



Small country case stories on intersectoral action for health

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Abstract

Health and well-being are affected by social, economic and environmental determinants. Intersectoral action can play a crucial role in addressing today's biggest public health challenges. This report is a compendium of case stories showing how eight small countries, with a population of less than one million, used intersectoral action to address a diverse set of health needs, thus sharing their knowledge on implementing Health 2020. Many sectors were involved in the country case stories with the health sector taking the lead in most cases, coordinating action and engaging other players. The other main sectors involved were agriculture, education, family affairs, interior, labour, justice, sports and tourism. The case stories reveal a number of mechanisms that facilitated intersectoral action with lessons learnt focusing on the importance of establishing common goals, engaging sectors and implementing mechanisms for intersectoral work.

Keywords: HEALTH PROMOTION, HEALTH POLICY, SMALL COUNTRIES, INTERSECTORAL ACTION, GOVERNANCE FOR HEALTH, CONSUMER PARTICIPATION.

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Introduction

This publication is a compendium of full-length small country case stories on intersectoral action for health. It provides detailed information to complement *Intersectoral action for health: experiences from small countries in the WHO European Region*, which has information on how the case stories were collected and analyses of facilitating factors and challenges (1).

Country case stories

Andorra

Issue

Childhood overweight and obesity are public health challenges, as their prevalence has been rising globally in many countries. In Andorra, among 11–12-year-olds, 8% of children are overweight and 5.5% are obese (2). Action is needed to stop this trend since overweight and obese children are likely to stay obese into their adulthood and more likely to develop noncommunicable diseases (NCDs).

Strategic goals

The Nereu programme aims to promote change and maintain healthy habits in overweight and obese primary schoolchildren by offering regular opportunities for physical activity and healthy eating while working with their families. The programme also seeks to help reach the Andorran Health 2020 goals for obesity, namely to reduce the prevalence of obesity to under 10.1% in males and 8.9% in females for those over the age of 15 years by the year 2020. The Nereu programme aims to obtain a 60% participation rate among overweight or obese children in the country.

Description of the initiative

In 2015, a pilot test was carried out in seven schools in Andorra la Vella and Escaldes-Engordany (two main cities in Andorra) and included children considered overweight and/or obese who also had sedentary lifestyles (less than three hours per week of physical activity outside of school hours). To participate in the pilot, children had to be free of any medical condition that could be exacerbated by physical activity. Children attended three weekly extracurricular physical activity lessons where they practiced new skills involving different sports, and received information on healthy eating and lifestyles. The programme took place in schools after school hours. Families received two monthly behavioural counselling sessions from nutritionists and sport science graduates on healthy eating and physically active lifestyles.

Triggers

Main triggers for taking action were overweight and obesity data from the first national nutritional survey and WHO recommendations to reduce overweight and obesity. In 2007, the Government of Andorra approved the national strategy for nutrition, sport and health to improve the health status of the population by promoting good nutrition and healthy lifestyles, providing further impetus for action.

Sectors involved

The **Ministry of Health** led the Nereu programme and promoted it in partnership with the **Ministry of Education and the Ministry of Culture, Youth and Sports**. These ministries have a history of working together on an education for health programme and in implementing activities in the national strategy for nutrition, sport and health. The Ministry of Health was also responsible for managing user data, monitoring and evaluating the pilot phase and making necessary adjustments. It served as a point of reference for the different professional programmes involved. The Nereu Association, a **nongovernmental organization (NGO)**, coordinated, monitored and supervised implementation. The college of dieticians provided human resources to counsel the families enrolled in the programme. The **Ministry of Education** managed the extracurricular sport activities offered and kept the educational system informed of progress. They also provided school facilities and technical staff. The **State sport secretariat** was key in engaging sports clubs and informing sports facilities about the programme. The Andorran school for training sport and mountain professions provided sports counsellors for the extracurricular activities. The **media** presented the programme in a press conference and in an interview aired on Andorran television.

Mechanisms to facilitate work

An interdepartmental committee was set up between the Ministry of Education, the Ministry of Health and the Nereu Association, which met regularly. The Ministry of Education used its intranet to keep internal stakeholders informed, and a Nereu web-based platform was also set up to coordinate work. Regular email correspondence among stakeholders was maintained. The WHO Global Strategy on Diet, Physical Activity and Health endorsed by the World Health Assembly in resolution WHA57.17 in 2004 was relied upon during the programme's development stage.

Financial mechanisms

Most of the project is primarily funded from the Ministry of Health's budget. Physical activity sessions are funded by the Ministry of Education.

Evaluation

When the one-year pilot programme ended in 2015, indicators including anthropometric measurements were collected by health care centre nurses on a small sample of children. The full programme will last five years and, at the end of this period, a final evaluation will be carried out to see if children have acquired and incorporated healthy habits into their everyday lifestyles.

Lessons learnt

The pilot showed that the involvement of primary health care professionals (doctors and nurses) is essential to the programme's success. Every health care centre in Andorra has a reference nurse who is the first point of contact with the health care system and can help to identify families with children who could benefit from the Nereu programme. Expanding their role would help to improve the programme's performance and ensure continuity, which will be essential for its full implementation.

Challenges

One main challenge encountered by the programme is the work schedules of families, many of

which are employed in the tourism sector and have shift work schedules not permitting them to attend family counselling sessions. Dealing with the fear that participating children may be stigmatized is also a challenge that might have affected participation rates, which dropped during the pilot. Lack of time of primary care professionals to participate in the programme was also noted.

Enabling factors

The existence of extracurricular sports programmes, good working relationships with the Ministry of Education and its willingness to take an active role in the programme have been facilitating factors.

Conclusions

The Nereu programme was very well perceived and accepted by the population at first. After the initial stage though, only a small percentage of families were integrated into the programme. It could be that families do not see or want to recognize the overweight and obesity problem, fear stigmatization of their child or have difficulty reconciling their work schedules with counselling sessions. With regard to intersectoral work, the limited results show that objectives were achieved and good collaboration with the Nereu Association and the Ministry of Education was established. The full involvement of primary care professionals in the project will help improve programme performance as they are the common thread that link families with other sectors and initiatives such as the Nereu programme.

The Nereu programme provides participating children who are less active, overweight or obese with an opportunity for social inclusion. Families now have access to a specific intervention programme to enable lifestyle changes. Primary care professionals can now offer this public health programme to patients that need it. They can also receive updates about the patients' progress in the programme. For the health system, Nereu brings benefits in terms of preventive action to reduce obesity and increase physical activity in order to reduce health risk factors and reduce the burden of NCDs long-term.

Current status

The pilot programme ended in 2015, and full programme implementation will begin in September or October 2016 and last five years.

Gender, equity and human rights considerations

The Nereu programme provides equal opportunities, regardless of gender, income, education or fitness level of the children and their families. Its equitable strategic goals help to ensure that all children in Andorra who are overweight and/obese have the opportunity to take part in physical activity. No differentiation was made between girls and boys, and the sports offered were basketball, volleyball, skating and badminton. Programme fees (€5/month) are waived for families that were unable to pay. The Nereu programme will be offered in the three languages (Catalan, French and Spanish) used in Andorra to ensure wide participation. Gender is not explicitly mentioned as the focus is on overweight and obesity in all children.

In the first phase of the pilot (April–June 2016), 55.5% of participants were girls and in the second phase, 60% were girls.

Cyprus

Issue

Child sexual abuse, a worldwide problem, persists in the WHO European Region. Analyses of community surveys from Europe and around the world have estimated a prevalence rate for sexual abuse of 9.6% (13.4% in girls and 5.7% in boys) (3). Child sexual abuse, exploitation and child pornography is also an issue of concern for Cyprus. In 2015, the Council of Ministers of Cyprus decided to establish an ad hoc ministerial committee with the participation of ministers of education, health, justice and labour to coordinate the preparation of a national strategy and action plan to fight sexual abuse, exploitation of children and child pornography.

Strategic goal

The national strategy is intersectoral, involving various ministries and has the strategic goal to protect all children in Cyprus (including those not yet in the educational system) from all forms of sexual exploitation, sexual abuse and from child pornography (including pedophilia).

Description of the initiative

The purpose of the national strategy is to provide prevention, protection, support and assistance from sexual abuse, exploitation and child pornography in any possible way and during any stage of the child's life. It has five pillars.

Pillar 1 covers primary prevention, and targets parents to reduce incidents of abuse and exploitation through education on preventive measures and Internet security, as sexual abuse can take place through the Internet.

Pillar 2 covers secondary prevention and the initiation of timely preventive responses. It provides training to public servants and professionals who have contact with children so they can identify those at risk of becoming victims or the most vulnerable.

Pillar 3 covers tertiary prevention and action needed after an incident. It targets relevant departments and offers training to public servants and professionals who have contact with children on how to identify potential victims.

Pillar 4 covers scientific research carried out on the subject.

Pillar 5 covers quantitative and qualitative evaluation of the effectiveness and the achievement of specific objectives and actions.

Triggers

This initiative received high-level political commitment and was triggered by the need to enforce existing legislation. In 2014, Parliament ratified the Council of Europe Convention on the Protection of Children against Sexual Exploitation and Sexual Abuse. Intersectoral action was chosen to ensure coordination with regard to addressing cases, as well as applying a coherent, systematic approach to dealing with the issue.

Another important trigger was the media, which raised public awareness by addressing this topic in news stories. This, coupled with the introduction of a new law to fight sexual violence against children and the ongoing Council of Europe ONE in FIVE campaign (4), provided momentum for action. With a strong belief that children are the future, NGOs also put pressure on the Government to act on this issue. The time was right to take intersectoral action for the sake of children, and the ministerial board provided direct political support.

Sectors involved

Four main ministries acted as partners in the development of the national strategy. Since social issues fall under its mandate, the **Ministry of Labour, Welfare and Social Insurance** took the lead. The **Ministry of Health**, working in the international arena to reduce violence, made necessary links with the European Union (EU). It used its technical expertise in this area to play an advisory role, providing scientific evidence and practical health information. It provided training to psychologists on interviewing children to determine whether they had been abused and on parent/caretaker violence prevention programmes. The Ministry of Health received guidance, technical support and training on violence and injury prevention (5) from the WHO Regional Office for Europe. The availability of WHO literature and guidelines on how to address this issue played a big role in developing both the strategy and action plan.

Within the context of national strategy development, the **Ministry of Justice and Public Order** ensured that a specialized police group received education on conducting video recorded statements to investigate sexual violence offenses against children according to location (rural or urban). This group will be composed of more than four people in order to ensure training continuity; each person will have an opportunity to gain practical experience by working with the NGO House of Children, which provided a home for abused children.

Within the same context, the **Ministry of Education and Culture** offered seminars in schools for teachers on sex education, prevention of sexual abuse, sexual and reproductive health of adolescents, anti-racist policies and actions, diversity in school, human rights, gender identity and raising student awareness of intolerance.

The **permanent secretaries**, as the administrative coordinators of each ministry, committed to guarantee the sustainability of actions despite political changes.

The **private sector**– psychologists and social workers contracted to fill a human resource gap in the public sector – offered their specialized services.

The **Office of the Commissioner of Voluntarism and Non-Governmental Organisations** promotes voluntary work, coordinates NGOs and ensures links are made between the Government and NGOs. It offered its expertise to help develop the action plan and will also contribute to its implementation.

Related to the former, **NGOs** played an important role since they put pressure on the Government to act on this issue. The NGO Hope for Children played a critical role since they prepared the national strategy's action plan. They also provided funding for the initiative and a house for children in need of services.

An **advisory committee on violence** was established in 1996 in accordance with the Violence in the Family (prevention and protection of victims) Laws 2000 and 2004 (L119(I)/2000 and L212(I)/2001). The committee will offer its expertise to the development and implementation of the action plan.

The **media** played an important role since they showed their support throughout. A media campaign covered ensured wide coverage of the issue, and they were present every time the interministerial/interdepartmental committee met. They reported regularly on progress made in developing the action plan. They also pushed the Government to take action.

Mechanisms to facilitate work

Intersectoral action was carried out at different levels. Information sharing was facilitated through enforcement of already existing legislation. Initially all stakeholders from each sector read through the 2014 legislation and identified how they could contribute. Stakeholders then

proposed their contribution thereby identifying a role for each sector. Parliament encouraged sectors to work together from the outset to have a single strategic plan. A series of Parliamentary hearings helped facilitate the process.

An intersectoral working group was set up. The frequent interaction that took place among sectors ensured cooperation. For example, initially stakeholders met on a weekly basis with all the ministers and other technical experts from the Ministry. Coordination took place between the Ministry of Labour, Welfare and Social Insurance and the Ministerial board, which acted as one entity showing its political commitment to resolving issues. Thanks to intersectoral collaboration, duplication was avoided. Roles, responsibilities and actions were clearly defined for each sector. This led to integration of the strategy into the action plan to be implemented.

The main mechanism that facilitated intersectoral work was that, in the beginning, the ministers agreed to eliminate bureaucracy and promote open communication among different sectors. This resulted in people being able to speak at the same level and friendships being formed across sectors.

Financial mechanisms

The Government of Cyprus was the main financial leader of the initiative. The project also received joint funding from an EU-funded NGO, which provided a budget of €300 000 to finance the project for the first years, as well as a home for abused children.

Evaluation

This programme has led to better links and collaboration being established with other sectors. Internal and external monitoring mechanisms are in place but since the strategy and action plan were approved in March 2016, no assessment has yet taken place. Outcomes are expected to be measured over the next 5–10 years.

Lessons learnt

Setting up an intersectoral working group that is accountable for the action plan was key to its smooth development. It is important that this team not only stays in touch but also maintain its role during implementation as well. Implementation should remain flexible so changes, if needed, can be carefully considered and planned. The intersectoral team also needs to be made sustainable.

Challenges

Since Cyprus is in the middle of a financial crisis, budget was initially an issue until the NGO Hope for Children offered financing for the project and a home for victims. Continuity of funding for the programme is a future challenge to consider.

Resistance to intersectoral working was initially an issue, as well as thinking out of the box since people were not used to direct communications. The Permanent Secretary (General Director of the Ministry of Health) and the Ministerial Council (made up of the education, health, justice and labour sectors) decided to have open communications as they wanted to work quickly and effectively without bureaucracy slowing down the process.

Since ministries do not always have the time and expertise needed, other groups from the private sector are invited to participate and provide input on different approaches to tackle this problem.

Enabling factors

The main mechanism that facilitated the work of the initiative was that, in the beginning, the ministers agreed to allow people from different sectors to communicate among each other freely. This resulted in friendships being formed across sectors as people were able to speak at the same level. Small country size was an advantage for this initiative. Cyprus has a population of 800 000 living in a very small geographical area; size and proximity made it very easy to draw and maintain attention to this issue. Existing legislation was also a big advantage since it meant that this instrument could be strengthened and built upon. The agreement among ministers to work across sectors and open communications allowed for smooth work and the development of work relationships facilitating work. Support from NGOs and private practitioners by means of funding and person time were also key enablers. The media were also instrumental in disseminating knowledge on the issue and will continue to provide support throughout.

Conclusions

This initiative proves that when many sectors work together, it is possible to get better, more coordinated results. Wide sector involvement, including a strong NGO presence and media pressure to make the issue public, made it possible to develop a comprehensive plan that benefits children. Parliament and the Ministerial Council both observe progress and their political commitment remain high. Sustainability of the intersectoral working group needs to be maintained throughout the implementation of the plan. Further engagement of the private sector is sought as the ministries do not have person time nor all the specific expertise needed to deal with an issue of this magnitude.

Current status

The national strategy and action plan were approved in March 2016 by the Ministerial Council.

Gender, equity and human rights considerations

Children's health including present and future psychological well-being, as a human right, was the foundation for this plan. This initiative also had equitable strategic goals; the plan sought to protect all children in the country from all forms of sexual abuse, violence, harassment and exploitation. Gender considerations were taken into account in that both male and female children of present and future generations will now be informed of the existence of this problem; will be aware that it is their right not to be abused; and will be able to speak out against it, knowing that their society is supporting them.

Iceland

Issue

Like other countries, Iceland faces demographic changes and other major challenges that call for effective solutions to preserve and improve health and well-being in all stages of life. As emphasized in Health 2020, health is a fundamental societal resource and asset, and work across sectors and levels is key to success. One of the priorities of the current coalition government's (2013–2017) platform is to ensure equality for all citizens by means of public health and disease prevention measures. Based on this priority, in March 2014, the Prime Minister of Iceland established, with the approval of the Government, the Ministerial Council on Public Health.

Strategic goals

The Ministerial Council aims to promote dialogue and cooperation between the ministers and ministries, work towards harmonization if thematic areas overlap and will prepare a comprehensive public health policy and action plan for submission to the Government in 2016. The main goal is to improve health, well-being and equity in all stages of life with special emphasis on children and adolescents.

One of the actions suggested in the comprehensive public health policy and draft action plan is implementation of a health promoting community project in all communities in Iceland. The main goal of this project, coordinated by the Directorate of Health with participation of other stakeholders, is to assist communities at local level to work across sectors to create environments that promote the health and well-being of all inhabitants, emphasizing health in all policies. The health promoting school projects are fundamental pillars of the healthy promoting community project.

Description of the initiative

Members of the Ministerial Council on Public Health consist of the Prime Minister (Chair), the Minister of Health, the Minister of Education and Culture and the Minister of Social Affairs and Housing and their respective ministries. Other ministers participate as needed and the Ministerial Council meets regularly.

The Public Health Committee was also established in 2014. It is under the authority of the Minister of Health and involves numerous stakeholders across sectors and levels. The main role of the Public Health Committee is to advise and support the work of the Ministerial Council by drafting the public health policy and action plan, and consulting regularly with the Ministerial Council.

Triggers

The establishment of the Ministerial Council on Public Health forms a core part of the current Government's platform (2013–2017). One of its priorities is to ensure equality for all citizens with regard to public health and preventive measures. The foundation for this priority is a growing understanding, among other things facilitated by Health 2020, that good health is essential for economic and social development, while poor health drains resources not only in the health sector but across all sectors. It is becoming common knowledge that both health and other sectors goals can be achieved by working jointly towards improved public health and the reduction of health inequities.

Sectors involved

In addition to the participation of stakeholders from different sectors in the Ministerial Council, the Public Health Committee involves representatives of various sectors and levels such as the Centre of Public Health Sciences at the University of Iceland, the University of Akureyri, Icelandic Association of Local Authorities, the Icelandic Nurse's Association, the Icelandic Medical Association, the Icelandic Mental Health Alliance, the Icelandic Physiotherapy Association, the Public Health Association, an NGO cooperative council on alcohol and drug prevention, the national organization on mental health, the national federation of senior citizens, the Organization of Disabled in Iceland, SA-Business Iceland, the Icelandic Confederation of Labour, the National Olympic and Sports Association of Iceland and the Icelandic Youth Association. Ministries (Prime Minister's office; Ministry of Welfare; Ministry for the Environment and Natural Resources; and Ministry of Education, Science and Culture) and the Directorate of Health also have representatives in the Public Health Committee.

Mechanisms to facilitate work

Participatory mechanisms have been emphasized, bringing together stakeholders from different sectors and levels through the work of the Ministerial Council and the Public Health Committee. Both the Council and the Committee have worked to facilitate communication, and to promote a joint understanding and a sense of ownership among those involved. All stakeholders represented in the Public Health Committee have had the opportunity to contribute to the draft strategy.

To keep momentum, in 2015, a working group and the Public Health Committee worked on the draft strategy and consulted regularly with the Ministerial Council. The Prime Minister's office recently hired a project manager to support the Council's and other public health work.

Financial mechanisms

The Ministerial Council of Public Health has earmarked funding from the State budget to implement the health promoting community project in 2016. Furthermore, activities from the action plan are under financial evaluation.

Evaluation

An evaluation plan will be included in the public health strategy. An evaluation is already in place for some suggested activities in the draft action plan.

Lessons learnt

Work is still in the preparatory phase. Reflecting on the experience so far and Iceland's history of health promotion and disease prevention work, relevant stakeholders should be involved from the start. Using language and concepts that everyone can understand and relate to is important. Work needs to be founded on a common ground where everybody involved can see the benefits of participating based on their roles and goals ("What's in it for me?"). Roles and responsibilities must be clear and ideally, adequate resources allocated for preparation, implementation and evaluation.

Challenges

General challenges faced by the Ministerial Council and in intersectoral public health work are limited resources such as time, staff and funding, including who should pay for what. Maintaining the continuity of work despite possible changes in government at national and/or local levels is essential to ensure sustainability. Challenges also related to roles and power (what is ours and what is yours) and different interests. Political ideologies also need to be addressed.

Enabling factors

In addition to the priorities of the governmental platform, one of the key enabling factors for the work of the Ministerial Council was the ability to find a common ground and understanding reflecting on why public health, well-being and health inequalities are an important and relevant issue not only for the health sector but also for other sectors and how the public health strategy can help different sectors to reach their goals.

Other sectors can better relate to the concept of well-being rather than health, with the latter connected more strongly to the health sector alone. The health promoting community project

has therefore taken up the slogan “Well-being for all” to highlight well-being and equity in health as guiding principles and goals in the work.

Conclusions

The establishment of the Ministerial Council is an important milestone for public health work in Iceland, bringing together ministers from different sectors to find common ground to work towards improved health, well-being and equity. It has already resulted in some improvement in coordination, cooperation and integration among ministries.

Current status

The Ministerial Council is currently in place and working on the comprehensive health policy and action plan. They have discussed among other things, determinants of health, health in all policies, health tourism, a comprehensive public health policy, and an action plan to improve public health in all age groups with a special focus on young people and public health indicators.

Gender, equity and human rights considerations

This initiative had equitable strategic goals; it sought to improve health, well-being and equity in all stages of life by means of intersectoral work. The current coalition Government seeks to ensure equality for all citizens with regard to public health and disease prevention measures. Participatory mechanisms have been emphasized, bringing together stakeholders from different sectors and levels through the work of the Ministerial Council and the Public Health Committee. The health promoting community project, emphasizing well-being for all, also highlights well-being and equity in health as guiding principles and goals in the work.

Luxembourg

Issue

Unbalanced diets and lack of physical activity are the leading causes of preventable illness and premature death in Europe. They may cause obesity, which in turn increases the risk of many chronic diseases such as cardiovascular disease, type 2 diabetes and certain cancers. Overweight and obesity are growing at an alarming rate in Europe and are a major public health problem. According to 2013/2014 Health Behaviour in School-aged Children (HBSC) survey data from Luxembourg, 26% of boys and 14% of girls aged 11 years old are overweight or obese (6). Data from the national medical school surveillance system (2014/2015 school year) showed that 14.1% of boys and 14.3% of girls of primary schools are overweight or obese (7). The rise in obesity among children is worrying as childhood obesity often leads to adult obesity. As lifestyle choices are based on childhood and adolescent experiences, guiding this age group to adopt good eating habits and to engage in routine physical activity are essential.

Strategic goals

In 2006, Luxembourg created a project and a national strategy called *Gesond iessen, meibewegen* (Get moving and eat healthier) to increase physical activity and promote balanced diets for all its residents (8). The overall goals are to:

- increase awareness among the general population and provide information about the importance of healthy lifestyles for physical, mental and social health;

- promote balanced nutrition; and
- increase the quantity and quality of physical activity in the population, including children and adolescents.

Description of the initiative

The national strategy and project has been ongoing for almost 10 years. While the focus was initially on schoolchildren through adolescents, today the project targets the entire population.

The project has gone nationwide and been adopted by a number of organizations and partners that now offer sports opportunities for all ages and interests. In Luxembourg City, around 150 different sport activities are currently available to citizens of all ages at a moderate cost (€100/year). The project has an internet site and has received wide media coverage.

Triggers

Growing levels of overweight and obesity in Luxembourg triggered action on this issue. The Ministry of Health realized it could not act alone and drew attention to the problem, which triggered a national debate in Parliament on obesity. As a result, four ministries – **Health, Sport, Family Affairs, Integration and the Greater Region; and Education, Children and Youth** – decided to work together.

Sectors involved

The four ministries agreed to collaborate with each ministry taking the lead in its domain; the Ministry of Health provided overall coordination. Other parts of society joined in; the **private sector** (sports clubs and school canteen suppliers) has been very involved in communities, and school catering services started offering healthier foods in canteens.

The Ministry of Health presents the project at a yearly national health conference (national public health day), using roundtable discussions to gather feedback from the many public health stakeholders who attend. Other ministries hold similar meetings within their own sectors. The **media** have been very helpful in promoting sport and balanced diets. **NGO** involvement has been minimal.

Mechanisms to facilitate work

Initially, **parliamentary hearings** were held, and the four ministries came together to discuss the project and strategy. An **interministerial group** with representatives of health, family, sport and national education was established to work on the project and develop the strategy. They drafted a national plan to fight obesity with a focus on increasing physical activity by offering sports opportunities throughout the country and promoting a balanced diet. The interministerial group is still active and coordinated by a staff member at the Health Directorate who regularly liaises with all other project stakeholders.

Financial mechanisms

Funding for this project is shared between cities and ministries. At the central level, one person at the Health Directorate is dedicated to the project.

Evaluation

According to national surveys, the prevalence of obesity in Luxembourg has not increased since this initiative has been in place. The first project evaluation is planned for 2016.

Lessons learnt

Each of the four sectors involved reaped benefits from involvement in this project. Additionally, the general public increased its awareness that balanced nutrition and physical activity results in better quality of life. The sports sector, initially concerned only with licensing sports, high-level sports, clubs or federations, has understood that promoting sport to all benefits the whole population. They found their horizons expanded as they could now contribute to non-organized sports not normally in their domain. They also received newfound support from the education sector. The Ministry of Family Affairs, Integration and the Greater Region showed interest in offering sports inside its various institutes.

Luxembourg experienced that when a project presents win-win situations for all involved, intersectoral work comes naturally with no need to convince anyone to participate. It is also a good idea to have a national project that communities and the regional level can later join.

Challenges

Some of the key challenges faced were that initially, some sports federations or fitness clubs were not keen to promote low-priced fitness options. The project's success has led to an increase in demand for trained professionals who can teach sports, which cannot always be met.

Enabling factors

The different ministers were easily engaged once a decision was taken from the top by the Prime Minister. People at local level were also supportive since they wanted sports for their communities. As a result of this project, it is easier to contact the Ministry of Sport to ask for support when initiating sports activities in communities. Small country size was also a great advantage facilitating the ability to reach everyone in an equitable manner.

Conclusions

To encourage good nutrition and physical activity requires action across sectors. Intersectoral work to address obesity in Luxembourg has proven to be successful. Obesity curves in Luxembourg have stabilized. The general public is now aware that balanced nutrition and physical activity can lead to a healthy, longer life. The Ministry of Health with its partners are involved in a "Start school healthy" campaign to teach children that balanced nutrition and daily physical activity is good for health, so these healthy habits can become part of everyday life.

Current status

The programme is currently being implemented.

Gender, equity and human rights considerations

This initiative had equitable strategic goals; it sought to ensure that all people in Luxembourg would be equally exposed to the benefits of physical activity and improved nutrition. It also sought to make uptake of physical activity feasible by making it affordable and attractive to

different parts of the population with numerous options. Gender was considered by offering a wide array of sports that appeal to all segments of the population. On an invitation only basis, the public can provide annual feedback. The media have been involved in various stages of this project thus promoting and disseminating information to the public. The project has led to a shift in sports from competitive to also non-competitive sports, thus again, ensuring equal opportunities to reduce overweight and obesity in the population.

Malta

Issue

According to current national data, the major health challenge affecting schoolchildren in Malta are overweight and obesity; almost 47% of 11-year-olds in 2012 were either overweight or obese (23.05% overweight and 23.9% obese) with boys showing increasing trends (9). This rapid increase motivated the health and education sectors to join efforts to implement a national school-wide policy and strategy to increase physical activity and improve nutrition in schools for all children. This initiative built upon and strengthened an existing policy; similar action was taking place in schools throughout the country but structured implementation was needed. Health was also not being given equal priority by all senior school management, and children were not being equally exposed to the benefits of physical activity and good nutrition. This initiative aimed to create a level playing field in all schools with regard to physical activity and nutrition and by enhancing actions which were already in place. The policy was launched in January 2015 and was supported by the Minister for Education and Employment and the Minister for Health. As implementation has recently begun, this case story describes the development of the policy and strategy in 2013, and a handful of initial school-based actions taken so far within the framework of the strategy.

Strategic goals

The strategic goals of the initiative were to:

- achieve better physical activity and nutrition for all schoolchildren in Malta; and
- create a level playing field in all schools by offering equal opportunities for all children to engage in physical activity and benefit from improved nutrition in school settings.

Description of the initiative

The *Whole of school approach to healthy lifestyle healthy eating and physical activity* (9) is a national policy and strategy aiming to increase opportunities for physical activity and improve nutrition in schools while allowing schools to propose locally appropriate actions in their areas. One of the initiatives taken so far is increasing physical activity among adolescents in secondary school settings. To achieve this, a health, education and sports working group was set up and physical activity opportunities (dance sessions) were offered to students during recess or class breaks funded through the EU Obesity Prevention through European Network project (10). Another initiative has been examining the nutritional content of foods being sold in school-based snack shops and replacing them with healthier alternatives. In primary schools, a campaign to encourage healthier lunchboxes was also conducted using various media including television, radio and social media; schools offered cooking classes to children and their parents so they could learn how to prepare healthy meals.

Triggers

This initiative, jointly implemented by the health and education sectors, was triggered by the growing prevalence of obesity among children in Malta. Intersectoral action was chosen to build upon the health sector's good relations with the education sector, and the policy and strategy were seen as an opportunity for education and health to identify common goals and work towards them. The necessary momentum to move forward came from the ample evidence base showing that action taken for health in school settings benefits the child's health and educational performance.

Sectors involved

The **highest levels of government** were involved in policy and strategy development from the outset. Both the **education** and **health** sectors shared the lead in taking action forward. Many levels of society have been involved in this initiative. **Parent associations** were consulted during the development of the policy. The **media** also played an active role in promotion and information dissemination. A media campaign to launch the policy has been carried out and their involvement will be ongoing. Media were also provided with training to better understand the new policy so that they could transmit accurate messages to the public by radio and television.

The **private sector** – school-based snack shops – was a key player; as suppliers of snacks at schools, they were obliged to change their purchasing choices. The quality of foods sold within schools at these shops was examined, classifying products according to the WHO nutrient model (11). Shop owners were given a list of permitted and non-permitted foods that could be sold. Cereal producers also became involved. They were informed of the mandatory nutrient levels and told that healthy cereals would be promoted as a priority. As a result, the companies examined the nutritional content of their cereals and now try to market those that fall within the WHO nutrient profile.

Mechanisms to facilitate work

Ministers were active in setting up an **intersectoral working group** as they were aware of the rising levels of overweight and obesity in Malta. They were also very active in launching events emanating from the policy such as the lunch box campaign. Feasibility of the initiative was assessed by carrying out a SWOT¹ analysis and policy reviews.

Financial mechanisms

No additional funding was required for development of both policy and strategy. Each sector used its own budgets and staff time (the health sector used the health promotion budget).

Evaluation

There has been positive impact in other sectors as a result of the policy and strategy. The sports sector, previously focused on promoting elite sports, has now chosen to focus on health-enhancing physical activity at schools. These efforts now extend to the summer season when children can enrol in non-competitive swimming classes. The private sector has also made changes. Cereal companies now opt to promote their healthier products. School-based

¹ A SWOT analysis is a structured planning method used to evaluate the strengths, weaknesses, opportunities and threats involved in a project.

shops stock healthy foods and undergo two audits on a regular basis. Internally, heads of schools have been mandated to check on foods being sold. Externally, environmental health inspectors, who normally checked on sanitation issues within schools, were trained to check if foods being sold abide by the list of permissible foods.

Lessons learnt

Lessons learnt from this initiative are many. To have successful intersectoral collaboration each sector needs to clearly state its goals at the outset to be sure they are complementary; conflicting goals impede smooth working. The education and health sectors managed to identify goals that were of benefit to both parties. Identifying win-win-situations for all sectors involved is important. In Malta, the private sector was able to reap the benefit of marketing healthy food options. The action to be embarked on also needs to be logistically feasible as seen by Malta's choice to carry out analyses and policy reviews to assess feasibility. Personal relations also matter as getting to know each other paves the way for smooth working. Identifying a champion from each sector helps when it comes time to engage other sectors. The importance of starting out with bilateral meetings with sector stakeholders was highlighted in order to give each their space at the outset.

Challenges

Challenges encountered are related to factors outside the school that impact implementation of the policy and strategy in schools and eventual health outcomes. The policy has no power over neighbourhood shops that sell unhealthy food; this is something to work on. The challenge of engaging different cultures now residing in Malta is also present since they cannot be encouraged to adopt behaviours if they are not ready. Finding a balance with the private sector is also a challenge. Initially fruit juice vendors were trying to promote juices saying that they were a fruit equivalent. Policy-makers were supportive in blocking this.

Enabling factors

Facilitators were the commitment of people working in the field and at policy level. The school authorities also received various requests from the schools themselves to establish a common policy for all. The fact that schools were involved in developing the policies supported their ownership of the initiative.

Conclusions

The perception of both policy and strategy thus far has been positive. The heads of schools have provided good feedback since now they have a clear policy on which to base their work. Parents are supportive and involved since the initiative benefits their child's health and education, and children enjoy the skills lessons.

Current status

The policy was launched in January 2015 and is currently being implemented.

Gender, equity and human rights considerations

This initiative had equitable strategic goals; both policy and strategy sought to ensure that all children in the country would be equally exposed to the benefits of physical activity and

good nutrition. It also sought to create an equal playing field meaning equal opportunities in every school with regard to physical activity and nutrition. With regard to public participation, while NGOs were not involved, parent associations did contribute to policy development through active consultation. The media were also involved in various stages thus promoting and disseminating information to the public.

The SWOT analysis and policy reviews carried out prior to implementation were important because they informed later steps in planning to ensure achievement of the strategic goals. The policy and strategy have led to a shift in promotion of elite sports to that of non-competitive sports, thus again, ensuring equal participation. Gender considerations were taken into account when considering adolescent's particular physical activity preferences; physical activity opportunities attractive to teenage girls were offered considering their particular needs.

Monaco

Issue

Monaco is a country with approximately 37 800 inhabitants, many commuters from France and Italy, in a 2 km² area. France borders Monaco on three sides while the other side borders the Mediterranean Sea. Monaco, the second smallest and most densely populated country in the world, receives a large number of visitors by sea each year. With the globalization of travel today, passing infectious diseases across borders is a real risk.

Work on development of an alert system for dealing with the arrival of highly infectious diseases to Monaco by sea started in 2013 with a first test carried out using the hypothetical case of pneumonic plague: a highly contagious disease easily passed by air and contact.

Strategic goals

The alert system aims to react in a coordinated manner in the event that people with highly infectious diseases arrive to Monaco by ship. The system should ensure that affected persons receive appropriate care, health workers are protected and the spread of the infectious disease is halted. The two primary aims were testing the safety of disease management on board, and familiarizing doctors at hospitals who encounter infectious disease patients (or those exposed to an infectious disease) with treatment protocols.

Description of the initiative

The core of the alert system is the crisis unit, which relies on a set of intersectoral stakeholders and procedures to follow in the event that a person with a highly infectious disease arrives to Monaco by ship. The alert system covers procedures to be followed for care of health workers and affected persons, as well as infrastructure needed to protect all parties involved.

The alert system relies on International Health Regulations (12), which requires every ship entering a foreign country to submit a Maritime Declaration of Health to the Port Authority within 24 hours of arrival. The Maritime Declaration of Health reports on all cases of illness on board, deaths and countries previously visited. Once the Declaration is completed, if someone with a highly infectious disease is identified on board, the police are notified and they then report to the Ministry of Health and Social Affairs. At this point, the crisis unit is convened, comprised of relevant sector officials who divide up tasks to be carried out according to previously agreed upon roles. Monaco does not have an airport.

Triggers

Epidemic experiences in Latin America and Africa have shown that highly infectious diseases spread quickly, and a structured alert system can save lives. The Government of Monaco wanted a system that could rapidly be activated in case it ever faced such a risk. Intersectoral action was a natural choice due to the nature of emergency operations, which call for assistance from actors outside the health sector such as law enforcement and logistics.

Sectors involved

The development of the system and the test received high-level (minister) support from all parts of government. The main sectors involved in the alert and the test were the **Ministry of Interior (police)** that receives the Maritime Declaration of Health, the **Ministry of Health and Social Affairs** (staff) that informs hospitals upon receipt of the alert and hospitals that provide care to the affected. Other key stakeholders are **firefighters** (part of the **armed forces**), which provide rescue services and logistics for citizen protection, and organize transport to the hospital by protected ambulance. The **Department of Maritime Affairs**, in connection with the Port Authority, facilitates the docking of the ship so as to evacuate sick people to reception facilities while limiting ship crossings at that moment.

While the health sector coordinated, other sectors were essential since each one covers a need in a crisis situation. Police were essential since they are the first contact for the arriving ship. They are also responsible for ensuring that the Ministry of Health and Social Affairs is notified of the highly infectious disease situation. Firefighters provide expertise in dealing with crisis situations, rescue and logistics. A cruise ship (private sector) was engaged to improve its preparedness in terms of training, protection of self and others and equipment. The media were involved in disseminating general information about the test on French television and in the local press in Monaco. The media were asked to stress that this was an exercise so as not to alarm the population. The media transmit the message that in the event of a highly infectious disease, Monaco would be prepared to deal with it.

There were benefits to all sectors as protection had to be ensured for the population, health workers, firefighters and all players that could be involved in a crisis; personnel from every sector would intervene.

In case of a crisis, Monaco will inform the French authorities because the borders are very permeable.

Mechanisms to facilitate work

Work was facilitated by bringing together sector-specific expertise. During planning there were meetings with firefighters to decide how to best deal with such a situation as they have a lot of experience in crisis situations. An intersectoral crisis unit was set up at state level, as well as an interministerial committee. The intersectoral crisis unit meets when the alert is given and is responsible for informing all concerned administrations to begin coordination of the actions to be implemented upon the ship's arrival. The crisis unit also proposes public information messages.

Financial mechanisms

This exercise called for no additional funding as each ministry provided financing and person time from its budgets. During the exercise and test, each service performed the tasks it was assigned in the event of such an alert. Resources committed to such activities fall in budgetary allocations specific to each service.

Evaluation

The test of the alert system on the cruise ship provided an opportunity for evaluation. It confirmed the need to train all stakeholders to coordinate and react following established procedure. During the test, Ministry of Health and Social Affairs staff acted as volunteer patients and were covered with a thin layer of powder only detectable by ultraviolet light. An assessment of the test found that doctors and nurses on board the ship had not followed proper procedure and, had the test been a real incident, health workers would have died from the highly infectious disease. The Ministry of Health and Social Affairs assessed medical care provided and procedure followed and realized that training, ample health information and techniques for dealing with highly infectious diseases were necessary.

The shipping company benefitted from the training given to its staff doctors and nurses who learned which equipment and materials were essential, how to correctly use them and the procedure to follow to halt the spread of the disease. They also learned how to care for a highly infectious person. As a result of the test, the ship owner realized the importance of equipping the boat with specific materials to protect passengers. Firefighters found that they needed to have appropriate clothing and materials for such situations.

Lessons learnt

Both the development of the alert system and the test have provided valuable lessons to Monaco. It has led to several **adaptations** in ways of working such as changes in doctors' behaviours and recognition of the need for increased and continuous training to maintain knowledge. Now ship owners better equip their boats for these kinds of emergencies.

In crisis situations involving infectious diseases, people go directly to hospitals; hospitals need to buy more appropriate materials. Doctors (and health workers) need more and better training on workplace practices to minimize the risk of occupational exposures to infectious diseases when caring or transporting patients.

Challenges

The owner of the cruise ship, wishing to protect the reputations of the ship and shipping company, asked that these names be kept anonymous during the test. Lack of time and human resources are a constraint for Monaco. In the case of the alert system and the test, people used their own staff time in addition to their regular duties.

Enabling factors

As Monaco is a small country, proximity enabled good, close working relationships. The fact that ministers facilitated this exercise was also positive.

Conclusions

Overall, intersectoral collaboration worked smoothly for Monaco and the experience has been positive for all sectors involved. The fact that ministers facilitated this exercise was very positive. Regular training of doctors and health workers on patient care and the availability of appropriate materials on ships to protect passengers are essential.

Current status

The test of the alert system has concluded, and a repeat of this exercise with a staged chemical threat situation is planned.

Gender, equity and human rights considerations

As this case story had a very specific focus, there was no explicit mention of gender, equity and human rights in the key strategic goals. Nonetheless, in a crisis, the sick and those who have are exposed to an infectious disease are cared and treated equally in terms of gender, ethnicity and religion. The urgency of care depends on the severity of the disease; the most at-risk patients are given priority.

As the initiative involved the development of an alert system and its test, no public participation was foreseen. Due to the sensitivity of the matter, the population of Monaco was informed of this exercise only after the test by television (evening) and by the press the next morning.

Tools and capacities needed to reflect on gender, equity and human rights can be integrated into any future capacity-building exercises to include all sectors and civil society as well.

Montenegro

Issue

The reduction of dietary salt intake is considered one of the most cost-effective public-health measures. Excessive dietary salt intake is directly linked to the development of certain NCDs, which are the leading cause of death worldwide. Globally, hypertension is estimated to be the leading risk factor for death, and directly related to increased salt intake and low potassium intake.

Montenegro has not yet collected data on the average daily salt intake per capita or on the knowledge, attitudes and behaviour of the population regarding dietary salt intake. However, circulatory system disease estimates of approximately 50% (2010–2012) in the country warranted population-wide action to reduce salt in commonly consumed foods; the leading cause of death in Montenegro is circulatory system diseases (13).

Despite differences between countries on sources of salt intake, behavioural patterns and dietary habits, a number of general principles and guidelines can be universally applied to successfully implement a strategy for reducing dietary salt intake. One of the most important elements for implementation is intersectoral cooperation, especially with the food and catering industries, aimed at reducing the content of hidden salt, since a large part of salt intake is hidden in foods.

Montenegro began to address salt intake in 2008, when the Ministry of Health developed a strategy for the prevention and control of NCDs with a framework for action for 2008–2013. In 2012, the health sector launched an initiative to reduce salt consumption, and included the baking industry in an effort to reduce the amount of salt in bread and baking products. The national programme for reducing dietary salt intake in Montenegro (2014–2025) builds on this work.

Strategic goal

The national programme for reducing dietary salt intake in Montenegro (2014–2025) aims to reduce salt intake to below 5 g/day per capita, in line with applicable WHO recommendations (13). It recommends a reduction in salt intake by 16% relative to baseline levels to be measured

over the 2014–2020 period and by 30% by the year 2025. This long-term goal will be achieved by increasing awareness and knowledge of the population, reducing salt content in processed foods and using a harmonized national response.

Description of the initiative

The 2012 salt reduction initiative was closely linked to activities from the NCD strategy and WHO support from a 2012–2013 biennial collaborative agreement on implementing the NCD framework for action for 2008–2013. The Ministry of Health also developed a mid-term NCD action plan (2014–2015) with intersectoral activities (programmes) to prevent and control NCDs and to educate food industry staff on reducing salt content in processed foods. A multidisciplinary team from the health sector developed the national programme for reducing dietary salt intake in Montenegro (2014–2025), and set objectives and measures to be implemented intersectorally.

Triggers

Intersectoral action involving the health, agriculture and private sectors was promoted from the outset. The biennial collaborative agreement with WHO supported development of the NCD action plan, and both the initiative and programme on salt reduction. This policy framework, the NCD morbidity and mortality burden in the country, and available, comparative, transferable experiences showing successful initiatives on reduction of salt intake were the main triggers for action. The NCD action plan included intersectoral collaboration to implement at least one measure of the national programme for reducing dietary salt intake.

At national level, policy-makers – aware that NCD risk factors threaten not only public health but also economic development – realized that action was needed. At the global level, processes such as the Political Declaration of the United Nations High-Level Meeting on the Prevention and Control of NCDs (2011) and policies adopted by Montenegro such as Health 2020 called for intersectoral action to address the burden of NCDs.

Intersectoral action was promoted as a mechanism to reverse the trend of premature NCD-related mortality and morbidity in the country. Whole-of-government and whole-of-society approaches were chosen to address increased salt intake as an important NCD risk factor while involving the community, civil society and local municipalities. As many health determinants lie outside its jurisdiction, the health sector was convinced that sustainable action required intersectoral collaboration, and sought a wider alliance with other sectors to protect and improve health as a common goal for all Montenegrin citizens.

From a civil-society perspective, citizens needed to see that those at the top of government supported and promoted the initiative; this assured citizens that actions to prevent NCDs would benefit them.

Sectors involved

This initiative and programme received high-level political support. As part of the NCD action plan, a national council to support the implementation of the NCD strategy will be established with the Prime Minister acting as council chair. The main sectors involved in the initiative and programme for reducing dietary salt intake were **health** and **agriculture**. Other important stakeholders were the **chamber of commerce** and the **private sector**, namely the bakery industry. The **media** were also instrumental in promoting the programme. They were invited to events and provided with information for accurate reporting.

The health sector coordinated work on the national salt reduction programme, and collaborated closely with the agriculture and private sectors and at local levels. The health sector shared epidemiological data with the agriculture sector to communicate that excessive salt intake is a health risk factor. An analysis of bakery products revealed high salt content. For this reason, bread was chosen as the food vehicle where salt would be reduced, since the Montenegrin population usually consumes it at every meal. An agreement was reached on the maximum content of salt that would be allowed in bread to be implemented at the local level. Local authorities with the support of the hospitality sector made a link between health and tourism, with plans for restaurants to offer low-salt food options in Podgorica in the near future.

Mechanisms to facilitate work

A **multidisciplinary core group**, supported by the WHO Country Office, was established in Montenegro to join European and global efforts to reduce dietary salt intake in Montenegro. It developed the draft programme for reducing dietary salt intake 2014–2025. Development and implementation of the programme is a continuation of activities resulting from the 2012 initiative to reduce salt intake.

Continuous dialogue by means of **consultations** took place during the programme's infancy. The bakery industry needed to be assured that the reduction in salt content of breads would not have adverse implications on its business. Stakeholders were also interested in knowing about relevant international experiences to be assured of the programme's success.

A series of **national technical consultations** were held between health, agriculture and the private sectors (baking industry) where expert consensus and policy-maker commitment were obtained, and maximum thresholds for salt were agreed upon. Once legislation is passed, the Ministry of Agriculture and Rural Development will be instrumental in ensuring that labelling of food items fulfils obligations established for salt content in foods. An international workshop with multisectoral participation was organized in Montenegro for South-eastern Europe Health Network members to promote the initiative for reducing salt in the baking industry. The Technical Assistance and Information Exchange instrument of the European Commission supported the workshop.

Financial mechanisms

The Government of Montenegro currently co-finances the programme with WHO, which initially provided a small amount of funding as part of the 2012–2013 biennial collaborative agreement. The country also mobilized financial resources to support national consultations on the subject. Public health officials work on this as part of their role. At present, funds have not been allocated for larger public awareness campaigns.

Evaluation

No evaluation has taken place yet, but WHO, with the Institute of Public Health, is planning to run an estimate of 24-hour urinary sodium excretion to establish a baseline and measure progress in implementing the programme. Salt intake has been defined in the United Nations development framework for Montenegro (2017–2021) as one of the key indicators to measure progress in addressing health risk factors and improving health.

Lessons learnt

Lessons learnt focus on intersectoral ways of working. Having representatives from different sectors on board from very beginning is important; they will later become key stakeholders

who will support programme implementation. Sharing reliable and credible information with all stakeholders on a regular basis is critical. From the management side, having governance arrangements institutionalized with a lifespan that also covers the implementation period is essential. The continuity of this governance arrangement needs to be ensured. Integrating an initiative into an existing policy or programme so that all sectors can recognize the benefits for themselves can improve its prospects for success. Capacity-building for health advocacy is needed in Montenegro to demonstrate that benefits go beyond the health sector.

Challenges

Key challenges relate to lack of budget allocated for this programme. Another challenge is how to use financial language and available evidence to show the positive financial benefits of investing in prevention. Capacity for health advocacy needs strengthening. Health advocates are not using the ample supporting evidence in their discussions with other sectors. Dietary habits of the population are also a challenge.

The ability to show other sectors how their contribution to health can help them achieve their particular development goals, agenda and policy priorities is also needed. Lastly, processes such as these need ample time, which should be kept in mind when embarking on intersectoral actions; the benefits are worth the challenges.

Enabling factors

International commitments and global/regional policy frameworks already in place generally helped to promote intersectoral collaboration. Subregional technical networks such as the Regional Health Development Center for NCDs hosted by Montenegro within the South-eastern Europe Health Network helped with the exchange of knowledge, lessons and experiences and provided support to working across sectors. Intersectoral action is facilitated by a culture open to a multisectoral approach, and an awareness that health can be promoted by joint governance and action on determinants outside the health sector.

Conclusions

Other sectors such as agriculture now consider the health risks of high salt content when drafting regulations on food labelling. Overall, the intersectoral collaborative process ran smoothly and transparently with information shared freely among stakeholders, including the baking industries. Nonetheless, capacity-building for health advocacy is still needed in Montenegro, especially when shifting focus from one technical issue to another. It would be valuable to have reviews of comparable experiences and short documents (fact sheets) that a minister, with limited time, could understand. This case story is one of several examples of intersectoral action that Montenegro has embarked upon. It shows that intersectoral work has been embraced by the country in advancing health, and national and European Health 2020 priorities.

Current status

The programme on salt reduction will be officially adopted in 2016.

Gender, equity and human rights considerations

As this case story had a very specific focus, gender, equity and human rights were not explicitly considered in the key strategic goals. Nonetheless, the programme and initiative tries to reach

the entire population in an equitable manner by reducing the salt content in bread, a staple in the Montenegrin diet. Tools and capabilities needed to promote gender, equity and human rights can be integrated into future capacity-building for all sectors and civil society as well.

San Marino

Issue

According to data from the WHO European Childhood Obesity Surveillance Initiative study (2014), 31% of primary schoolchildren in San Marino are overweight or obese (15). Although overweight and obesity rates among 8–9-year-olds remained stable between 2010 and 2014, action is still needed to counteract this problem. The country incorporated nutrition and agricultural components into an existing project on nutrition in schools. Intersectoral action and an international event EXPO 2015 – with the theme, “Feeding the Planet, Energy for Life” – were used to promote balanced diets and food quality standards as a means to prevent overweight and obesity among children.

Strategic goal

The initiative’s key strategic goal was to ensure that all children in San Marino had access to sustainably grown nutritious foods in school environments, as well as educational opportunities to learn about the importance of these foods. It also aimed at promoting sustainable (no genetically modified organism, locally grown) and quality production of six key products being cultivated in San Marino following a set of quality criteria and certified by the “Terra di San Marino” agricultural consortium.

Description of the initiative

Multiple sectors were involved in raising awareness about the importance of eating nutritious and sustainably grown foods and the promotion of good nutrition in school settings. While a project on nutrition in schools was already in place, EXPO 2015 provided an opportunity to further incorporate and integrate the topic of nutrition in schools while providing education to children on the importance of food quality.

The initiative raised awareness among producers on the importance of sustainable agriculture. It also incorporated some of the sustainably grown products in school lunches when available as an option. Educational opportunities were offered to children both inside schools, by means of science lessons, and outside schools, by means of workshops that emphasized the importance of sustainable and healthy food production.

Triggers

The arrival of EXPO 2015 created a unique opportunity to accelerate a process that was already in place in San Marino. Two congressional resolutions backed up this process. The first, in 2013, established a multidisciplinary and intersectoral working group for planning and coordinating the health promotion and education interventions in schools. The existing education for health working group provided further impetus and momentum for action on the issue. The second, passed specifically for EXPO 2015, focused on the promotion of balanced diets and food quality standards. On the legal front, while not yet part of the EU, San Marino has taken important steps to ensure agricultural production takes place in an integrated manner by instating agricultural and animal husbandry regulations that are even stricter than EU agricultural regulations. These regulations are meant to protect both producer

and consumer. A national decree obliges school cafeterias to purchase locally grown products when they are available. Lastly, the country's national health plan makes considerable mention of the importance of the nutritional quality of foods in school settings.

Sectors involved

The initiative enjoyed co-leadership and involvement of a number of sectors, some falling within ministries and others private. Sometimes the health sector took the lead; other times, the education, agriculture and tourism sectors played a more prominent role.²

The **health** sector (ministry)³, with the support and coordination of the Health Authority, provided guidelines on how to carry out health education in school settings. They provided guidance to dietitians on menu development and to paediatricians on special diets, both which would be essential to the initiative. They also played an important role in food safety to ensure foods were meeting health standards and following product labelling rules. The health sector (doctors) and the prevention department of the Social Security Institute regularly carried out checks on the foods offered in school cafeterias.

The **education** sector (ministry) played an important role in the socializing aspect of nutrition in schools. They also integrated nutrition education during school science lessons and made the link between the education offered in schools and that outside by means of workshops.

The **tourism** sector (ministry) was key since the entire EXPO project for San Marino fell under its responsibility. It also played a fundamental role in communicating and showing the value of agricultural production in San Marino to the outside world and in-country promotion as well.

The **agriculture** sector (land and agriculture ministry through the agricultural consortium) played a key role due to the fact that the quality of the food chain was a key component of the initiative. The "Terra di San Marino" agricultural consortium contributed to the education for health working group by organizing workshops for schoolchildren on the different products it produces. Food quality of the agricultural consortium is regularly monitored by the Social Security Institute and also through self-certification and audits by the agricultural office.

The **private** sector was also involved due to the fact that the agriculture consortium is comprised of agricultural cooperatives. They agreed to follow a number of integrated agriculture standards that would help ensure sustainable production of the six main food products. Private farms now abide by the integrated agriculture standards, which enable them to use the "Terra di San Marino" agrifood certificate.

The **media** were very involved due to EXPO 2015 itself, and were key in highlighting and promoting a number of practices in various medium including social networks.

Mechanisms to facilitate work

For the purposes of EXPO 2015, a consultative committee was set up with a very time-specific mandate. The key mechanism that existed prior to and after the completion of EXPO 2015 to facilitate work was the education for health working group made up of health and education individuals who will ensure the work continues in schools.

² Sectors are referred to by topic and parentheses indicate if they fall under a ministry or are private.

³ The health ministry in San Marino is the State Secretariat for Health and Social Security. It is comprised of two branches, the Health Authority, the technical arm of the Secretariat that coordinates and develops health policy; and the Social Security Institute, charged with management and delivery of health and social services and implementation.

Financial mechanisms

While the EXPO 2015 event had a specific source of funding, the initiative did not call for any additional financing because it built on activities already in place in the country. Any further strengthening of actions was financed by each specific sector's budget.

Evaluation

The San Marino state television station has transmitted a number of programmes highlighting food quality and healthy diets. Attendance at nutrition workshops organized by the agricultural consortium is an indicator of interest in the topic. A total of 1500 children attended these workshops offered during school hours. Those attending received information on food quality and on healthy diets. Other elements of the initiative to be evaluated fall within the school such as the effect of direct training of cooks by the dietitians, knowledge passed on to children by teachers in science lessons and results of a dietary assessment carried out in schools at third grade where children are weighed and a nutrition and dietary assessment is given to parents and teachers. It is still too early to see the health effects or decreases in obesity due to better diets as data are still being collected. Indirect evaluations such as *OKkio alla SALUTE (16)* will be carried out every two years.

Lessons learnt

A key lesson was that strong government support could be used to activate a mechanism such as the education for health working group, which helped strengthen and coordinate work. EXPO 2015 provided an opportunity for the country to bring together all its skills to work on a common project.

Challenges

Challenges were related to finding a common language between schools and the health sector and identifying goals that were of mutual benefit. Keeping the initiative streamlined to avoid detracting attention from health was also important. Shortage of human resources was also a challenge.

Enabling factors

One factor was an understanding by all stakeholders that integrated work is possible. This helped streamline work and led to better coordination. The choice to focus on integrated agriculture and good nutrition using EXPO 2015 turned out to be a mutual educational experience for all sectors involved.

Conclusion

Overall, this initiative viewed intersectoral work as a success. In retrospect, the better work intersectorally, tools to better coordinate work would be beneficial. Training on how to bring together sectors and find a common language to create an integrated system with a common language and how to communicate effectively would also be of great use.

Current status

Despite the fact that EXPO 2015 has concluded, the education for health working group remains intact and the agricultural consortium continues to supply school cafeterias with sustainably grown healthy foods.

Gender, equity and human rights considerations

This initiative had equitable strategic goals: to ensure that all children in San Marino had access to sustainably grown nutritious foods in school environments, as well as educational opportunities to learn about the importance of these foods. The human right to health was explicitly considered since all children in San Marino have a right to have a healthy diet, and support is offered to those who cannot afford to pay for school meals. With regard to public participation, the media were also involved in various stages thus promoting and disseminating information to the public.

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