agrotourism. This had the double benefit of boosting the economy and providing new healthy options for the local community.

Other efforts to stimulate a shift from physical inactivity to active mobility have included schemes aimed at motivating children to be active at a young age, working with communities in these endeavours, and drawing up a sustainable urban mobility plan. Progress has been difficult, however, with cars still the dominant means of transport.

Vulnerable groups have also been a focus, including efforts to provide the Roma community with new skills and promote their social inclusion. A project to encourage people with disabilities to use fitness clubs, and the clubs to welcome them, proved very successful.

Recently, two important national developments in Slovenia have been focussing on health improvement and health inequities. Their aim is to improve the role of the primary health care centres through investment in their buildings and the introduction of the so-called community approach model to health promotion and the reduction of health inequalities in local communities. Training on implementation of the approach has been conducted in 25 locations, which will act as health-promotion centres.

Improved prevention programmes will raise awareness about and increase motivation to adopt the approach, and a special effort will be made to engage target groups. Through application of the community approach model, local health-promotion groups will be set up to work on a cross-sectoral basis. These will include stakeholders from the health, social, education, government, employment, nongovernmental and other sectors. They will identify a common vision of and goals for health protection, health promotion and health equity and work together towards their achievement.



2.6 INTEGRATED PUBLIC HEALTH ACTION-PLANNING TOOLS IN NORTH RHINE-WESTPHALIA, GERMANY

North Rhine-Westphalia (NRW) is one of the 16 German states (Länder). With a population of some 18 million, it includes Dusseldorf, capital of the state, and Cologne, the largest of the states. Two important mechanisms for supporting quality health planning have been developed in NRW: the Local Public Health Action Plan and *Healthy Urban Development Guidelines* (28).

According to the NRW Public Health Services Act of 1997, local (district-level) public health authorities have a responsibility to comment on planning proposals regarding potential health impacts. The NRW Centre for Health offers the local public health authorities support in the development and implementation of health-oriented planning initiatives. This could be the development of their own plans and those municipal planning procedures in which health-related issues might be considered, including urban planning, landscape planning and noise action planning. The Centre developed and introduced the Local Public Health Action Plan and *Healthy Urban Development Guidelines* (28).



The Local Public Health Action Plan (28) provides an important basis for health-oriented planning in NRW, including the assessment of current and future health-related issues and the identification of neighbourhood-specific action needed. It provides the basis for long-term, rigorous, integrated, sustainable, policy development and planning. It also strengthens the basis for local health reporting and provides the context for the work of the local health-conference committees.

The *Healthy Urban Development Guidelines* (28) draw on the *Healthy Urban Development Checklist* (29) from New South Wales, Australia. Their purpose is to raise the awareness of and support cooperation with stakeholders, especially in relation to spatial planning, and to facilitate health-sector assessment of urban planning and development. Their value is in providing a means of structuring expert opinion concerning the public health aspects of policies, plans and proposals and, importantly, in identifying opportunities for public health interventions. The guidelines offer a systematic approach to integrated, sustainable policy development and healthy urban planning. They contain ten chapters on key issues related to the latter and a chapter on the planning system in Germany and NRW for those outside the spatial-planning profession. The key issues addressed are:

- transport and physical connectivity;
- quality employment;
- environment and health;
- public open spaces;
- physical activity;
- housing;
- social infrastructure;
- social cohesion and social connectivity;
- community safety and security;
- healthy food.

Another important development in Germany was the adoption in 2015 of the federal *Act to Strengthen Health Promotion and Prevention*. This requires sickness and long-term-care funds to invest €500 million annually in the newly introduced Prevention Act Health Fund for use in integrated local and regional health-promotion projects. Of this amount, nearly €300 million is earmarked for health promotion in day-care centres, schools, municipalities, businesses and nursing homes. The Act will be implemented at the regional level and, to ensure that the resources are well used, integrated public health action-planning instruments, such as those described above, will be needed.

2.7 BUILDING CROSS-GOVERNMENT SUPPORT INTO A REGIONAL HEALTH STRATEGY – THE FOURTH ANDALUSIAN HEALTH PLAN

In Spain, public health planning and health-service management are the responsibility of the regions – the autonomous communities. Many have been through several planning cycles, building on earlier programmes and consolidating ways of working. Andalusia in the south of Spain attracts nearly 30 million tourists each year. It has 8.4 million inhabitants.

In 2013, the Regional Government of Andalusia passed the Fourth Andalusian Health Plan, which will cover the period up to 2020 (30). Its aim is to reduce inequalities and help people live longer with a better quality of life and more autonomy.

The Plan includes six commitments, namely to:

1. increase citizens' life expectancy in good health;
2. protect and promote people's health from the effects of climate change, globalization and emerging risks affecting environmental factors and food safety;
3. generate and develop health assets and make them available to Andalusian society;
4. reduce social inequalities in health;
5. ensure a strong, people-centred, public health-care system led by health professionals and firm alliances with citizens;
6. promote knowledge management and new technologies with sustainability criteria to improve population health (30).

Implementation is carried out through an interdepartmental regional commission, the local authorities and the health services (by contractual agreement). The central budget was increased substantially in 2014–2016, the bulk of the funding being targeted at commitment 4 (reduce social inequalities in health).

One of the strengths of the Andalusian approach is the systematic identification of ways in which different programmes across government support the commitments. For example, in relation to commitment 4, the health department is looking at: immigration and health; education and nutrition (introduction of fruit and vegetables in schools); and public works and housing (engagement in urban regeneration). Fig. 8 shows ways in which different sectors are contributing to commitment 2 on environmental factors and food safety.

Fig. 8. Examples of cross-departmental contributions to achieving commitment 2 of the Fourth Andalusian Health Plan

Health
<ul style="list-style-type: none"> ▪ Health and Environment Observatory ▪ Food Safety
Tourism and Sports
<ul style="list-style-type: none"> ▪ Sustainable tourism ▪ Healthy tourism certification ▪ Active Tourism register
Agriculture, Fisheries and Rural Development
<ul style="list-style-type: none"> ▪ Phytosanitary production surveillance system ▪ Epidemiological surveillance system: zoonosis ▪ Cattle management information system ▪ Animal food control ▪ Ecological production information system

Source: adapted from the Fourth Andalusian Health Plan (30).

Progress in the implementation of the Plan is being monitored through published indicators.

2.8 HOW SWEDEN IS STIMULATING ALL LEVELS OF GOVERNMENT TO WORK TOGETHER ON AGENDA 2030

Sweden is very ambitious about achieving the SDGs (6) and would like to be seen as taking the lead globally. There is a high level of engagement from the Government down, including municipalities, regions, state agencies, NGOs and the private sector. One of the Government's key initiatives has been to appoint the Swedish Delegation for the 2030 Agenda (31), the main tasks of which are to stimulate action and provide support towards achieving the SDGs in Sweden (6,31). It is also responsible for proposing a comprehensive action plan, promoting information about and awareness of the 2030 Agenda (1), and supporting its implementation through a broad dialogue with different stakeholders.

While Sweden's progress in these endeavours is generally good, the Delegation has identified several challenges (6,31). One is to gain an understanding of the global impact of decisions made in Sweden

regarding, for example, its high consumption rates, big ecological footprint, and migration policies. Successful action in these areas will require smarter policy-making and implementation across society, stronger parliamentary engagement, and better leadership at all levels.

In this context, Sweden's priorities are to: tackle inequities and inequalities; work towards the sustainability of cities and communities; address short-term thinking related to the economy and to increasing the circular economy; develop sustainable business models; foster healthy and sustainable food production and consumption; increase knowledge and innovation; and raise awareness in society about the SDGs (6).

While health is a high-priority issue in relation to the SDGs (6), this is not the case for health equity at the national level, possibly because it is seen more as a matter for local analysis and action. Indeed, there is a greater understanding of health equity at the local and regional levels.

These levels will play a crucial role in the implementation of the SDGs in Sweden as they both have highly relevant areas of competence and a lot of interest in the SDGs (6). The regional level is seen as the appropriate level for designing strategies, taking action for sustainable development, and stimulating the support of and action by others.

The Delegation's proposal is that the Government make the 2030 Agenda the framework for growth policies and development approaches at the regional level and promote the integration of this framework into European Union cohesion policy after 2020. As regards the local level, the Delegation proposes that the 2030 Agenda should be strongly influential in taking forward education and planning (1,31).

In Västra Götaland, the Public Health Committee is responsible for coordinating public health promotion in the region. It recognizes that health and equity are essential to sustainable development and acknowledges the value and relevance of the 17 SDGs (6). The Committee represents a link between the departments for health services and regional development, as well as between the national and local levels. This reflects overall public health policy in Sweden and demonstrates recognition of the importance of working with all 49 municipalities in the region, as well as other bodies.



The Public Health Committee also plays an important role in making recommendations to the Regional Executive Committee on what activities to prioritize in relation to health equity.

Västra Götaland is at the point of beginning its next planning round, and health equity and the SDGs (6) will be central to this exercise. In conducting this exercise, it hopes to draw on the knowledge and experience, not only of its own population, but also of fellow regions across RHN.

2.9 HOW HEALTHY CITIES IN SWEDEN ARE RESPONDING TO THE 2030 AGENDA

The Swedish National Network of Healthy Cities is determined to make an impact in relation to all 17 SDGs (6). Experience has shown that strong political commitment and an approach built on cooperation can lead to success. In October 2018, the National Network is due to enter Phase VII of its work, which is guided by 6 Ps: people, peace, planet, place, participation and prosperity. The 6 Ps are also the focus of the Copenhagen Consensus of Mayors (February 2018), which is fully aligned with the 2030 Agenda, and serves to guide the work of WHO Healthy Cities through to the year 2030 (1,32).

The National Network has identified SDG 3 on good health and well-being and SDG 11 on sustainable cities and communities as being particularly relevant (6). Equity and gender equality can act both as a way of framing action and as a measure of success.

In Sweden, the relationship between politicians and professionals is good, and progress has been made possible through the establishment of “golden zones”, which allow politicians and professionals to talk through issues of mutual interest. At the same time, and equally importantly, they need to involve citizens in discussing the issues at all stages, including evaluation. Another important role is played by “facilitators”, namely people who can help groups from different backgrounds (such as politicians and professionals) find ways of overcoming barriers that might otherwise inhibit their ability to achieve a common objective. Regular meetings to this end are important.

Honest discussion about the obstacles is important. Slow and complicated decision paths can confuse the issue and drain enthusiasm, and a silo mentality can block the ability to see and grasp opportunities.

Thus, as the National Network moves into Phase VII, the aim is to link its members’ local and regional agendas to the SDGs, the Copenhagen Consensus and the national agenda for public health and sustainability by focusing on SDGs 3 and 11 and the 6 Ps (6,32). With equity and gender equality at the heart of these initiatives, they are seen as cross-sectional challenges aimed at creating coherence between the national, regional and local levels. Possible entry points for this work could be to establish strategic leadership at each level and address issues connected with the relationship between professionals, stakeholders and citizens and the challenge of improving health equity.

3. How the health and education sectors can help each other tackle inequity

3.1 INTRODUCTION

Adverse childhood experiences (ACEs), including abuse and neglect, are stressful or traumatic events occurring in the early years. Recent evidence underlines how ACEs can lead to serious health problems and social issues, not only in childhood, but also throughout life. It appears that the higher the number of ACEs, the greater the impact.

When considering ways of tackling inequity in society and creating possibilities of building a better future, the issue of how to give children the best start in life inevitably arises. All sorts of obstacles and missed opportunities can cause people to fall behind. Positive action is required to counter harm, neglect and difficult social circumstances.

An example of a positive approach is the new school curriculum introduced in Wales in 2002. The aim was to help children fit into and improve the world around them, and become ambitious, capable learners, and enterprising, creative contributors at work and in general. Thus, the curriculum addressed a range of issues, including personal care, healthy choices, learning how to learn, relationships and emotions, ways of keeping safe, and physical activity.

Bringing different sectors together can reduce inequalities across society and improve health and education for all. This section includes case studies that demonstrate the potential value in finding a common purpose, which can involve and motivate different sectors to work together. It also touches upon how such a strategy can be sustained over several years.

3.2 REDUCING SCHOOL FAILURE IN VÄSTRA GÖTALAND TO IMPROVE HEALTH AND REGIONAL DEVELOPMENT

Region Västra Götaland, one of Sweden's largest organizations with 55 000 employees and an annual turnover of SEK 60 billion, is responsible for the public organizations in the region. Its governing bodies are the Regional Council (comprising 149 political members) and the Regional Executive Board (comprising 15 political members). Elections to these bodies are held every four years.

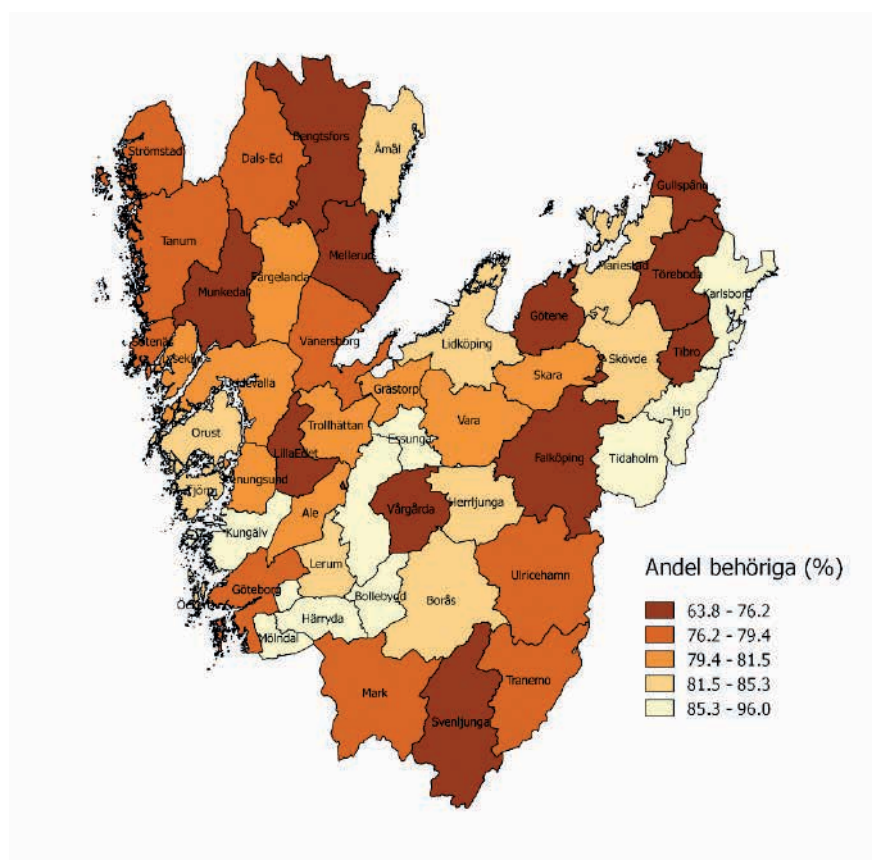
The organization's main responsibility relates to the health-care sector, which includes 17 hospitals, 200 primary-care centres and 170 dental clinics. Research, innovation and education are also major responsibilities. It has a national mandate to take the lead in several areas of regional development, such as business, culture, environment, public transport, public health promotion and human rights. Region Västra Götaland's 2014–2020 strategy for growth and development (VG2020) builds on the European Union's EU2020 strategy and informs all activity in the region. The aim of VG2020 is that Västra Götaland should be "a region for everyone".

All inhabitants in Västra Götaland shall have the opportunity to grow and develop through education, training, work and good communications. Exclusion must be combatted and social and economic differences reduced. Diversity among inhabitants is a resource that needs to be better utilized (33).

Completing a basic education is so important to being able to live a healthy and independent life, and the level of education in a region has a strong impact on its economic growth. Failing to complete a basic education can lead to many problems for the individual, including those related to health, social

exclusion and unemployment. Despite this, the numbers eligible for secondary school vary greatly across Västra Götaland, something which was deemed unacceptable (Fig. 9).

Fig. 9. Proportion of students leaving compulsory school and eligible for secondary school, 49 municipalities, Västra Götaland, Sweden, 2017



Note: andel behöriga = eligible proportion.

Source: Statistikbilaga till avstämnings rapport för "Fullföljda studier" [Statistical annex to reconciliation report for "completed studies"] (34).

Many factors influence a child's success or failure, including socioeconomic and cultural background, school organization and education system. Since reducing school failure involves several stakeholders and requires coordination, Region Västra Götaland decided to lead the process. Enabling all children to complete their education is a theme that combines different strategies and links different stakeholders; it also offers a roadmap for a whole-of-society approach to health and regional development.

The common goal is that every student leaving elementary school and upper-secondary school must do so with complete grades. This will require generic activities, addressing all children, as well as specific activities, targeting children at risk and/or with specific problems. Five areas were chosen for joint action as follows:

- promote sustainable cross-sector cooperation through workshops and meetings with policy-makers from different departments (responsible: Department of Public Health Promotion).
- promote mental health and fight the consequences of mental illness through the implementation of a toolkit for use by primary-care services in promoting inclusiveness and equal parenthood (responsible: Department of Health Equity).

- reduce the negative impact of migration on school achievements by building the capacity of health-care staff to render appropriate services to migrant populations (responsible: Department of Health Care Services).
- stimulate the joy of studying by developing tailor-made adult education in residential environments through the regional folk high schools (responsible: Västra Götaland's folk high schools).
- reduce the impact of social determinants and risk-factors by developing a common, regional, evidence-based school-health database (responsible: Department of Public Health Promotion).

This approach is tangible, clearly understood and obviously makes sense. The stakeholders and partners involved recognize their areas of responsibility and are willing to contribute to the common goal. All that remains is for them to achieve success.



3.3 SUPPORTING SCHOOLS IN GOTHENBURG TO COMPENSATE FOR INEQUITIES AMONG CHILDREN AND YOUNG PEOPLE

The city of Gothenburg in Sweden is also targeting inequalities in school performance. Though better than many others in Europe, Gothenburg is a segregated and unequal city where inequality seems, in many ways, to be increasing. There is a clear link between parental education and children's school performance; for example, 93% of children whose parents have university qualifications qualify for high school as opposed to only 49% of those whose parents have only pre-high-school qualifications. There are also large socioeconomic differences between schools from area to area.

With research showing that children's school results follow their parents' socioeconomic status to a large extent, compensating for the resulting differences that children bring with them was identified as part of the school's job. However, just expecting the schools to solve the problem was not considered a viable solution; action was needed to support them.

This took the form of mobilizing resources across the city in support of a common aim to make Gothenburg a socially sustainable and equal city. Four targets were set:

1. a good start in life and favourable conditions throughout the school years;
2. preconditions for employment;
3. equal and sustainable environments and communities;
4. preconditions for trust, participation and influence.

Several strategies were put in place for reaching each target. Those for the first target were based on early life interventions with a deliberate effort to ensure collaborative efforts to eliminate thinking and working in silos:

- provide all children the possibility to develop to their full potential;
- strengthen the adults around the children;
- promote the development of language in children and young people wherever they are;
- give children and young people the possibility to strengthen their social networks and skills;
- give children and young people the chance to participate in and influence decision-making affecting them, and allow them the right to be themselves;
- ensure the access of children and young people to meaningful free time.

The decision was taken to open up the school as an arena for action, bringing in more actors to strengthen its ability to compensate for the differences that children bring with them. In doing so, there was a firm principle that children's learning must be at the centre, and that the work of the teacher in the classroom must be protected. The new actors were engaged as a support, neither distracting the teachers nor confusing the core purpose of the school.

Collaboration between the City of Gothenburg and Region Västra Götaland was secured through agreements on financing family centres and coordinators to support the family-centred approach. The coordinators focus mainly on the younger children, but parental support is also important. With more people contributing to children's social, physical and cognitive development, more can be achieved while allowing the school to concentrate on its teaching mission. Another advantage of opening up the school is that it can contribute to strengthening the local community and neighbourhood, which in turn benefits more people.

3.4 JOINT ACTION TO IMPROVE MENTAL HEALTH AMONG YOUNG PEOPLE IN ØSTFOLD COUNTY, NORWAY

Østfold is a small county in the south of Norway, bordering Västra Götaland. It has a population of almost 300 000 people, living in 18 municipalities. The county administration is responsible for 11 upper-secondary schools and one folk high school. The example from Østfold County relates to mental health and well-being in school.

In Norway, school attendance is compulsory from 6 to 16 years of age; ensuring it is the responsibility of the municipalities. Everybody has the right to upper-secondary-school education, which normally takes place between the ages of 16 and 19 years. The county councils control this level of education as

part of their responsibility for regional development. Østfold County is active in improving the health of children and young people throughout their education.

A lot of effort has gone into strengthening links between the public health and education sectors. This has been helped by political continuity and the existence of the Norwegian Public Health Act that requires a public health review every four years. Another stimulus is the public health barometer issued by the Norwegian Institute of Public Health, which allows counties and municipalities to compare their data and measure themselves against the national average. Carried out on an annual basis, the barometer also identifies the most pressing local issues.

One of the reasons for Østfold's low scores on indicators is that, because of its industrial past, the level of education in the County is relatively low. One area of poorer performance was the school dropout rate. There are many factors to explain this, but research has shown that mental health is a particular problem in the County. In 2016, the prevalence of symptoms of anxiety and depression among those aged 15–29 was 10% higher in Østfold than at the national level, and the prevalence of more severe mental-health disorders was 22% higher.

There is currently a national focus in Norway on preventing mental ill health. Østfold is now part of a large national programme, the aim of which is to prevent mental-health problems among children and adolescents and enhance their coping skills and well-being. The Public Health Unit of the Østfold County Council is leading the project, which includes several subprojects in the municipalities.

In 2017, the Norwegian Institute of Public Health implemented a project, entitled “Tankekraft” (“Mind Power”), which involves all upper-secondary schools in Østfold. The project, which is jointly funded by the Østfold Public Health Unit and the Department of Education, with assistance from the Norwegian Institute of Public Health, is aimed at developing adolescents' coping skills based on cognitive behavioural therapy. Upper-secondary-school teachers receive a one-week intensive course on how to teach these coping skills to their students.



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The main objective of the project being to enhance competence, self-esteem and sense of well-being, the students will learn about the relationship between their own thoughts, feelings and actions to help them understand why sad and destructive feelings persist and how they can be overcome. They will have the opportunity to learn how to think in a more balanced way, be more rational and allow more room for positive feelings and activities.

In designing the project, researchers at the Norwegian Institute of Public Health conducted a randomized control trial using two consecutive intervention groups. By postponing delivery of the intervention to one of the groups, they were able to use this group as a control group (while the other group received the intervention); this enabled the researchers to avoid the ethical problem of denying the intervention to one of the groups. The researchers will follow the project for 4 years.

3.5 JOINT ACTION TO REDUCE THE SCHOOL DROPOUT RATE IN FLANDERS, BELGIUM

Flanders, which has full competence within the region, is also concerned about ensuring that children complete their schooling. In Belgium, school attendance is compulsory between the ages of 6 and 18 years, unless a young person obtains a secondary-education diploma earlier. At 15 or 16 years of age, pupils have the possibility of working and learning part time, which enables them to comply with the regulations on compulsory education. Flanders has a relatively low dropout rate compared with Belgium as a whole and Europe in general. It is still an issue for the region, however, and certain social factors, such as a poor grasp of the Dutch language, have been identified as contributors.

In 2015, policy was introduced with the aim of reducing the school dropout rate to 4.25% by 2020 and an action plan to this end was developed. The plan recognizes that different groups in society face different situations and that the collaboration of a range of partners is needed to tackle the issue. The plan takes a whole-of-society approach as advocated by Health 2020 (2).

One of the elements of the action plan is the development of the “Warm Schools” project, which focuses on preventing mental-health problems. The aim is to support schools in creating the best conditions for their pupils, namely, a safe, warm, resilience-building environment in which to learn. The project has three pillars: well-being, involvement and emotional health. By creating a learning network for schools, the project helps them work out how best to deal with difficult situations.

Conclusion – a role for everyone

Every annual meeting of RHN is carefully organized, from choosing a relevant title and a venue conducive to interactive discussion, to introducing innovative formats and deciding on the issues to include in the programme and the speakers to be invited. The title of this year's meeting, *Building a healthier future for all: a role to play for everyone*, was chosen to introduce the question of how best regions could pursue the joint goals of sustainable development and better health for everyone.

The background to the meeting were the decisions taken by: (i) all United Nations Member States in 2015 to get behind the 2030 Agenda and its SDGs (1); and (ii) the World Health Assembly to base GPW13 (2019–2023) on supporting those goals (3).

The 24th annual meeting of RHN was about global ambition and local application. It centred on the role of regions and of everyone living in the countries to which they belong. The design of the meeting encouraged free and open discussion from the beginning, the sharing of ideas and experience, and the expression of honest opinions on what can be achieved and how.

WHO has a unique role to play in making it easier for countries to progress faster towards their health-related goals. It can draw on resources from across the world, summarize the evidence, clarify priorities and formulate strategies. This simplifies the tasks for policy-makers and health practitioners at every level. This meeting showed that WHO is fulfilling that role – and furthermore that it is willing to share and test its developmental work through open conversation. A common clarity of purpose, well-founded plans and readily available support makes it easier to drive progress in a coordinated way.

The regions' role is to work with politicians and the public to make life better for their populations. Improving health for everyone is hard; yet, the meeting included many examples from across Europe that illustrated energetic, enthusiastic engagement, despite complex problems.

The same challenges crop up everywhere and regions can help each other overcome them. RHN offers regions a platform for tackling their difficulties by sharing their ideas and experiences; it encourages contact and exchange, and seeks to find and broadcast best practice. Through its annual meetings, RHN ensures that the regions are regularly updated on progress made.

Some very practical messages emerged from discussions on the presentations made. For example, people can only play a role if they understand what they need to do and why. If politicians are unwilling to act, those looking for change must work on making their case striking and convincing. Local responses to global aims must be genuinely local, sensitive to circumstances and culture, and seen to be meeting local needs. Global aims must be presented at the local level in a language that is comprehensible at that level, and supported by solid, relevant arguments. Wide-ranging support, which is deeply rooted in the community, can help sustain forward motion.

Across Europe, attitudes and behaviour will not change by chance. There must be willingness, organization and persistence. The meeting identified tools and ideas that can help to inspire progress everywhere and make change happen.

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Annex 1. Programme

Marstrand, Sunday, 10 June 2018

19:00–20:30	<p>Welcome reception (<i>kindly hosted by Region Västra Götaland</i>)</p> <p>Introduction</p> <p><i>Håkan Linnarsson</i>, Regional commissioner and Vice Chairman, Public Health Committee, Västra Götaland, Sweden</p> <p><i>Piroska Ostlin</i>, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe</p> <p><i>Francesco Zambon</i>, WHO European Office for Investment for Health and Development</p> <p>Pitch presentations</p> <p>Healthy Ageing – <i>Gianna Zamaro</i>, Friuli Venezia Giulia, Italy</p> <p>Circular economy – <i>Marco Martuzzi</i>, WHO European Centre for Environment and Health</p> <p>Cross Border care – <i>Kerstin Kittenberger</i>, Lower Austria, Austria</p> <p>Health Care Reform – <i>Sol Wallyn</i>, Flanders, Belgium</p> <p>Maximizing the social and economic benefits of health systems on communities – <i>Tammy Boyce</i>, WHO Consultant</p> <p>Partnerships for better health at subnational level – <i>Camilla Ihlebak</i>, Østfold, Norway</p> <p>Communication activities – <i>Cristina Da Rold</i>, WHO Consultant</p> <p>Institute of Healthy Living on Charter of Healthy Municipalities – reaching out to other continents: updates from Canada – <i>Cory Neudorf</i>, Saskatoon, Canada</p>
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Marstrand, Monday, 11 June 2018

Group discussions (8 groups of 10 people: introduction – 15 minutes; group discussion – 60 minutes)

08:45–10:00	<p>Session 1: The 2030 Agenda on Sustainable Development: how to make it happen</p> <p>Introduction: <i>Emilia Aragon de Leon</i> WHO Consultant, Health and Development (SDG), WHO Regional Office for Europe</p>
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10:00–11:15	<p>Session 2: Accelerating progress in tackling health inequities: the first WHO Health Equity Status Report</p> <p>Introduction: <i>Chris Brown</i> Programme Manager, Social Determinants of Health Equity, WHO European Office for Investment for Health and Development, WHO Regional Office for Europe</p> <p><i>Jan Pelosa</i> WHO Consultant, WHO European Office for Investment for Health and Development</p>
11:45–13:00	<p>Session 3. The WHO Men’s Health Strategy: what Regions can do</p> <p>Introduction: <i>Isabel Yordi</i> Technical Officer, Equity, Social Determinants, Gender and Rights, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe</p> <p><i>Elisabeth Bengtsson</i> Regional Development Officer, Västra Götaland, Sweden</p>
14:00–15:15	<p>Session 4. More active, less polluted: improving health and air quality through active transport</p> <p>Introduction: <i>Marco Martuzzi</i> Programme Manager, EH Intelligence and Forecasting, WHO European Centre for Environment and Health, WHO Regional Office for Europe</p>
15:15–16:30	<p>Session 5. How to become a SDG-ambassador: an introduction to multistakeholder diplomacy</p> <p>Introduction: <i>Michaela Told</i> Executive Director, Global Health Centre, Geneva Graduate Institute, Geneva</p>



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09:00–10:15	<p>Welcome: <i>Gunnel Adler</i>, Chair of Public Health Committee, Västra Götaland, Sweden</p> <p>Session 6. SDGs 3 years later: where are we now?</p> <p>Chair <i>Catherine Weatherup</i> Health and Sustainability Lead, Wales, United Kingdom</p> <p>Speakers <i>Bettina Maria Menne</i> Coordinator, Health and Sustainable Development (SDG), Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe</p> <p><i>Ida Legnemark</i> National Healthy Cities Network, Sweden</p> <p><i>Jonas Frykman</i> Agenda 2030 Delegation, Sweden</p> <p><i>Gianna Zamaro</i> Chief, Public Health Promotion, Friuli Venezia Giulia, Italy</p> <p>Discussion</p>
10:30–11:45	<hr/> <p>Session 7. Investing for Health – Driving Prosperity for All</p> <p>Chair <i>Piroska Ostlin</i> Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe</p> <p>Speakers <i>Mariana Dyakova</i> WHO Collaborating Centre on Investment for Health and Well-being</p> <p><i>Peter Beznec</i> WHO collaborating centre for cross-sectoral approaches to health and development</p> <p><i>Odile Mekel</i> NRW Centre for Health, North Rhine-Westphalia, Germany</p> <p><i>Josefa Ruiz</i> General secretary for Quality, Innovation and Public Health</p> <p><i>Ana Carriazo</i> International relations coordinator, Andalusia, Spain</p> <p>Discussion</p>

11:45–13:00	<p>Session 8: Reducing school failures is a road to health and everybody's business</p> <p>Chair <i>Mark Bellis</i> Director, Policy, Research and International Development Wales, United Kingdom</p> <p>Speakers <i>Elisabeth Rahmberg</i> Director of Public Health, Västra Götaland, Sweden</p> <p><i>Ingela Andersson</i> Social Sustainability Department of Gothenburg City, Sweden</p> <p><i>Solvejg Wallyn</i> Policy Officer, Flemish Agency Care and Health, Flemish Ministry of Welfare, Public Health and Family Affairs, Belgium</p> <p><i>Anni Skipstein</i> Head of the public health unit, Østfold, Norway</p> <p>Discussion</p>
13:00–13:15	<p>Announcement of the 25th RHN Annual Meeting</p> <p>Closing</p>



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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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