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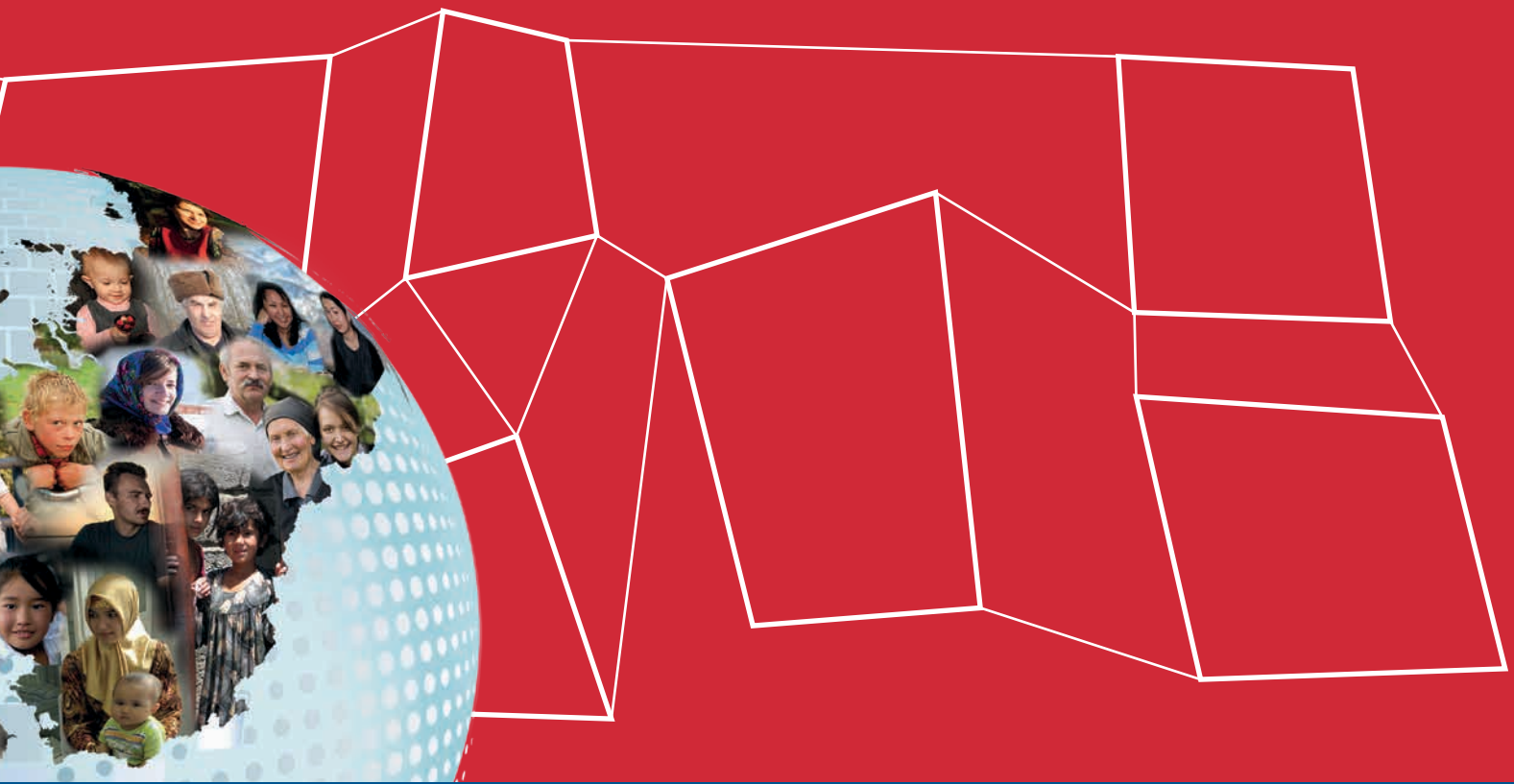
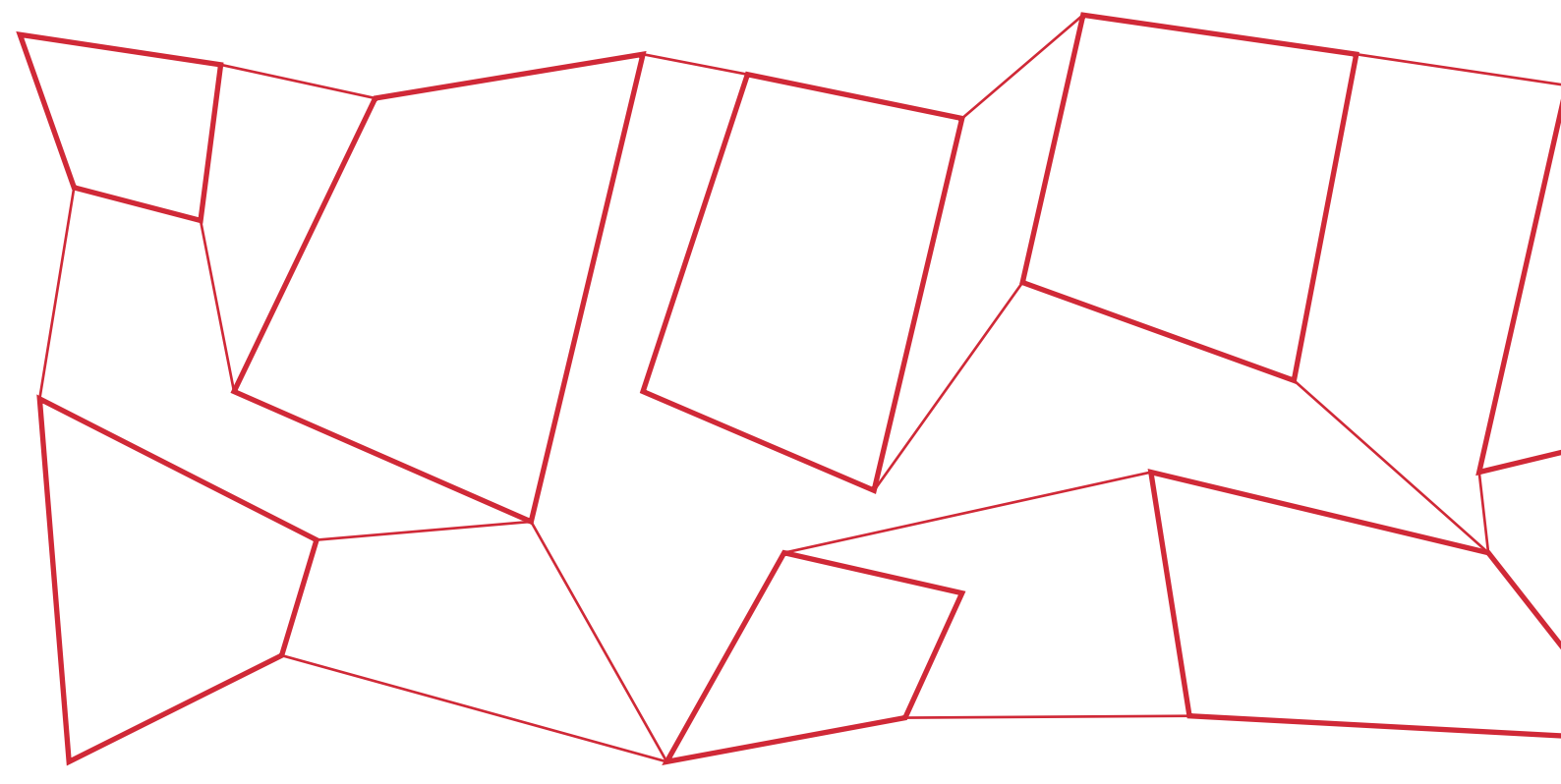
Meeting report of the Third High-level Meeting of Small Countries

Health and sustainable development: the inherent advantages of small countries

Monaco, 11–12 October 2016





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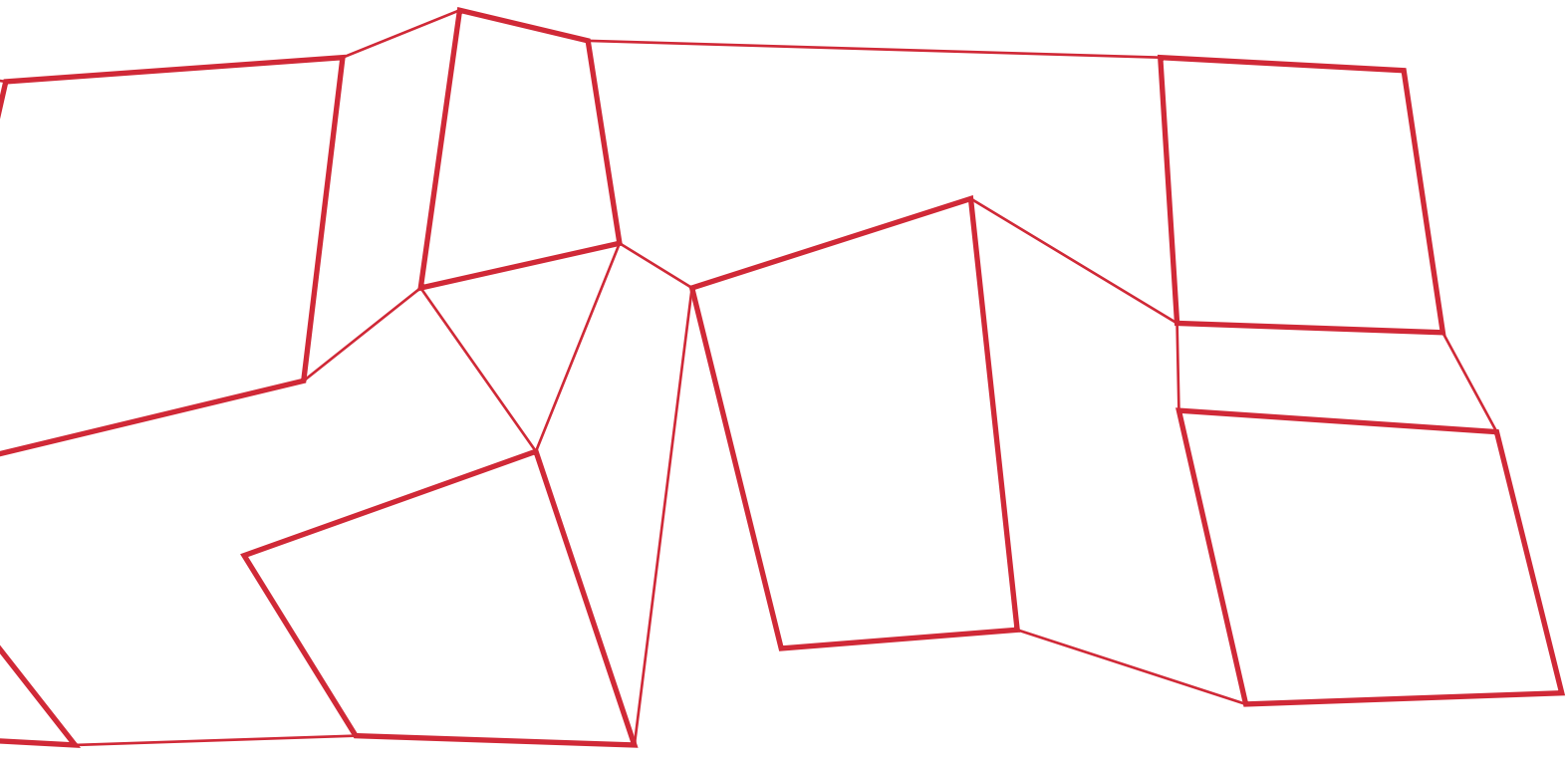

Abstract

The third high-level meeting of the small countries aimed to find common denominators between the global (SDGs) and European (Health 2020) strategic visions for health and sustainable development. Countries shared their thoughts on significant opportunities or achievements in implementing both agendas, stressing the need for action at all levels of government while engaging the health, education and social policy sectors. Case stories detailing life-course approaches demonstrated how small countries are seizing opportunities and leaving no one behind, while stressing the importance of monitoring all life-course actions to assess impact. There was agreement on the need to transform and integrate health services and identify key policy lessons in health systems to meet small country health challenges. The Small Countries Health Information Network will continue to support WHO European Region Member States, including through its new gatekeeper function to reduce countries' reporting burden, and mechanisms for monitoring SDG indicator data. Work on resilience will continue in 2017, along with communication of the 2030 Agenda to other sectors and lay audiences, increasing the outreach of health promotion and disease prevention initiatives, and support of the transformative Strategy on women's health and well-being in the WHO European Region.

Keywords

DELIVERY OF HEALTH CARE
INTERNATIONAL COOPERATION
COOPERATIVE BEHAVIOR
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CONTENTS

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Abbreviations

ACE	adverse childhood experiences
CCM	Cardiothoracic Centre of Monaco
EHII	European Health Information Initiative
EU	European Union
EVIPNet	Evidence-informed Policy Network
FENSA	(WHO) Framework of Engagement with Non-State Actors
GDP	gross domestic product
HSPA	Health System Performance Assessment
IM2S	Medical and surgical orthopedic institute of Monaco (IM2S)
MGCC	Monaco Gerontology Coordination Centre
NCDs	noncommunicable diseases
NGO	nongovernmental organization
OECD	Organisation for Economic Co-operation and Development
SCHIN	Small Countries Health Information Network
SDG	Sustainable Development Goal
SPG	Statistical Policy Group
UNICEF	United Nations Children's Fund

Executive summary

The third high-level meeting of small countries aimed to find common denominators between the global (Sustainable Development Goals) and European (Health 2020 *(1)*) strategic visions for health and sustainable development, offering the perspective of small countries. Specifically, the meeting was intended to:

- review the implementation status of Health 2020 in the WHO European Region and particularly in small countries;
- analyse the role of small countries in promoting sustainable development and health and in building consensus around the Monaco Statement *(2)*;
- review the progress made in health information as a result of establishing the Small Countries Health Information Network (SCHIN) and examine how to measure progress in health and sustainable development;
- present the paper on resilience developed for small countries and discuss the specific role that they can play;
- discuss and foster the adoption of the Strategy on women's health and well-being in the WHO European Region *(3)*, to be presented at the 66th session of the Regional Committee for Europe;
- build on the findings of the WHO European Region mapping exercise on intersectoral action and discuss good practices on intersectoral action in small countries;
- analyse lessons learned in using a life-course approach to health in small countries and how it relates to sustainable development;
- engage the media as a partner for health by building capacity within a critical mass of media professionals in the participating countries dealing with social determinants of health, health inequities and sustainable development.

Achieving a more equitable, healthier and sustainable Europe

Countries shared what they felt were the biggest opportunities or achievements in implementing the 2030 Agenda for Sustainable Development *(4)*, building on Health 2020. There was common consensus that action was needed at all levels of government to implement the 2030 Agenda.

There was agreement on:

- exploring the possibility of expanding the small countries initiative to include other small countries outside of the WHO European Region;
- the continued need for intersectoral action, including the private sector, to reach out to civil society, especially for noncommunicable diseases;
- building on intersectoral mechanisms that are already in place to address the 2030 Agenda;
- the need to focus on climate change, including working towards environmentally sustainable health systems, and the co-benefits of mitigation;
- adopting an integrated (social and environmental) determinants of health approach.

Strengthening people-centred health systems for better health outcomes

Countries shared experiences in engaging non-health sectors and agreed on the need to focus on transforming and integrating health services and identifying key policy lessons in health systems to meet key health challenges for small countries. While WHO can strongly advocate for improving primary health functions, yet more collaborative action is needed between the health, education and social policy sectors. With regard to the role of individuals in protecting their health, an environment conducive to making healthy choices should be created.

There was agreement on:

- rethinking roles in primary prevention, especially for auxiliary professionals, to expand training in prevention and promotion and build awareness of intersectoral action into medical education;
- the importance of early political commitment at various government levels to financing intersectoral initiatives;
- the key role of international frameworks and WHO programmatic documents in triggering action in countries;
- building on what is already in place in countries to achieve successful intersectoral action;
- engaging the private sector and being able to communicate financial benefits to other sectors.

Resilience

Work on resilience will be taken to the Regional Committee in 2017, with the aim of expanding to other countries beyond the small countries. Malta shared their experience overcoming brain drain among medical professionals. Iceland shared a successful approach for reducing the trauma and speeding up recovery from the negative experience of child abuse. Luxembourg demonstrated resilience with actions taken during the 2003 heatwave, when people with older parents to care for realized they needed more support, resulting in a permanent service being set up under the umbrella of the health ministry. San Marino showed how adopting a framework law for assistance, social inclusion and rights of people with disabilities was helping to address marginalization of disabled adults and minors in the country.

Strengthening the resilience of small countries will be continued by:

- gaining a better practical understanding of how decreasing vulnerability increases resilience;
- expanding adaptive, absorptive and anticipatory capacities of countries;
- addressing system-level vulnerabilities before they become individual vulnerabilities.

Responsiveness of small countries on women's health throughout the life-course

The Strategy on women's health and well-being in the WHO European Region *(3)* offers a transformative agenda with women having a right to health of their own. It looks at women and their health beyond their maternal and reproductive roles and takes a comprehensive view of women's health aspects from a health in all policies perspective. Adoption of the Strategy is a milestone for some countries as it will serve to encourage and provide a means to improve

health services and look more closely into matters with clear room for improvement. In the coming period, case stories from countries applying the strategy will be identified.

Communicating the implementation of the 2030 Agenda

Communication of the Sustainable Development Goals to other sectors and to lay audiences and increasing the outreach of health promotion and disease prevention initiatives through effective communication were agreed to be focal areas in the coming year. Developing effective relations with journalists to facilitate far-sighted communications on health issues and building honest and fair collaboration were identified as priorities.

Areas agreed upon for ongoing work included:

- finding windows of opportunity for communicating the 2030 Agenda to the media;
- engaging with audiences directly through social media;
- adapting public health communications in an era moving towards personalized medicine and e-health;
- documenting good practices on communication and public health, as well as innovative approaches;
- dissemination of communication tools and products available on the 2030 Agenda to appropriate audiences.

Health and sustainable development: measuring progress through the SCHIN

The SCHIN continues to support Member States and inspire other networks, including those outside Europe. The SCHIN is fully informed on the gatekeeper function established by the WHO Regional Office for Europe to reduce the reporting burden on countries; mechanisms for monitoring and submitting data related to the SDG indicators will be proposed to Member States in due course. Small country challenges relate to limited capacity to participate to the fullest extent, and data distortions resulting from small countries' population denominator effects.

Countries welcomed support from the European Health Information Initiative, specifically with regard to:

- reducing reporting burden, enhancing harmonization (including for indicators), and ensuring strong links to WHO European Region activities;
- SCHIN's contribution to sharing expertise and innovation, in terms of finding joint solutions for common problems and stronger interaction with WHO Regional Office for Europe, to foster direct responses to issues brought to WHO;
- defining a core list of the indicators of most use for small countries.

Sustainability through a life-course lens

Life-course approach case stories show how small countries (i) are making the best of the momentum on a given issue in their country and (ii) understand that the opportunity to act should not be lost. The theme of "no one left behind" prevails, as well as the importance of a monitoring element in all life-course actions, in order to assess impact. The importance of human resources in small countries was also highlighted, along with how, if one person leaves, there should be a back-up to ensure work is carried forward. Countries welcomed the opportunity provided by the life-course approach to join forces in achieving the goals and objectives of Health 2020 and the 2030 Agenda.

Countries stressed the importance of:

- setting up a monitoring framework to measure the impact of life-course actions, even prior to taking action;
- analysing facilitating factors and barriers, to facilitate strategic action at national level, as well as regionally.


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Introduction

In September 2015, world leaders gathered at a United Nations summit to adopt the 2030 Agenda for Sustainable Development *(4)*, with a view to ending poverty by 2030. The Agenda has universal goals that apply to every nation, and all nations – including small countries – are now called upon to implement the Sustainable Development Goals (SDGs) in their own contexts. The SDGs are designed to be cross-cutting, and the inter-linkages and networks within them are as important as the individual goals themselves. Health plays a central role throughout the 2030 Agenda; it is not just an end in itself, but a means to achieve the SDGs and the related 2030 Agenda targets.

In all this, Health 2020 stands as a unique regional framework for guiding countries to be on track to achieve the 2030 Agenda *(1)*, which was prominent at the Sixty-ninth World Health Assembly in May 2016. Delegates from all over the world agreed on a comprehensive set of steps that lay the groundwork for pursuing the health-related goals. Member States agreed to work with actors outside the health sector to address the social, economic and environmental causes of health problems. They agreed to continue and expand efforts to address poor maternal and child health and infectious diseases in developing countries, and to place a greater focus on equity within and between countries, leaving no one behind.

As expressed in the previous meetings, small countries want to be once more at the forefront of the global agenda and renew their commitments to implementing the 2030 Agenda, reflected in the Monaco Statement proposed at this meeting. This meeting aimed to consider the role of small countries in the complex interplay between health and sustainable development, and the inherent advantages that small countries have as pioneers in the global health agenda.

Main objectives

The third high-level meeting of small countries aimed to find common denominators between the global (SDGs) and European (Health 2020) strategic visions for health and sustainable development, offering the perspective of small countries. Specifically, the meeting was intended to:

- review the implementation status of Health 2020 in the WHO European Region and particularly in small countries;
- analyse the role of small countries in promoting sustainable development and health and in building consensus around the Monaco Statement *(2)*;
- review the progress made in health information as a result of establishing the Small Countries Health Information Network (SCHIN) and examine how to measure progress in health and sustainable development;
- present the paper on resilience developed for small countries and discuss the specific role that they can play;
- discuss and foster the adoption of the European regional strategy on women's health to be presented at the 66th session of the Regional Committee for Europe;
- build on the findings of the WHO European Region mapping exercise on intersectoral action and discuss good practices on intersectoral action in small countries;
- analyse lessons learned in using a life-course approach to health in small countries and how

it relates to sustainable development;

- engage the media as a partner for health by building capacity within a critical mass of media professionals in the participating countries dealing with social determinants of health, health inequities and sustainable development.

Dr Piroska Östlin, Director of the WHO Regional Office for Europe's Division of Policy and Governance for Health and Well-being welcomed participants and thanked the Government of Monaco for hosting the meeting and supporting this initiative. Participants were reminded that the small countries initiative was conceived to support the implementation of Health 2020 and that significant progress had been made since its start. Since the second high-level meeting of small countries in Andorra in 2015, the 2030 Agenda had been endorsed and the small countries had many achievements to report. First, the small countries initiative's report on intersectoral action for health *(6)* had been published, marking the first of a larger WHO mapping exercise on the topic of intersectoral action for health. Second, eight country case stories on using the life-course approach in small countries had been collected, and a paper was also being produced on resilience and what it means for small countries. The small countries initiative continued to support the media and had organized a workshop for journalists and communication officers to consider how best to communicate the 2030 Agenda. Since the second high-level meeting, the SCHIN had been set up, with its first meeting held in Malta in March 2016 and the second planned immediately following this third high-level meeting. Small countries wanted to be ahead of the game in Europe and this spirit would be transmitted in the Monaco Statement (an outcome of the meeting). Special efforts in the area of climate change were also being carried out by the Scientific Centre of Monaco, a new WHO Collaborating Centre.

A welcome was given by **Mr Gilles Tonelli, Minister of Foreign Affairs and Cooperation of Monaco**. Despite Monaco's small population and territorial size, it remains concerned with current health challenges. For many years Monaco has invested in the preservation of the environment and in sustainable development, since neither can be achieved without lasting health. The Principality pays special attention not only to the welfare of its people but also to improving global health. Small countries face challenges in collecting data, which often poorly reflect their reality, owing to country size. For this reason, the Principality welcomes the creation of the SCHIN for the exchange of information and experiences. Small countries also face challenges relating to effective implementation of management or policy strategies that are often tailored to the needs of larger states. On a more positive note, despite their small population size, small countries provide an ideal setting for multisectoral approaches to health. Today the Scientific Centre of Monaco is a world reference in the fields of marine biology and medicine. The Scientific Centre's departments of polar biology and medical research demonstrate the importance of linking sustainable development and health.

WHO Regional Director for Europe Dr Zsuzsanna Jakab thanked Monaco for hosting the meeting, noting that WHO and larger Member States could learn from the dynamic, integrative and cohesive characteristics of small countries. The recently nominated WHO Collaborating Centre, the Scientific Centre of Monaco demonstrated how to implement intersectoral action, with the Principality of Monaco's history and culture showing its resilience. Monaco had the longest life expectancy, not only in Europe but also worldwide. This meeting brought countries together to discuss health and the 2030 Agenda, from which Health 2020 had recently obtained considerable support. Health 2020 and the 2030 Agenda were fully aligned, demonstrating the foresight of Europe in this area. The 2030 Agenda would be discussed during this meeting as a new framework, along with the details of how the small countries could lead in achieving these goals.

The Government of Monaco promotes excellence in health and the country performs well, not only as a result of the mild climate. In fact, health remains a constant priority of the Prince's Government, with 7% of the budget dedicated to this issue. Monaco has four health establishments: the Princess Grace Hospital Centre, which offers care services for the entire population; the Cardiothoracic Centre of Monaco (CCM); the Medical and surgical orthopaedic institute of Monaco (IM2S); and private haemodialysis services for people suffering from kidney failure. Monaco wants to further develop its hospital centre, with the construction of a new hospital operational from 2021–2022, and is ready to face the challenges of the 21st century, including a mobility plan encompassing accessibility arrangements for patients, health professionals and visitors. In the wake of the 2015 high-level meeting in Andorra, small states will do their utmost to achieve the 2030 Agenda.

Session 1. Towards a more equitable, healthier and sustainable Europe

This session aimed at setting the scene for health-in-all-policies and health-in-all-SDG approaches by translating policies into action from the perspective of the members of the small countries initiative.

Dr Christoph Hamelmann, Head of the WHO European Office for Investment for Health and Development within the Division of Policy and Governance for Health and Well-being opened the session, highlighting that this was a time of social disequilibrium, calling for determined leadership that can address inequalities, without contradictions and leaving no one behind. Member States had tools to help in this quest: Health 2020, the 2030 Agenda and the Paris Agreement *(7)*, a new legally binding framework for internationally coordinated efforts to tackle climate change. There was a need to act faster, in a more focused way and with strong leadership.

Dr Zsuzsanna Jakab shared thoughts on how to achieve a more equitable and sustainable Europe. Participants were reminded how active small countries had been working across sectors, illustrated in the report on intersectoral action for health *(6)*. Small countries were also the first to collect case stories illustrating the life-course approach in action. Another important milestone after the second high-level meeting in Andorra was the creation of the SCHIN, which addresses many challenges faced by small countries in this area. Focal points now exist for this work, having already met in Malta in March 2016 and again at this third meeting of the initiative. A global health diplomacy course tailored to small countries will take place in Cyprus in March 2017.

This third high-level meeting was intended to build upon what had already been achieved, using the 2030 Agenda and its 17 SDGs to take this work forward, promoting health and well-being in the European Region and strengthening the Paris Agreement. Participatory, whole-of-government and whole-of-society approaches are all being used to address socioeconomic determinants of health. Today, the centrality of health as an outcome and enabler of sustainable development is well acknowledged. Health in all policies means health in all of the 2030 Agenda's goals, which can be viewed as health as a target within all other goals. In May 2016, all WHO Member States agreed to scale up work on the SDGs, developing an alliance for the implementation of Health 2020 moving forward into the new 2030 Agenda. WHO networks provide a window of opportunity to share practical implementation issues and to start working on the 2030 Agenda by integrating them in national policies, using this as an opportunity to align national development and national health plans. Indicators and monitoring frameworks for Health 2020 are now available, as well as for Health 2020, noncommunicable diseases (NCDs) and the 2030 Agenda, which includes national targets. A regional roadmap is now needed to enable implementation of the 2030 Agenda, which is where small countries can be pioneers, by advancing implementation of Health 2020 using a 2030 Agenda perspective.

Mr Stéphane Valeri, Minister of Social Affairs and Health of Monaco noted the positive impact of the small countries initiative, owing to country institutional flexibility and cohesion. The first high-level meeting in San Marino (2014) had defined the fields of action for the small countries and the second (Andorra, 2015) had examined progress and brought life-course approaches to the forefront. This year would review the commitments made in the first two meetings and confirm the fact that the social and environmental determinants of population health need to be integrated into everyday life. Intersectoral action through capacity-building, innovation and sharing of experiences is also needed.

The impact of the environment on health has been confirmed by the Paris Agreement and the Principality of Monaco is deeply committed to these topics, since the country's geographical situation makes it vulnerable to the impact of climate change, which knows no borders. Monaco has put in place control devices against mosquitoes (including treatment of risk areas and awareness-raising activities), although no cases of Zika virus infection have been detected to date. Owing to the country's favourable climate, the *Ostreopsis ovata* algae is now widespread in the Mediterranean Sea and is a reality Monaco must face. The Government of Monaco is implementing a health and environment surveillance system, and it supported WHO in organizing the first world Conference on Health and Climate Change in August 2014, as well as sending a delegation to the Second Global Conference on Health and Climate in Paris in July 2016. The country has set ambitious measures to reduce greenhouse gas emissions in order to achieve carbon neutrality by 2050. A national cross-sectoral plan for transport and energy has been put in place, including raising awareness and training opportunities for youth, as well as health infrastructure changes (such as the new hospital under construction with a roof comprising 5000 m² of solar panels, enabling it to ensure the production of 40% of domestic energy needs). In a world marked by population growth, urbanization, longer life expectancy and economic growth, the ability to manage the complex and essential interactions of environment and health are crucial and remain a challenge. With the Monaco Statement, small countries will commit to: improving and developing their technical capabilities; sharing information, experiences and good practices to support innovation; collaborating; and taking concrete action on climate change and health.

Professor Patrick Rampal, President of the Scientific Centre of Monaco and member of the WHO Working Group on Health in Climate Change presented the work of the Centre and confirmed that environment was a common concern in the Principality of Monaco. The Scientific Centre comprises three departments: marine biology, polar biology and medical biology, with the common goal of environmental and sustainable development. The Centre has experience with three of the 2030 Agenda goals – cities, climate change and protection of sea flora and fauna. With regard to cities (Goal 11), approximately 50 000 people enter the city of Monaco to work each day, resulting in considerable levels of pollution and deterioration of air quality. Monaco aims to reduce greenhouse gas emissions and as part of this effort, all public vehicles are electric. All new buildings are required to use clean energy and Monaco is working to decrease emissions from incineration plants as much as possible. Thus far, a 15% decrease in greenhouse gas emissions has been achieved, but the country aims to achieve carbon neutrality. Monaco has carried out analysis of air quality since 1999 and today there are eight observation stations and the possibility to compare air quality data with public health data. Goal 13 on climate change is being addressed through teaching, training and scientific research. Being a coastal country, the risks for Monaco are different from other states; for example, extreme weather events are a real risk. The country also has an active plan for heat waves, with projections showing temperature increases of 1.5 degrees (meaning that three days of extreme heat could increase to a month-long heat wave). Another concern is the country's rising sea level, which has increased by 7 cm and could rise to 40 cm. Monaco's temperature increase could make its environment subtropical, leading to a rise in new communicable diseases. Health professionals will need more specific training on public health problems as a result of climate change, and young people in the last year of secondary school will also be exposed to tackling these issues by means access to an online course leading to a diploma. The Scientific Centre focuses on marine biology and protection of the flora and fauna (Goal 14). The whitening of corals shows that there is a problem with ocean acidification, which threatens the marine system and impacts on sea products (for which sea product isolation work is under way in laboratories). Among the products isolated is renierine, which, combined with taxol, could have a significant effect on the reduction of cancer cells.

Discussion

Countries shared what they felt were the biggest opportunities or achievements in implementing the 2030 Agenda building on Health 2020. **Luxembourg** highlighted the challenge presented by the 2030 Agenda and the need for cooperation and support from WHO in order to achieve some targets, such those related to alcohol, tobacco, road traffic accidents, and development of vaccines and new medicines. **Malta** agreed with the need for support in developing alcohol policies. The country has recently adopted the Healthy Lifestyle Act (January 2016), one of the themes of which will be childhood obesity. The issue of access to alcohol and obesogenic foods needs to be tackled in cooperation with other countries. Malta commended WHO on its work on the mapping of indicators, as they are also working to find indicators of health systems performance to be able to influence the policy cycle. **Montenegro** commented that small countries had large cities in which the majority of their citizens live, highlighting the problems in urban settings that can be exacerbated by climate change and calling for intersectoral action in urban policies and planning. Urban agriculture should also be promoted to help mitigate climate change, and greenhouse gas emissions need to be reduced and efficient waste management policies implemented. Health professionals need to be engaged in adopting greener practices. **Mauritius** reminded participants that the 2030 Agenda need to be reached within a given time frame and that there is a need for an entity to take the lead in driving work on the Agenda. The 2030 Agenda gives little responsibility to the individual for their own health, but individuals will also need to be involved to ensure its achievement.

The Regional Director agreed that action is needed at all levels to implement the 2030 Agenda, whether by prime ministers at national level or, where there is a strong United Nations presence, by inviting the relevant agencies. However, this does not free the individual from responsibility. The WHO Regional Office for Europe has developed many documents on the issues addressed by the 2030 Agenda, and decisions need to be made on how to implement them. One such issue is intersectorality, and another is reaching out to stakeholders. The Sixty-ninth session of the World Health Assembly adopted the WHO Framework of Engagement with Non-State Actors (FENSA) *(8)*, which will endeavour to strengthen WHO engagement with non-Sate actors (nongovernmental organizations (NGOs), private sector entities, philanthropic foundations, and academic institutions), while protecting its work from reputational risks, conflicts of interest, and undue influence from external actors. Civil society also needs to be engaged with effective communication, which is particularly important with regard to NCDs. During the past year, there has been a major focus on public health determinants and these need to be addressed in an integrated manner. The clustering of determinants is being taken forward in a document that will be presented at the 2017 Regional Committee. While much improvement has been made in recent years, with increasing life expectancy and reducing inequalities, more emphasis should still be placed on social determinants as an area of focus.

Minister Valeri stressed the importance of adaptation and innovation and the need to enhance civil society involvement. Small states are closer and therefore the citizens' voice will become an intrinsic part of the Monaco Statement. Professor Rampal reminded participants of the importance of coordination and how all issues are interconnected. Innovative ideas arising during the meeting should be captured and collected to identify common threads. Education is also important, as young people need to receive this information and the internet would likely be the most appropriate tool to reach them.

Session 1 highlights

Session 1 focused on:

- exploring the possibility of expanding the small countries initiative to include other small countries outside of WHO Europe;
- intersectoral action, including the private sector, and reaching out to civil society, especially in terms of NCDs;
- building on intersectoral mechanisms that are already in place to address the SDGs;
- climate change, including working towards environmentally sustainable health systems, as well as the co-benefits of mitigation;
- adopting an integrated approach around the social and environmental determinants of health, especially with regard to tobacco, alcohol and NCDs;
- aligning indicators, improving data and their use.

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Session 2. Strengthening people-centred health systems for better health outcomes

This session focused on experiences in engaging non-health sectors in health system decision-making and drew on the new publication on intersectoral action in small countries *(6)* as well as WHO policies on people-centred health systems in the European Region. Transforming and integrating health services and identifying key policy lessons in health systems could help with key small country health challenges.

When identifying synergies between intersectoral work and policy decision-making in health systems, one might want to think of a tandem bike in which each cyclist enhances the effectiveness of the other. Equally, the health system could be a trigger for achieving the SDGs. For instance, considering that the health care system is one of the major employers in the WHO European Region, it has a major role to play in achieving Goal 7 on access to renewable energy resources, in terms of environmentally sustainable health care facilities and the prevention of waste. Health systems also need to respond to new health challenges, such as through the impact of climate change (Goal 13). Another issue is the health system's role in preventing and ending poverty (Goal 1) as it can also be a cause of poverty when people have to pay large amounts of their disposable income out of pocket in order to access medical care. Governments should be called upon to ensure that robust pre-funding schemes are available to protect families from falling into poverty as a result of needing health care. The health system can also contribute to preventing poverty by providing care to sick people, thus enabling them to take up work, maintain their work or return to work after acute illness or with a chronic condition.

The case stories presented in session two formed part of the WHO Regional Office for Europe's wide-reaching mapping exercise on intersectoral action for health. A total of 36 out of 53 countries responded, providing case stories illustrating intersectoral action for health. All eight small countries provided examples of intersectoral action and a full synthesis report and country case stories are available as two stand-alone publications.

Andorra presented a type II diabetes programme. The health ministry is facing challenges and wants to focus more attention on patients, while at the same time people are more demanding and the country is facing the need to rationalize resources and reinforce the role of primary care. To do this, a three-tier system is required, consisting of basic needs, specialized attention and complex care, and based on three pillars: the family physician, nursing professionals and training for doctors. Other health care providers would carry out home visits and support the social aspect of care. To transition to this integrated patient-centred system, Andorra carried out a pilot study on type II diabetes. This is important as, by 2030, type II diabetes will be the seventh cause of death in the country and steps can be taken to remedy this. Treatment will require assistance at different levels, with a mix of staff skills and sufficient coordination. The interdisciplinary health team will involve the family physician, a diabetes care nurse, a primary care nurse, social workers, a chiropodist, a dietician, an odontologist and a psychologist. A guide and a diabetes book have been created to convey the information needed by a patient with type II diabetes. A family doctor and nurse are assigned to the person, and they are asked to sign a contract. Owing to the interdisciplinary nature of the programme, care can take place in many settings. The pilot was financed through an agreement between the health and social security sectors, funding 90% of the costs. The focus of care is on the first level (primary care), moving to the next (specialist) level, according to need. New roles have been created for nurses, as well as a drive for patient education and sharing clinical history.

The case from Andorra illustrated an example of improving patient participation in the health care process and helping health care teams to work in an integrated manner. It involves a paradigm shift from a doctor-centred process to one which looks at individuals' needs. Participants were interested in how doctors and nurses were engaged to adopt this approach. Andorra shared that it had been a challenge, since nurses want to be involved and sometimes the health system does not take advantage of their skills. This is an area for improvement. Nurses want to be considered important elements of the health system and while they have not yet demanded wage increases, this might come in the future when their responsibilities are increased.

Luxembourg presented their experience and 10 years of work tackling physical activity by means of the "Get moving and eat healthier" programme. While its initial focus was primary school children and adolescents, today the project targets the entire population. Ten years on, the initiative is now nationwide and has been adopted by approximately 1000 communities, offering sports opportunities for all ages and preferences. The Ministry of Health realized they could not act on this issue alone, opting instead for intersectoral action and triggering a national debate in Parliament on the problem of obesity. Four ministries spanning health, sport, family and national education decided to work together. The Ministry of Health and the Ministry of Sports took the lead from the outset, with the former maintaining its coordination role throughout. They later engaged the private sector (sports clubs and school canteen suppliers), involved in local communities. School catering services have also started offering healthier foods in canteens, and the media play an important role in promoting sport and balanced diets.

Factors that facilitated this work included the easy engagement of sectors once the decision had been made by the Prime Minister to support this project. As a result, it is now easier to contact the Ministry of Sports for support when initiating sports activities in communities. Small country size is also a great advantage, making it easier to reach everyone equitably. The programme has led to an increase in demand for people who could teach sports, which cannot always be met. Prevalence of obesity in Luxembourg has remained stable across the population during the initiative's 10-year period, and each of the four sectors involved have benefited from involvement in the project. General public awareness that balanced nutrition and physical activity result in better quality of life has increased. An initial evaluation was planned for 2016.

Luxembourg explained that sport was made available at low cost throughout the country by deciding on the (low) price at the community level, according to availability. For example, sports in Luxembourg City take place in public facilities such as schools that are not in use during the afternoons; with available and free-of-charge facilities, the only remaining cost is that of the trainer or coach. This was more of a challenge in smaller communities.

Monaco shared its experience in intersectoral collaboration, having developed an alert system for the arrival of highly infectious diseases by sea. It was set up and tested using the hypothetical case of pneumonic plague. The alert system aims to ensure a coordinated approach if highly infectious diseases were to arrive to Monaco by ship. The system should ensure that affected individuals receive appropriate care, health workers are protected and the spread of the infectious disease is halted. The core of the alert system is the crisis unit, which relies on a set of intersectoral stakeholders and procedures. Close cross-border collaboration takes place with France and the system includes a protocol for health workers, care for affected individuals and the necessary infrastructure.

Intersectoral action was a natural choice in this initiative, since emergency operations call for assistance from both health and non-health actors. Monaco needed a system that could be

effectively activated since it is clear that if an epidemic were to take place, they would not have the capacity to address it. This initiative received high-level (ministerial) support from many government sectors. The Ministry of the Interior (police) receives the Maritime Declaration of Health, the Ministry of Health (ministry staff) informs hospitals upon receipt of the alert, and hospitals provide care to those affected. Firefighters (armed forces) provide rescue services, logistics for citizen protection and organization of transport to hospital by protected ambulances. The Department of Maritime Affairs, with the port authorities, facilitates the docking of ships to evacuate sick people, while limiting ship crossings at that moment. A (private sector) cruise ship was engaged to increase preparedness, offering training, and the media were involved in disseminating general information about the test locally.

The test of the alert system 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. Hospitals need to buy more appropriate materials and health workers need better training on use of materials, contact with infectious individuals and self-protection while caring for the patient. Monaco's size means that proximity fosters close working relationships. The test confirmed the need to train all sectors to coordinate and follow established procedure. Regular training of health workers on patient care is essential, along with appropriate materials on ships to protect passengers. The fact that ministers facilitated this exercise was very positive. Intersectoral collaboration worked smoothly for Monaco and the experience was positive for all sectors involved.

Monaco was asked for advice on what to recommend to health staff working on ships. They shared that training is a very important aspect. In Monaco, firefighters form part of the military forces. Medical staff are also discovering the need to be appropriately equipped; specific training for medical staff should be organized, and Monaco is in the process of introducing a decontamination tent in hospitals to check patients before they enter the hospital. The procedure followed in this case would be the same for non-bacteriological accidents, such as those involving chemical products.

San Marino shared its experience using intersectoral action for the prevention of childhood obesity. In San Marino about 30% of children are overweight or obese. The San Marino Health Authority, together with the National Social Security Institute, decided to tackle this problem working in a cross-sectoral and holistic way, by promoting good nutrition in schools to set the foundation for a healthy life. The initiative also aimed at working within communities and across sectors to create a culture that takes advantage of San Marino's potential in terms of natural resources and food. The country's intersectoral approach was facilitated and supported by different factors, such as the Permanent Observatory on the Condition of Youth, which is engaged in systematic surveys in schools, using surveillance systems promoted by WHO to monitor health risk behaviours, and food and tobacco consumption. Another factor is the education and health working group, set up in 2012, to plan and coordinate health promotion and education activities in schools (day care, preschools and primary schools), with the aim of strengthening intersectoral collaboration in health. All actions were financed by the central Government, linked to the country's national health plan (2015–2017) by health recommendations that provide clear indications for obesity prevention work. The education and health working group helped build up a network between the health sector, schools and families consisting of health professionals, schools teachers, families, cooking staff, food and sports associations and the private sector. Paediatricians, school teachers and parents are active in developing integrated and personalized assistance plans for children with medical conditions.

The main challenges to this initiative in San Marino were the development of a common and integrated language; establishing new forms of multidisciplinary negotiation among

professionals from the social, health and education sectors; and fostering relationships with community and citizens' associations. San Marino believes that an integrated approach allows the development of sustainable interventions, focusing on the person and on his/her community and foreseeing repercussions in both the short- and long-term contexts.

In terms of San Marino's capacity to build on intersectoral initiatives, including focusing on other risk behaviours for NCDs, the mechanism was perceived to be the same; it is a matter of bringing all stakeholders together to sit around the table and work together on these issues. In small countries it is easier to get in touch with other sectors, since everyone knows each other and personal relationships already exist.

Montenegro shared its experience of developing a national screening programme at primary care level for early detection of harmful use of alcohol in people aged over 15 years, with a focus on the most disadvantaged. The screening programme builds on continued reform efforts to deliver comprehensive coordinated health services to improve health outcomes and reduce health inequalities. Screening is carried out by a general practitioner and people are referred to a special centre to assess their risk level and, if necessary, offered a brief intervention consisting of advice, education, monitoring and referral to specialists for therapy. Montenegro has introduced a software application to facilitate implementation of the screening programme. Training for primary health care practitioners has also been carried out, with WHO support. This programme has been a challenge to initiate and, at present, it is not yet recognized by institutions that would be critical in making it work as it should.

Discussion

Montenegro described the complexity of its case story and the challenges faced, owing to possible individual stigmatization and the fact that health professionals are being asked to take on tasks outside of their usual duties. Not all sectors in Montenegro perceive actions to combat the overuse of alcohol as positive; for example, the hospitality sector supports aggressive alcohol marketing campaigns. There is also a gap between discourse and implementation. Motivation among health care practitioners is a challenge, since they are already overburdened and the screening programme requires additional data input. Montenegro hopes that the use of social media to promote the programme will engage people and increase access to evidence-based health messages. The Healthy Lifestyle Act in **Malta** authorizes work on obesity with the support of a legal mechanism. The possibility of implementing a so-called fat tax in Montenegro was raised, using a traffic-light format warning system so that consumers can be aware of unhealthy options being offered to them. It was agreed that the population should not be punished with price increases but instead guided towards a healthier system. Malta shared how an initiative that had good intentions – a tax on plastic bottles – has had a negative effect on health; when such a tax was applied, consumption of water decreased. This highlights the need for intersectoral action, taking into account the range of effects an action could have on health.

Session 2 highlights

Session 2 focused on:

- rethinking roles in primary prevention, especially for nurses and other auxiliary professionals, as well as the need to bring in professionals from other sectors;
- a needed paradigm shift to enable health workers to be trained in prevention and promotion,

building awareness of intersectoral action into medical education;

- health financing and the importance of government political commitment to the financing of intersectoral initiatives, right from the start;
- international frameworks and WHO programmatic documents that can trigger action in countries and can provide momentum for further action on specific issues;
- building on what is already in place in countries to achieve successful intersectoral action;
- engaging the private sector and being able to communicate financial benefits to other sectors; an upcoming Global Health Diplomacy course could help small countries in this respect.

The Regional Director reaffirmed that health systems play a very important role and that WHO strongly advocates to improve primary health functions. The session had shown that a lot of intersectoral work was already under way, especially in the context of NCDs, yet more needs to be done collaboratively between the health, education and social policy sectors. These three sectors need to be brought together to reduce social inequalities and the Paris high-level conference "Promoting intersectoral and interagency action for health and well-being in the WHO European Region" (December 2016) would provide a forum at which these sectors could come together. With regard to health protection, there was a need to find the right balance between the role of central government and that of the individual. Not long ago, all responsibility for health was placed on the individual, but it is now clear that individuals cannot bear this alone, especially with regard to issues such as environment and climate change. A conducive environment should be created so that healthy choices can be made.

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Session 3. Resilience: what it is and why it matters

Resilience is one of the four cross-cutting priority areas of Health 2020. During the second high-level meeting of small countries (Andorra, July 2015), Member States highlighted the need to understand better the definition of resilience and how to strengthen it in countries with small populations through in-depth analyses of explanatory case stories. The Regional Director commissioned a paper to understand better why resilience is important to health and how to link it to Health 2020. Countries were also asked to provide illustrative case stories to provide a practical picture of what could be done in this area. Malta and Iceland prepared case stories for this session, and San Marino and Luxembourg also expressed interest in developing a case story.

The word resilience comes from the Latin word *risalire*, meaning to bounce back. While it has been used in many other disciplines, it is new to health and this could be because there is a pathological view of health and people are not accustomed to looking at factors that make people healthy; that is, the so-called assets in communities and systems. A presentation from the Islands and Small States Institute (Malta) provided participants with an overview of resilience. Small states are very fragile and often exposed to shocks but successful small countries adopt policies that enable them to adapt. Small countries are often identified by the size of their territory, population size and gross domestic product (GDP). Disadvantages of small states relate to natural resources, as their size often implies poor natural resource endowment and low inter-industry linkages, which result in a relatively high import content in relation to GDP. Limitations also exist on import substitution possibilities, owing to the small size of the domestic market, which in turn limits their choices, and results in a relatively high dependence on other country exports, little control over domestic prices and therefore little room for mass production. Small countries tend to look for a niche, but they can also be easily monopolized – a handful of families often control domestic production. A small manpower base from which to draw experienced and efficient administrators means that they become indivisible – overhead costs cannot be down-scaled in proportion to the population. Small countries also encounter challenges with regard to transport, as there is a high transport cost per unit and, for those with sea borders, insularity can also become a problem. Uncertainties of supply are not uncommon, requiring small countries to stock more than other countries, which comes at an additional cost.

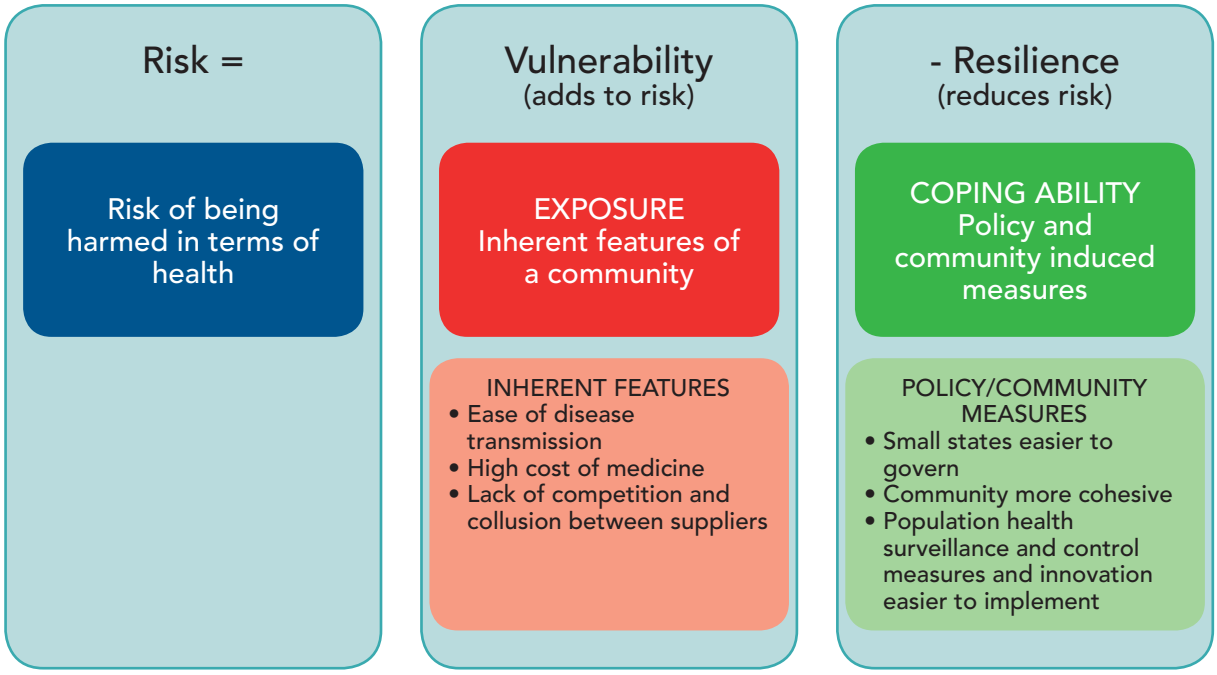
The characteristics of small states also tend to affect their health systems; they have a small population pool, and infrastructure is an expensive overhead cost. People work in multiple roles and have fewer opportunities for mobility within the workforce, which is coupled with the high administrative burden of regulation in a small domestic market. Many small countries have to transpose as many directives as larger countries when they become part of the European Union (EU), and a small population often leads to limited ability to achieve sustainable volumes of activity. There is limited contributor pool in sharing population resources (gene types, organs, etc.) and rare diseases pose a particular challenge, since there are not enough patients to justify availability of treatment. Small countries face high costs and are also unable to offer all health system services, especially highly specialized care. Lack of capacity in small states often leads to constraints such as difficulties in segregating roles in the health system; lack of peer review at the national level; delayed access to innovation; lack of mobility, stagnation; unnoticed quality issues. Further health system problems associated with a small domestic market include high overhead costs per unit of administration; limited ability to reap the benefits of economies of scale; lack of interest by industry in placing medical goods on the market; lack of competition between providers and high prices for (medicines and) medical supplies, owing to small volume of consumption.

The vulnerability/resilience framework (Fig. 1) proposes that:

risk of harm = vulnerability – resilience

Small country vulnerabilities can also make them more resilient (Fig. 2). For example, a small jurisdiction makes it easier for the government to identify and address shortcomings in health care. In small countries policy-makers have a birds-eye view of health issues and implementation of health in all policies is theoretically more feasible; such countries may put measures in place to enhance social cohesion, rendering it easier to coordinate and implement health policies. Surveillance of population health through national registers is easier and more comprehensive, and research, policy and practice exist closely, thus enabling more rapid uptake of innovation.

Fig. 1. The vulnerability/resilience framework



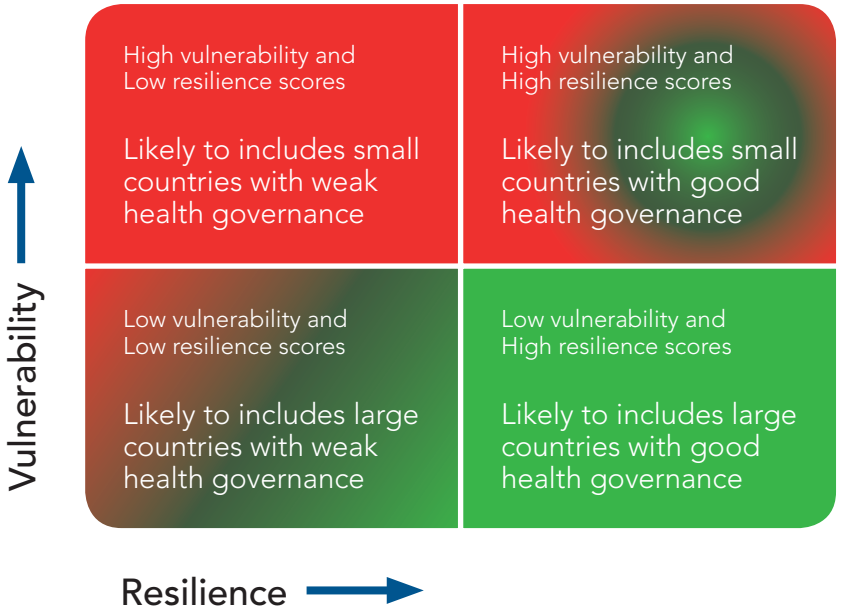
Source: provided by Lino Briguglio and Natasha Azzopardi Muscat from the Islands and Small States Institute, University of Malta.

The most important implication of the vulnerability and resilience framework is that small states can succeed in having a strong public health system in spite of the disadvantages associated with small size, if they adopt policies leading to good governance. Participants were reminded that resilience relates to processes or skills that individuals or communities have when they face problems, and they were provided with a historical perspective of resilience, the roots of which lie in child development, traumatology, salutogenesis and environment and ecosystems. There is scientific evidence that resilience is related to health outcomes. Resilience can occur at individual, system or community levels. It can be adaptive to situation changes; anticipatory, and able to foresee and reduce the impact of shocks through preparedness and planning; and absorptive, taking in the impact of shocks and stresses with later recovery from adverse conditions. Resilience can be developed over a lifetime (over the life-course). There is also growing interest in system-level resilience, as can be seen by the number of times the word resilience is used in the 2030 Agenda *(4)*.

Malta shared its experience of strengthening health system resilience through retention and development of human resources. Malta is faced with a low ratio of health professionals per capita, and exposed to critical issues arising from changes in global, European (or large single-

country) policy contexts. Often there is lack of resource capacity to achieve high levels of self-sufficiency in the provision of specialized health services, sustainability of training and recruitment of some types of health professions. There is also heavy reliance on neighbouring countries for services and many specialists are trained and later find jobs abroad. Malta has found ways of adapting and successfully addressing these challenges, which were presented with four examples.

Fig. 2. Four possible country resilience scenarios



Source: provided by Lino Briguglio and Natasha Azzopardi Muscat from the Islands and Small States Institute, University of Malta.

The first case deals with medical brain drain in Malta. The United Kingdom changed its medical specialty training programme structure and, upon accession to the EU, Malta was losing more than 35% of its graduates immediately upon qualification. To address this, a Foundation School Programme was set up in Malta, aiming to reverse brain drain in the country. The programme now recruits overseas medical graduates and demand for places exceeds supply. The second case deals with setting up medical specializations in Malta. Prior to EU accession, formal systems for specialization were lacking, meaning that many students left Malta to become specialized then remained abroad. To address this need, a domestic specialization and accreditation system was established (in partnership with other countries). A mechanism was set up for partial training in Malta and partial training overseas, which helped in retaining capacity locally, ensured necessary exposure to patient numbers/diversity and maintained the hospital as a teaching and training institution – something which did not exist before. Final accreditation is given upon return to Malta. This hybrid system now allows Malta to produce its own medical specialists, and the country is currently trying to make links with other countries, since the United Kingdom voted to leave the EU. Case three deals with nursing qualifications, since upon EU accession more than 50% of Malta's nurses held a qualification that was not recognized. To address this, over 800 nurses in a period of around 10 years went through an up-skilling programme, which provided an impetus to professionalize the nursing career stream. Nurses in Malta now obtain higher qualifications and are licensed, and this has had a positive impact on service delivery and motivation. Case four deals with the development of new professions in Malta; namely, allied health professionals. Malta wanted to build new oncology hospitals and received EU funding to do so, but they were missing therapeutic

radiographers and medical physicists. Two university-level courses were developed with United Kingdom-based partners and Malta is now self-sufficient in the provision of training for these professions. As a result, patients who previously had to seek treatment abroad are now treated locally.

Results of these four cases of strengthening health system resilience include the fact that the number of physicians per population (including trainees) has risen to be on a par with the rest of the EU (whereas in 2010, it was below the EU average). The nursing profession in Malta has been up-skilled and new allied health professionals have been developed. Today, the University of Malta and Mater Dei Hospital are renowned as teaching institutions and foreign students are a source of revenue. However, there are still some risks to Malta as a small country: small shifts in migratory and recruitment patterns have large impacts on the country; overreliance on one large country is also a risky strategy; and a shift from undercapacity to oversupply can occur very quickly. These risks can be overcome by using health workforce information systems to monitor quantitative and qualitative trends in the workforce. Setting up multiple country agreements can help spread risks of policy change in large countries and make smaller countries less vulnerable. Recruitment of expatriate students can be carried out to ensure sustainability of education and training courses. Looking forward, the health workforce is a focus within the thematic priority of structured cooperation between health systems in Malta's upcoming EU Presidency in 2017. Malta has shown that small countries can respond and adapt rapidly to changes in workforce development and skills provision. Health system cooperation to ensure continuous training and development can be important for quality of care as well as staff motivation.

Iceland's experience in the preventing the re-traumatization of victims of child abuse is unique. Often the entire process that children undergo after child abuse is traumatic. To deal with this, Iceland chose to use a single point in time and single location approach to collecting evidence, carried out in a friendly environment where the other individuals needed for the case (such as a judge and social workers) are linked to an interviewer, who talks with the child but is not seen. Furthermore, during the medical examination, the child remains fully dressed (in other countries, children's clothes are removed and they often need total anaesthesia). Iceland has also developed criteria for evidence, depending upon the child's age. This Barnahus approach has proved successful in reducing trauma and speeding up recovery from the negative experience of child abuse.

Three countries shared their experiences with resilience. **Luxembourg** shared their experience during the 2003 heatwave, when people with older parents realized they needed more support to care for them. After 1–2 weeks of intensive care of the elderly, they approached the Red Cross for more support, leading to the setting up of a hotline for families to obtain support in looking after their elderly parents. This programme is now under the umbrella of the Ministry of Health and people know where to go if they have elderly parents and need support. Another case in Luxembourg relates to language issues, as half the people living in the country do not speak either French, German or Luxembourgian. With the war in Yugoslavia, many families came to Luxembourg and when adults became ill their children usually accompanied them. However, often interpretation by a child was difficult and inappropriate. To address this, an NGO and Red Cross were approached and they organized an interpreter service for foreigners. Today in Luxembourg, interpretation is available in more than 20 languages.

San Marino shared their experience dealing with marginalization of disabled adults and minors. The country was among the first to ratify the United Nations Convention on the Rights of Persons with Disabilities (CRPD) in February 2008 *(9)*. In 2013 the National Bioethics Committee published a document on the bioethical approach to people with disabilities, and in 2015 the San Marino Government adopted the Framework Law for the assistance, social inclusion and

the rights of people with disabilities: a law based on the CRPD, but adapted to the specific needs of San Marino. In September 2015 the San Marino Commission for the implementation of the CRPD was set up, with the aim of cooperating with the Equal Opportunities Commission to uphold the rights of people with disabilities by:

- promoting, protecting and monitoring the implementation of the Convention's principles through appropriate policies on disability;
- systematic collection of data and the promotion of studies and research;
- cooperating with international monitoring institutes.

San Marino believes in removing all barriers that limit the acceptance and inclusion of people with disabilities, stimulating and protecting the full development of their rights and their potential to express themselves in the social, personal and emotional spheres, and will focus on:

- promoting inclusion and community awareness;
- setting up an intersectoral observatory on the conditions of persons with disabilities;
- providing targeted programmes to promote the integration of people with disabilities, by engaging the community in efforts to help disabled individuals achieve greater autonomy and social inclusion;
- promoting the use of international information tools and supporting an integrated information system, in collaboration with social, educational and health services, to monitor and assess the interventions implemented.

Discussion

The Regional Director informed participants that the work on resilience will be taken to the Regional Committee in 2017, with the aim of expanding to other countries beyond the small countries. Next steps in this area of work will be to produce documents on resilience for small countries and two illustrative case stories from Malta and Iceland. Additional examples of country-level resilience would be welcome.

Session 3 highlights

Session 3 focused on:

- characteristics of resilience and decreasing vulnerability increasing resilience;
- growing interest in system-level resilience within the context of the 2030 Agenda;
- the need to build up resilience by expanding adaptive, absorptive and anticipatory capacities of countries;
- the importance of addressing system-level vulnerabilities before they become individual vulnerabilities;
- the positive fact that resilience can be developed over the life-course and that small states succeed when they adopt policies that allow them to succeed;
- taking work on resilience to the 2017 Regional Committee.

Session 4. Responsiveness of small countries on women's health throughout the life-course

At the 66th session of the Regional Committee for Europe, Member States adopted the Strategy on women's health and well-being in the WHO European Region *(3)* and discussed a report that summarized the evidence base behind the strategy. This session aimed to offer an overview of country initiatives, in progress or planned, which address the strategy's recommendations.

Women in the WHO European Region have better health than those in most countries of the world, but that does not hold true for all women *(10)*. Inequities are increasing for men and women within and between countries of the Region and these have considerable health consequences, as well as social and economic costs that cannot be reduced without investing in girls and women. The women's health and well-being strategy follows the life-course approach, reflecting the accumulation of advantage and disadvantage through exposure to both protective and risk factors, and presenting opportunities to prioritize actions by age and developmental stages. The main health issues for women in the Region – including variations in health among those of different ages and the influence of gender and social determinants across women's lives – are all considered in the strategy.

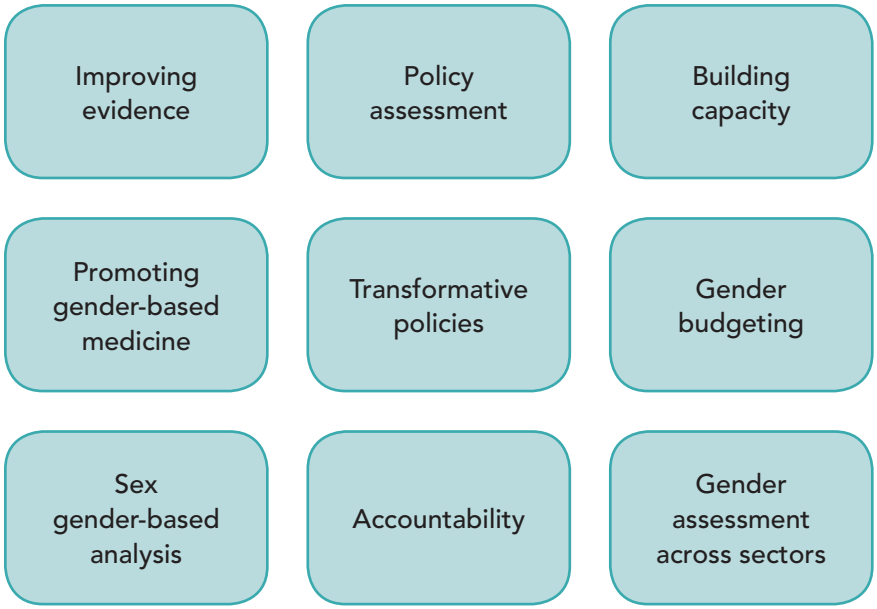
The strategy is connected to Health 2020 and the 2030 SDGs (specifically, goals 3, 5, 10 and 16), putting women's health at another level and giving it another dimension. While women have long life expectancy in Europe, they often live in disability. Furthermore, not one single country in Europe sees women achieving equal opportunities with men. There is currently a 17–30% gap between women and men in terms of pensions, since women are not able to work as long as men. In addition, up to 80% of unpaid care is carried out by women.

The vision of the Strategy for women's health and well-being in the WHO European Region is to ensure that all girls and women are enabled and supported in achieving their full health potential and well-being, with their human rights respected, protected and fulfilled *(3)*. Countries, both individually and together, are to work towards reducing gender and socioeconomic inequities in health within the Region and beyond. The strategy offers a transformative agenda, with women having a right to health of their own. Priorities include: strengthening governance with women at the centre; eliminating discriminatory values, norms and practices; tackling the impact of gender and other social economic, cultural and environmental determinants; and improving health system responses to women's health and well-being, all taking into consideration accountability. The strategy also calls for intersectoral action, as in many cases the health sector does not have the tools to deal with issues affecting women's health, such as (among others) intimate partner violence, child brides, kidnappings and genital mutilation. Its transformative model of care looks at integrating women into the labour market, as well as gender-based medicine to deal with the different symptoms women experience for conditions such as heart attacks. Fig. 3 indicates the areas to be addressed in implementation of the European strategy on women's health.

Iceland presented their perspective on women's health throughout the life-course, providing some facts which showed their pioneering role in achieving gender equity. Iceland was the first country in the world to have a nationally elected female president (in 1980), to take a day off from work to protest and to emphasize in particular the importance of women's contribution to society (1975), and to pass a law on gender equality (1976). In Iceland, 46% of parliamentarians and 43% of members of local government are women, and 80% of women in Iceland are active in the labour market, with approximately 30% of those working part time. Women also make up more than two thirds of university students and the number of female university teachers

is growing rapidly. While Iceland does well in terms of gender, it still faces challenges, such as closing the gender pay gap, securing equal political and economic power for women, and eliminating all forms of gender-based violence. Iceland believes that gender equality is matter of necessity and a prerequisite for women's health and well-being.

Fig. 3. Areas to be addressed in implementing the European regional strategy on women's health



Adoption of the European strategy for women's health was considered a milestone for Iceland, as it will serve as encouragement, and provide a means to improve health services, enabling the country to look even more closely into matters in which there is clear room for improvement. Iceland believes that implementation of the strategy must be seen in a broad perspective, focusing on all ages and on both sexes. With regard to sexual and reproductive health, Iceland's legislation is under revision regarding counselling and education on sex and childbirth, as well as on abortion and sterilization procedures, dating back to the year 1975. Focus will also be placed on women's mental health, especially among younger women, as this is affected by complex but modifiable risk factors, such as excessive workload and poor self-image. In Iceland, health statistics reflect the situation for women and men separately; all data are collected and presented by sex whenever possible. There is also an increased effort to incorporate a gender perspective into published health indicators. Iceland aims to use its tools, health statistics, public health indicators, studies and research to find and take the appropriate action going forward.

Participants were provided with an overview of detection of women's cancers by Monaco's Department of Social Affairs and Health. Women's cancers, including breast, cervical and ovarian cancer, lead to hundreds of thousands of premature deaths among women. Investment and programmes to prevent and treat women's cancers have improved and led to significant reductions (for example in cervical cancer) in high-income countries. Breast cancer accounts for more than 30% of all cancers in women; one in every eight women will develop the disease. While most early cases of breast cancer cause no symptoms, mammography is especially valuable as an early detection tool because it can identify breast abnormalities that may be cancer at an early stage, before physical symptoms develop. Furthermore, numerous studies have shown that early detection saves lives and increases treatment options. Cervical cancer is the second most common cancer in women worldwide. Every year more than 270 000 women die from cervical cancer, with more than 85% of these deaths in low and middle income countries. The core principle of a comprehensive approach to cervical cancer prevention and control is to act across the life-course, using the natural history of the disease to identify opportunities in relevant age groups to deliver effective interventions.

Discussion

San Marino shared that available data in the country show that gender violence is growing and current data underestimate the problem. An integrated, family approach to prevention of violence was presented. In line with the recommendations of San Marino's national health plan, and as part of the initiatives promoted by the Council of Europe's "Campaign to combat violence against women, including domestic violence" *(11)*, the Authority for Equal Opportunities encourages promotion, support and coordination of initiatives aimed at the prevention of violence, providing support for victims and implementing specific operational protocols. Adequate training is also ensured for professionals and citizens who are involved in the prevention of violence against women and in the promotion of community initiatives to support women's rights. A surveillance system has been set up to provide information to understand the magnitude of the problem and to put in place political and operational strategies to address it. As of July 2013 a "listening point" has been active for cases of violence against women or gender violence. Furthermore, the child protection unit at the San Marino Hospital started joint procedures between the departments dealing with women's health, mental health, primary health care, obstetrics and gynaecology, and paediatrics to create a team carrying out home visits for the prevention of at-risk maternity cases. The team works to highlight the importance of child maltreatment prevention measures involving the social, health and judiciary sectors, along with the education sector, various associations, the media and communities. This comprehensive approach, comprising school programmes on violence prevention, awareness-raising campaigns organized by the media and community interventions, and combined with selective home visiting and parenting support programmes, appears to be effective in reducing risk factors for maltreatment of women and children.

Over the coming years, the San Marino Health Authority and the Authority for Equal Opportunities aims to: strengthen the diagnostic and therapeutic pathways for women who suffer from violence, while also facilitating specific agreements with shelters or reception facilities in San Marino and outside the country; provide adequate training for social and health professionals on prevention and early recognition of violence; consolidate integrated information flows on data on violence with existing databases; strengthen cross-sectoral cooperation among the stakeholders involved in child protection and partnerships with schools to raise awareness among teachers (specifically detection of child distress signals); and standardize procedures and pathways for the integrated management of children who suffer violence.

Session 4 highlights

Session 4 focused on:

- women and their health without children, as women's health should go beyond maternal and reproductive health;
- taking a comprehensive view of women's health aspects, in terms of health in all policies;
- identifying case studies from countries applying the Strategy on women's health and well-being in the WHO European Region *(3)*.

Session 5. Making a difference through communicating the implementation of global goals

Dr Hamelmann and Dr Bettina Menne (WHO Coordinator Health and Development (SDG)) opened the session, reminding participants that this time of social disequilibrium called for determined leadership to address inequalities, without contradictions and leaving no one behind. The session focused on how to increase the outreach of health promotion and disease prevention initiatives through effective communication, as well as how to communicate the SDGs to other sectors and to lay audiences. The input gathered from a communication workshop held in parallel (focusing on communicating the 2030 Agenda to the media) was also discussed.

When communicating the SDGs, strong information behind the message is critical. Such information can answer fundamental questions, such as: "why should we communicate the 2030 Agenda at all?" and "how do we make these goals something that belongs to us?"

Some country representatives were asked about their public health initiatives and how they had engaged the media and kept them involved. As part of Luxembourg's 10-year "Get moving and eat healthier" initiative the media has been involved every year and press conferences have been held annually by each ministry. An initiative involving four ministries can be a communication challenge, since the main messages need to be uniform, requiring coordination and advance planning. Being a small country has helped Luxembourg in this respect, since everyone knows each other and sees each other on a regular basis. Luxembourg advised other countries planning communication activities to make sure that the health sector advocates for attention to be paid specifically to the new goals. Only two out of 10 people within the health department knew what the 2030 Agenda was in Luxembourg. The fact that there are many targets can be overwhelming to countries, but every country in Europe needs to understand that they need to address the 2030 Agenda. A simple yet practical explanation of what these goals and targets entail will be helpful in communicating their meaning to the public.

WHO Regional Office for Europe asked what would be needed from their side in order to communicate the 2030 Agenda. Dr Menne informed participants that the Regional Office is putting specific materials together for the 2030 Agenda, as well as incorporating this perspective into issues that are already being addressed. The question of how public health professionals could facilitate the work of journalists resonated throughout the workshop, along with discussion of the best way to package messages so that the information is useful. Journalists need straightforward information, since they have little time to delve deeply into topics. The type of journalist was also relevant, since communication by a traditional journalist tends to differ from that of a scientific journalist. It is necessary to build trust, so that the media can be relied upon to communicate important information correctly.

Mauritius agreed that it is necessary for the health system to communicate to the media, but felt that the 2030 Agenda is not interesting enough, compared to the Zika and Ebola viruses, for example. Furthermore, sustainable development is a lengthy name and can be an abstract concept for journalists. Malta highlighted how a ranking of countries on 2030 Agenda performance (carried out in a recent *Lancet* article) could be a way to make the topic interesting; however, based on past experience, WHO is not in favour of country rankings. In Malta, the media have helped bring attention to the 2030 Agenda by means of a survey carried out among the elderly.

To best communicate the 2030 Agenda, interesting and varied approaches should be used, such as social media (Facebook, Twitter, etc.), in particular to bring young audiences on board. In fact, everything on the front page of newspapers could be seen as somehow being linked to the 2030 Agenda, as they show the world position on social, environmental and economic issues, and journalists could provide health actors with valuable input on what to focus on and next steps. Putting the 2030 Agenda in the context of the economic crisis is also important. The health sector has the obligation to ensure people understand the importance of the 2030 Agenda, in order to make them accountable.

Owing to the transformative nature of the 2030 Agenda, requiring engagement by civil society, the private sector and individuals from every country, health issues, goals and targets must be communicated to hold governments accountable and ensure progress. The media play a key role in raising awareness on health issues and it is therefore important that they understand public health issues in this context. Governments should take advantage of this initial implementation phase – a window of opportunity – to gain support from media in communicating the SDGs to wider audiences.

It was agreed to share the WHO Regional Office for Europe's communication on the 2030 Agenda (Box 1) and to maintain regular contact with the small countries initiative as part of efforts to nurture a network of communicators within this group. There is strong interest in interactive learning opportunities for both representatives of small countries and WHO communicators, and this will be fostered by means of a subsequent workshop at the next high-level meeting of the small countries in Malta (in 2017).

Box 1. Communicating the 2030 Agenda for Sustainable Development

One of the four key action areas of the SCHIN is to create a supportive environment for Health 2020 through better engagement of the media as an implementation partner. A workshop for communications professionals and journalists was held in parallel to the plenary discussions of the third high-level meeting of small countries. Focusing on communicating the 2030 Agenda for Sustainable Development, this workshop built on the experiences of last year's meeting, which focused on media reporting on health inequities and using the media as an implementation partner of Health 2020.

The workshop provided an opportunity to:

- explain the broad SDG agenda from a WHO European Region and health perspective;
- discuss the challenges and opportunities of communicating the 2030 Agenda, as well as the necessity to do so;
- share specific, engaging examples of how to communicate the SDGs (particularly to the public) that could be applicable in a small countries context (including the #GlobalGoals photo booth, developed for the 66th session of the WHO Regional Committee for Europe, and the Danish journalistic awareness campaign "World's Best News", publishing news about progress in developing countries);
- share country examples of successful communications health initiatives;
- discuss communications challenges, such as engaging the media and packaging health information for the media, seeking guidance from colleagues in an open forum.

Participants shared various challenges, including:

- how to develop effective relations with journalists to facilitate far-sighted communications on health issues, going beyond personal and sensationalist reporting (i.e. how to build honest and fair collaboration);
- how to engage with audiences directly through social media, in a coordinated way across parts of the same institution and across national institutions;
- how to encourage the media to use health data effectively and responsibly (using an example of the appeal and challenges of country rankings for the SDGs, which generate interest among policy-makers and the media, but may be pushing hidden agendas, such as pharmaceutical industry financing, at the expense of others);
- how to transform communications with media from being the "perceived enemy" into an ally, for example by finding ways to build trust between technical/political actors, and with the media;
- how to adapt public health communications in an era of personalized medicine and e-health.

Session 5 highlights

Session 5 focused on:

- developing effective relations with journalists to facilitate communications on health issues, including how to move beyond personal and sensationalist reporting and build honest and fair collaboration;
- encouraging the media to use health data effectively and responsibly, thereby building trust and transforming the relationship with the "perceived enemy" to one with an ally;
- finding windows of opportunity for communicating the 2030 Agenda to the media;
- engaging with audiences directly through social media, in a coordinated way;
- adapting public health communications in an era moving increasingly towards personalized medicine and e-health;

- documenting good practices on communication and public health, and innovative approaches such as the use and dissemination of communication tools and products available on the 2030 Agenda to appropriate audiences;
- organizing a follow-up communication meeting, focusing on joint problem-solving methodologies to allow for collaborative learning.

Session 6. Health and sustainable development: measuring progress through the SCHIN

This session aimed to measure the progress made by the SCHIN and explored how it supports Member States and can inspire other networks, including those outside Europe. It reported on the new WHO European Region gatekeeper function to reduce the reporting burden on countries and the mechanisms for monitoring and submitting data related to the SDG indicators, offering possible solutions addressing the specific challenges of small countries.

The European Health Information Initiative (EHII) provides overarching guidance for health information activities at the WHO Regional Office for Europe. It is a multi-partner network, the main goal of which is to create an integrated health information system for Europe; this goal was established jointly by the European Commission and WHO Regional Office for Europe at the 60th session of the Regional Committee for Europe in Moscow (2010) and further commitment to close joint working was asserted by both agencies at the 65th session in Vilnius (2015). To date, five Steering Group meetings have been held. Since its start, the initiative has doubled in size to 25 partners and two observers. At the second high-level meeting of the small countries initiative, Member States expressed concern about a high reporting burden being placed on them; almost 50 surveys are received per year from WHO Regional Office for Europe and WHO headquarters. WHO Regional Office for Europe responded to this by setting up a gatekeeper function. The Statistical Policy Group (SPG), which has been coordinating statistical activities in the Regional Office since 2011, established an inventory of regular planned data collections and examines each proposed collection at beginning of each year. The SPG decides on annual data collections to be carried out based on agreed criteria and applies them to all surveys to be sent by technical units. As of 2016, only SPG-approved surveys can be sent to Member States (26 approved), with a re-evaluation of the process planned in early 2017.

Member States also said that, despite this recently established function, they were still overwhelmed with surveys and almost 40 had already been received in 2016; the gatekeeper function has therefore clearly not yet taken effect. Countries asserted that frameworks and issues to report on were not manageable in small states. WHO Regional Office for Europe conducted a mapping exercise to examine how indicators compare, and found a 76% alignment between Health 2020 and the SDG indicators. The *Global action plan for the prevention and control of noncommunicable diseases (12)* is also relevant to the small countries and has its own set of indicators. Ten indicators were found to overlap among the three main frameworks. There is now a proposal for a joint core set of indicators, presented at the 66th session of the WHO Europe Regional Committee (2016), and would make for a one-time reporting mechanism; there are several options for such a framework, which will be put to Member States for formal consultation in 2017 *(13)*. A new European Health Information Gateway has also been set up and acts as a bilingual, interactive one-stop shop for health information for policy-makers, the general public and WHO staff alike. A grouping for small countries has been added in the European Health Information Gateway and in the European Health for All database.

Public Health Panorama, WHO Regional Office for Europe's public health journal plays an important role in disseminating health information *(5)*, aiming to share good practices and successful implementation of evidence-informed policies. It is bilingual (English and Russian), theme-based and published quarterly. The WHO Regional Office for Europe has revitalized a former series of country profiles on health and well-being, consisting of epidemiological information, analysis and a profile of health and well-being; a summary called *Highlights on health and well-being* is issued at the same time, addressing policy-makers. In 2016 three country profiles were published (Greece, Slovenia and Republic of Moldova). The Autumn

School on Health Information and Evidence for Policy-making focuses on transforming evidence into public health policy. Courses have been under way annually since 2013, with Turkey, Poland, and the Russian Federation hosting the first ones. In October 2016 another course was to be held in Romania, and since 2015, advanced courses are arranged six months after the Autumn School, with the 2016 course having taken place in Cyprus in June.

Networks also form an important part of the EHII. The SCHIN was an initiative of the Minister for Health of Malta. All eight small countries agreed to establish a health information network, the terms of reference and a scope and purpose for it. A first meeting was held in March 2016 in Malta, and a work plan established. Currently, the SCHIN is in the process of developing a joint indicator list for reporting on Health System Performance Assessment (HSPA) and Health 2020. The Evidence-informed Policy Network (EVIPNet) uses multi-stakeholder country teams to translate research evidence in policy-making and this work is now live in 19 countries. The European Burden of Disease Network, which was established with 11 Member States in September 2016, is working with countries to enable them to carry out their own burden of disease studies and to harmonize methods across the European Region.

An action plan and a resolution to strengthen the use of evidence for policy-making in the European Region was adopted at the 66th session of the WHO Regional Committee for Europe *(12)*. The ultimate goal as expressed in the resolution is to establish a single integrated health information system for Europe. All 53 Member States agreed on the need to:

- strengthen health information systems, harmonize health indicators and establish an integrated health information system for the European Region;
- establish and promote health research systems to support the setting of public health priorities;
- increase country capacities for the development of evidence-informed policies (knowledge translation);
- mainstream the use of evidence, information and research in the implementation of Health 2020 and other major regional policy frameworks.

This was reaffirmed by a high-level panel at the European Health Forum Gastein, at which senior panellists from Member States, the Organisation for Economic Co-operation and Development (OECD) and EuroHealthNet discussed the implications of the resolution.

Discussion

Montenegro explained how many health improvements are shared with other sectors and that countries face enormous obstacles in the pursuit of sustainable development. The 2030 National Strategy for Sustainable Development of Montenegro, adopted in July 2016, has put in place measures to achieve long-term sustainable development in society. Strategic objectives include improving the health of citizens of all ages. Montenegro has seen improvements but there is still a gap compared to other European Member States and the country would like to consider options on how the SDGs can support development overall. Montenegro considers the EHII an important vehicle to strengthen health reporting in the region.

Monaco discussed the country's has a wide diversity and explained that the health system is integrated with France's. Citizens of Monaco can go to France for health care and vice versa, and agreements exist with French hospitals. The data collected, however, do not relate to the same population samples. In setting up the health information system, Monaco asks that

WHO take into account the specificities of their territory and health system, as they face the challenge of annual variations resulting from the small sample size. Monaco does not actively try to attract people from outside to receive care, but nonetheless, their hospitals serve people who spend a large part of their day in Monaco because of work. Social security agreements have been in place since the 1960s and people are free to access care at the health facility of their choosing. Monaco faces the challenges of tracking health care access patterns between France and Monaco. The latter does not have a full-fledged medical tourism policy, as in other countries, but has the CCM that cares for many people coming from the Middle East, especially for paediatric cardiac surgery. The CCM also carries out humanitarian surgery.

Monaco would also like to identify a number of indicators that are appropriate for the small countries. It believes that harmonization of data will enable small countries to communicate with each other and to present a single, unified message. Standardized, simplified data would make it easier to convey important public health messages.

Malta empathized with Monaco's experience with transitory patients and the statistical challenges that it brings about. Many small states are trying to boost medical tourism in their countries, making this is a reality the network will need to address. Malta also reaffirmed its strong belief in networks, since health information has undergone a number of changes in the country. Recognizing data limitations, Malta also sees opportunities for health information networks.

Iceland said that the EHII network has made considerable progress and would like to see more work on knowledge translation. The Health Promoting Communities project could use health information to an advantage.

Montenegro emphasized the importance of health data and health information activities as critical for small countries, since they will help improve national health information systems. Montenegro has limited human resources for reporting and yet its burden of reporting is just like any other country in the world. It also faces the issue of small numbers and trends for some indicators monitored, which could be due to small population size or the small number of cases. Data quality can be an issue, sometimes accompanied by missing data for important indicators that need to be reported. The EHII represents an opportunity for Montenegro to strengthen its national health information system, since sometimes the legal framework for data collection is not sufficient to gather high-quality data. Innovation is equally important, especially in light of how few resources the country has. Small countries should use the opportunities or benefits provided by mobile infrastructures, which could help to improve outreach for NCDs, for example, or to address surveillance issues. Montenegro indicated health survey capacity-building as a key area in which support is needed, and the capacity of small countries to report more effectively and use data for policy-making was also highlighted.

Session 6 highlights

Countries welcomed support from the European Health Information Initiative, specifically with regard to:

- reducing reporting burden, enhancing harmonization (including for indicators), and ensuring strong links to WHO European Region activities;
- SCHIN's contribution to sharing expertise and innovation, in terms of finding joint solutions for common problems and stronger interaction with WHO Regional Office for Europe, to foster direct responses to issues brought to WHO;

- defining a core list of the indicators of most use for small countries.

Session 6 focused on:

- the need to provide support by EHII to Member States to reduce reporting burden, enhance harmonization (including for indicators), and ensure strong links to WHO European Region activities;
- efforts that are to be made by EHII to keep the small countries initiative informed of activities and continue good advocacy (through *Public Health Panorama*), bringing SCHIN to the regional EHII platform and including a discussion on chairmanship at their next meeting;
- how the SCHIN will contribute to sharing expertise and innovation, find joint solutions for common problems, make for stronger interaction with WHO Regional Office for Europe (and foster direct responses to issues brought to WHO);
- challenges still faced by small countries, such as:
  - limited capacity to participate to the fullest extent;
  - data distortions among small countries (island states versus adjacent countries), whereby difficulties arise as a result of population denominator effects;
  - situation changes in populations under 100 000 and in those over 100 000;
- efforts by the EHII network to define a core list of indicators of most use for small countries;
- the desire of small countries to have something against which to benchmark themselves;
- mainstreaming of the gatekeeper function and future monitoring to determine whether alignment in data collection will lead to reduced duplication (and one submission for all data needs).

The SCHIN would meet during the afternoon of day 2 of the meeting to discuss these items in more detail.

Session 7. Sustainability through a life-course lens

The European framework Health 2020 calls for investing in health through the life-course approach and empowering people. The second high-level meeting of small countries and the WHO European Ministerial Conference on the Life-course Approach in the Context of Health 2020 (Minsk, 2015) initiated more active implementation of this approach in European countries *(14)*. Small countries were the first to discuss what the life-course approach means. The Andorra Statement, arising from the second high-level meeting of the small countries, was supported by larger countries and confirmed that they wanted to take the life-course approach *(15)*. This session presented examples of this approach in small countries and their links to the 2030 Agenda.

The Minsk Declaration and its resolution have started to be implemented *(16)*. Each small country has selected a case story to illustrate the life-course approach. Of the eight countries, each chose a different age group focus and presented reasons for choosing this specific action, the trigger for use of the life-course approach and how to ensure its sustainability.

Andorra presented its National Strategy for Nutrition, Sport and Health, which focuses on actions to promote physical activity and good nutrition in order to prevent obesity and its negative health, psychological and social consequences throughout the life-course. In Andorra, young people eat high-calorie foods and little fruit and vegetables. Current obesity prevalence is 13% among the population, which is generally sedentary. While the strategy addresses the whole population, special attention is given to adolescents, pregnant women and the elderly. The strategy involves the development of guidelines on good nutrition and active lifestyles, elderly physical activity, breastfeeding, physical activity for pregnant women, all of which have been developed and disseminated publicly. Physical activity and nutrition conferences have been organized, as well as an annual "Sports for all" day, which aims to raise awareness among the general public about the importance of good nutrition and physical activity. An interministerial group (Ministry of Health and Welfare and Ministry of Education and Youth) was set up for strategy development and, along with the Andorran College of Dietitians and Nutritionists, they created nutrition and physical activity guidelines, funded by the Government of Andorra. Private foundations have also provided funding to produce strategy materials and the media has played an important dissemination role. A survey is planned after 10 years of strategy implementation to assess impact.

Montenegro shared its experience in child maltreatment prevention as it was one of the first countries in the WHO European Region to embark on a survey on this topic within the context of the Biennial Collaborative Agreement for 2012–2013. Survey results confirmed a considerable problem with adverse childhood experiences (ACE) in the country. The accumulated effect of early years of adversity affects the whole life-course. The survey found that the social gradient matters and those of lower socioeconomic status or with less-educated mothers were more likely to have been exposed to ACE. Montenegro realized that the problem of ACE could not be resolved by keeping the same frame of mind as in the past and that a new way of thinking was called for; for this reason, a life-course approach was chosen. Montenegro oriented child maltreatment prevention work around four fundamental elements: timeline, timing, environment and equity. Focusing on these concepts within a life-course framework will ensure sustainability of interventions. Knowledge and a solid evidence base will be central to achieving this; programme policies strategies must be based on evidence and maintaining political will.

Iceland presented its experience with Welfare Watch, an independent entity set up in 2009 by the Icelandic Government to systematically monitor the social and financial consequences of

the economic crisis on families and individuals and to propose measures to help households. Welfare Watch became an instrument within which to join forces towards a common goal; namely, defending the rights of those most at risk, including children and families with young children, disabled individuals, chronically ill people, elderly people living in poverty, the unemployed and those depending on financial assistance from local authorities. Welfare Watch is staffed by representatives of various sectors who are connected in various ways to the welfare system, and work on these issues. It has allowed the country to look at life in a holistic way and has been influential in the development of a three-year research project which aims to: find ways of measuring and monitoring citizens' welfare; investigate how well Nordic welfare systems are prepared for various crises; study the effects of financial crises and the consequences thereof on Nordic welfare systems; and contribute to informed policy-making in welfare matters.

Malta began work on the life-course approach some years ago, while developing their national health system strategy. An intersectoral collaborating committee was set up after the WHO Interministerial Conference on Counteracting Obesity in Istanbul in November 2006, using the entry point of childhood obesity to initiate work in this area. Malta's obesity strategy, entitled Healthy Weight for Life (2012–2020), targets the whole population to address the growing problem of overweight and obesity in the country across all life stages. A special focus on schoolchildren is ensured through the "Whole school approach to a healthy lifestyle: healthy eating and physical activity policy", which targets pupils, staff and the whole community around schools. A project for children aged 3–5 years focuses on nutrition, physical activity, oral health and assertiveness. A teacher-training toolkit has been developed to help teachers apply the skills in the classroom setting. A primary school "lunchbox programme" features opportunities to develop recipes to guide parents on what foods they could give to children for lunch. It is also supported by an ongoing TV and radio campaign. Information sessions are held with parents and children learning about healthy foods through drama. Secondary schools have focused attention on snacking (education on snack ("tuck") shops) and promoting the selling of healthy foods. Tuck shops receive a list of permissible and non-permissible foods and external audits are carried out by environmental health inspectors to assess compliance. Secondary schools are also implementing the OPEN project, with a focus on deprived areas, whereby adolescents were asked what kind of physical activity they wanted to do. Both sexes chose dance sessions. Malta has made the best of the momentum created by political enthusiasm on the topic of obesity in their country, and Healthy Weight for Life has provided an opportunity to identify times of life when it is best to intervene (such as adolescence). More resources – especially financial – are needed to expand on these actions.

San Marino presented its experience in implementing multidisciplinary activities for prenatal and postnatal care and childhood. Prenatal support includes nutrition during pregnancy and education to families on healthy lifestyles, nutrition and breastfeeding. Special training for hospital and field-based health workers for breastfeeding promotion are also offered. Postpartum support is offered to families by a multidisciplinary network consisting of midwives and psychologists that carry out home visits to newborn children and families, as well as by psychologists in cases of postpartum depression. Breastfeeding is supported by means of two annual 20-hour courses for health professionals, taught by WHO-certified trainers (a United Nations Children's Fund (UNICEF) and WHO initiative). Nutrition is followed through to complementary feeding and reviewed by health workers, and nutrition for school-age children is supported up to (and including) age 10 years, with initiatives offered in day care centres, preschools and primary schools. An education and health working group coordinates all nutrition issues pertinent to schools.

San Marino believes that use of the life-course approach has allowed for development of sustainable interventions, focusing on the person and their community of reference. Human

resource shortages remain a challenge for the country, as well as reaching adults and children over age 10 years. In the current context these population groups are not comprehensively covered, owing to the fact that most interventions are setting dependent (school, health centre, home) and opportunities for detection of overweight and obesity diminish for those not regularly attending health facilities or schools.

Luxembourg described a screening programme for early detection of conditions with potentially long-term effects on a child's cognitive development and socialization, which parents may encounter in a child's early life. The screening programme has spanned many governments and has been in existence for over 30 years. Children are screened and offered services for detection of hearing and language difficulties; vision problems; vaccine administration; psychosocial support for children and families; and detection of rare genetic diseases. The trigger for this programme came not only from the health sector but also from parents themselves. Monitoring is key to the continuation of the programme, and is an important element of any life-course approach intervention, and should be planned from the outset. The screening programme offers concrete solutions to families upon completion of the various screenings and assessments; it is recommended that countries embark on such a screening programme only if they have solutions or strategies to propose to families to help them.

While Monaco follows each age group from childhood, through pregnancy, to end of life, a focus on the elderly was chosen for the life-course approach, owing to the country's demographic evolution in society. Current life expectancy in Monaco is 85 years. During the course of one century, the population has gained 25 years of life expectancy, which is longer than some neighbouring countries. In 1990s the Government (Ministry of Health and Social Affairs) launched a comprehensive policy for the elderly, which resulted in a number of measures being putting in place, including social and home help. In 2003 Monaco set up a network of geriatric services, which aims to care for the elderly while providing support to close relatives through a series of means and structures that offer home support for as long as possible, or medical or semi-medical support when home support is no longer possible. Non-hospital and hospital-based structures are available (including nursing homes).

The Monaco Gerontology Coordination Centre (MGCC) was created in 2006 on the initiative of the Government of Monaco in order to cope with care of elderly people and foresee emerging needs. This socio-medical centre carries out diagnostic services only and offers a one-stop shop for all people aged over 60 years living in Monaco with physical or cognitive decline, as well as for those aged under 60 years with early cognitive decline (early dementia). The MGCC identifies people's needs by carrying out a comprehensive geriatric assessment, along with management that takes place at the person's home. Assessments are carried out annually and, if the individual's condition worsens, they can be transferred to a pension home. Since 2006, 4735 standardized assessments have been carried out. All data gathered by the Ministry of Health and Social Affairs are consolidated to provide a full picture of elderly needs in terms of home help, legislation and lifelong learning, thus leaving room for adaptation according to the evolving needs of the elderly population. The Speranza-Albert II Centre offers day care of people with Alzheimer's disease. The Ranier III Gerontology Centre offers hospital facilities for the elderly, while the Princess Grace Hospital Centre offers medical, surgical, obstetric and psychiatric departments for the elderly. The A. Quietudine residence accommodates elderly people who have a moderate loss of independence and who, based on their health status, do not need to be in hospital or in medical residences. The Cap Fleuri Residence is a nursing home that caters for permanent total disabled elderly people who may be dealing with cognitive disorders such as dementia.

This initiative has confirmed to Monaco the importance of analysing the emergent needs of the elderly in order to create and adapt appropriate structures in the country (the establishments

have an occupancy rate close to 98%). The advantage of a single point of access into the health care system has proven successful after 10 years of existence. Closely established links between the whole gerontological network have allowed for continuity of support and care between the place of residence and the hospital or geriatric care centre.

Discussion

Life-course approach case stories showed how small countries had made the best of the momentum on a given issue and they expressed the clear understanding that an opportunity to act should not be lost. The theme of "no one left behind" prevailed in many of the case stories presented. The importance of having a monitoring element in all life-course actions to assess impact was also stressed. The session showed the importance of human resources in small countries and how, if one person leaves, there should be a back-up in place to ensure work is carried forward.

Session 7 highlights

Session 7 focused on:

- the opportunity provided by the life-course approach to join forces in achieving the goals and objectives of Health 2020 and 2030 Agenda;
- the need to set up a monitoring framework to measure the impact of life-course actions, even prior to taking action;
- the importance of analysing the importance of analysing facilitating factors and barriers, which helps in taking strategic actions at national level as well as regionally.

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The way forward

Four main streams of action arose from the two-day meeting, serving to develop the small country initiative's work plan in the coming year.

Documenting Health 2020 and the 2030 Agenda's implementation

The process of sharing experiences in implementing Health 2020 and the 2030 Agenda should continue by exploring and fully utilizing the knowledge and know-how repository available in the small countries. As seen in the report on intersectoral action for health *(6)*, documentation of action is a win–win scenario, valuable to the documenting country since it offers an opportunity to reflect on their own experience and disseminate it. Analysis of facilitating factors and challenges assists other countries in taking strategic action at national level, as well as regionally. Documentation of life-course approach actions is an opportunity to join forces in achieving the goals of Health 2020 and the 2030 Agenda. This will provide Member States with practical tools, which will have a multiplier effect when implemented in other countries. Gaining a clearer understanding of what implementation of the 2030 Agenda means to different players in society will help make the goals and targets more tangible.

Action points

- It will be important to take forward work on intersectoral action, focusing on engagement with the private sector and reaching out to civil society.
- Developing a monitoring framework is essential to better understand the impact of life-course actions.
- Strengthening health system primary care functions is key.
- Identifying case stories applying the Strategy on women's health and well-being in the WHO European Region *(3)* will be useful.
- It is necessary to expand the small countries initiative's knowledge on workforce resilience.

Strengthening technical capacity

Small countries have begun to strengthen their health information systems by establishing the SCHIN. It is expected that the SCHIN will provide support to: reduce reporting burden; enhance harmonization, including for indicators; and ensure a strong link to WHO European Region activities as it operates under the umbrella of the EHII.

Action points

The SCHIN will foster:

- identification of joint solutions for common problems and sharing of experience and innovation;
- monitoring of the gatekeeper function to assess its effectiveness;

- reduction of the reporting burden, and enhancing of harmonization;
- stronger links with the EHII, including direct response to data-related issues brought to WHO's attention.

The SCHIN will keep this high-level forum informed of its activities, including advocacy by means of the *Public Health Panorama journal (5)*. The network will report on its activities at the fourth high-level meeting of the small countries (2017).

Better engagement of the media as an implementation partner

The media workshop showed the importance of using windows of opportunity for communicating the 2030 Agenda to the media. Examples of good practices on communication and public health should be captured, along with fostering innovative approaches, such as the use social media. Communication tools and products available on the 2030 Agenda should be actively disseminated to several audiences, including civil society. Building up trust between key technical/political people and the media is essential for the effective communication of public health issues.

Action points

- Windows of opportunity to communicate the 2030 Agenda to the media should be identified.
- Good practices on communication and public health should be documented and use of innovative approaches fostered (including taking advantage of social media).
- Communication tools and products on the 2030 Agenda should be widely disseminated.
- Methods should be explored to build trust between technical/political individuals and the media.

Create a platform for sharing experiences and mutual learning about Health 2020 and the 2030 Agenda

Sharing experiences in implementing Health 2020 and the 2030 Agenda should be continued, by exploring and fully utilizing the knowledge and experience available in each of the small countries.

Action points

- The "knowledge and know-how repository" available in the small countries should be explored and utilized fully (e.g. Malta's Islands and Small States Institute and the Scientific Centre of Monaco).
- Participation in the Regional Health Diplomacy Course for small countries should be encouraged (planned to be held in Cyprus in March 2017).

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Annex 1. The Monaco Statement

World Health Organization
REGIONAL OFFICE FOR Europe

HEALTH IN ALL POLICIES – HEALTH IN ALL SDGS: CALL FOR ACTION ON CLIMATE CHANGE
THE MONACO STATEMENT

Third high-level meeting of the WHO small countries initiative, Monaco, Principality of Monaco
Health and sustainable development: the inherent advantages of the small countries

We, the Ministers and delegates of the eight Member States of the European Region of the World Health Organization (WHO) with populations of less than one million inhabitants, met in Monaco on 11–12 October 2016 to participate in the third high-level meeting of the small countries initiative.

We reconfirm the commitment made in the San Marino Manifesto (2014) and in the Andorra Statement (2015) to implement the core principles, approaches and values of Health 2020 – the WHO European policy framework for health and well-being – in our national strategies, policies and plans.

We, as Member States of the United Nations, agreed on the 2030 Agenda for Sustainable Development, for people, planet, prosperity, peace and partnership. As small countries, we are committed to working together in implementing the Sustainable Development Goals (SDGs), sharing experiences and using our joint voice internationally to improve the lives of our people in a sustainable way and reduce inequalities.

Health is a precondition for sustainable development, and the new dynamics created by the 2030 Agenda for Sustainable Development provide us with new opportunities. Intersectoral action to address social, economic and environmental determinants of health, enacted through whole-of-government, whole-of-society and life-course approaches to reducing health inequities will be reinforced by the universal and holistic approach taken by the 2030 Agenda and its commitment that no one will be "left behind".

Health in all policies means health in all SDGs. While we acknowledge the need to address all the SDGs together in a consistent manner, we, the small countries, advocate action particularly on one outstanding priority of our times; namely, urgent action to combat climate change and its impacts on health.

Climate change has no borders. The health consequences are already felt worldwide and will affect the achievement of SDG 3, "Ensure healthy lives and promote well-being for all at all ages", from changes in the distribution of infectious diseases to increased mortality and morbidity from more frequent and intense extreme weather events. These will be amplified by the consequences climate change has on the economy, the environment and our social system. Globally, some of the small countries are affected in their very existence and need our full solidarity.

However, action is possible. Interventions to reduce greenhouse gas emissions improve health locally and immediately, contributing to reducing the burden of noncommunicable diseases and obesity.

Building on the Fifth Ministerial Conference on Environment and Health in 2010, which saw the adoption of the Parma Commitment To Act that aims in particular to protect health and the environment from climate change, and the 2015 Paris Agreement of the United Nations Framework Convention on Climate Change (UNFCCC)'s Conference of Parties, we, the small countries, will use our experience and resources to respond, using some of our intrinsic strengths – the structural qualities we share; namely, adaptation, innovation and participation.

- We are responsive and can **adapt** quickly and strategically to external events.
- We are early adopters and, in many instances, pioneers of **innovations**.
- We are close to our communities and hear the voice of our citizens, enabling a **participatory** approach.

Capitalizing on our inherent strengths, we therefore commit to:

- further improve and develop technical capacity, including using innovative tools, in relation to climate change, sustainable development and human health;
- share information, good practices, experiences and lessons learned with regard to science, planning, policies and implementation of prevention of the health effects of climate change (adaptation) and sustainable measures to achieve health co-benefits of reducing greenhouse gas emissions (mitigation);
- support the scale-up of innovations and the sharing of good practices aimed at responding to the increasingly numerous urgencies caused by climate change;
- engage with other governments (including those of small states), civil society, scientists, and the wider global health and development community, for intersectoral action; in particular, through cooperation across formal and informal structures within the education sector, with a view to raising awareness on climate change, sustainable development and health among all citizens from the earliest stages of life;
- advocating for concrete action on climate change and health at the Sixth Ministerial Conference on Environment and Health in 2017.

With this statement, we, the members of the small countries initiative, accept responsibility in maintaining and improving health and sustainable human development for our young and future generations.


Andorra


Cyprus


Iceland


Luxembourg


Malta


Monaco


Montenegro


San Marino

Annex 2. La Déclaration de Monaco

World Health Organization
REGIONAL OFFICE FOR Europe

LA SANTÉ DANS TOUTES LES POLITIQUES – LA SANTÉ DANS TOUS LES ODD: APPEL À L'ACTION SUR LE CHANGEMENT CLIMATIQUE
LA DÉCLARATION DE MONACO

Troisième Réunion de haut niveau de l'initiative des petits pays d'Europe de l'OMS, Principauté de Monaco

Santé et développement durable : les atouts inhérents des petits Etats

Nous, Ministres et délégués des huit États membres de la Région européenne de l'Organisation mondiale de la Santé (OMS) avec une population de moins d'un million d'habitants, réunis à Monaco les 11-12 octobre 2016 pour participer à la troisième réunion de haut niveau de l'initiative des petits pays, intitulée: « Santé et développement durable: les atouts inhérents des petits Etats».

Nous réaffirmons l'engagement pris dans le « Manifeste de Saint-Marin » (2014) et dans la « Déclaration d'Andorre » (2015) de mettre en œuvre les principes fondamentaux, les approches et les valeurs de Santé 2020, politique-cadre européenne de la santé, dans nos stratégies, politiques et plans nationaux.

Nous, Etats membres des Nations Unies, avons adopté le Programme de développement durable à l'horizon 2030 pour les peuples, la planète, la prospérité, la paix et les partenariats. Nous, les petits Etats, nous engageons à travailler ensemble pour mettre en œuvre les objectifs de développement durable (ODD), partager des expériences et utiliser notre voix commune à l'échelle internationale pour améliorer la vie de nos populations de manière durable et réduire les inégalités.

La santé est une condition préalable du développement durable et la nouvelle dynamique créée par le Programme de développement durable à l'horizon 2030 nous offre de nouvelles opportunités. L'action intersectorielle pour traiter les déterminants sociaux, économiques et environnementaux de la santé, mise en œuvre par le biais d'approches pangouvernementales et pansociétales ainsi que d'une perspective portant sur toute la durée de la vie pour réduire les inégalités de santé seront renforcées par l'approche universelle et holistique adoptée par le Programme de développement durable à l'horizon 2030 et son engagement à ne laisser personne pour compte.

La santé dans toutes les politiques signifie la santé dans tous les ODD.

Bien que nous reconnaissions que les ODD doivent être atteints en les abordant tous ensemble de manière cohérente, nous, les petits Etats, appelons plus particulièrement à agir sur une priorité absolue de notre époque, à savoir prendre des mesures urgentes pour lutter contre le changement climatique et son impact sur la santé.

Le changement climatique n'a pas de frontières. Ses conséquences sanitaires se font déjà ressentir sur toute la planète et affecteront la réalisation de l'ODD 3, « permettre à tous de vivre en bonne santé et promouvoir le bien-être de tous à tout âge » ; allant du changement de la répartition des maladies infectieuses à un accroissement de la mortalité et de la morbidité dues à des événements climatiques extrêmes plus fréquents et intenses. Cela sera amplifié par les conséquences du changement climatique sur l'économie, l'environnement et notre système social. A l'échelle mondiale, certains des petits Etats sont touchés dans leur existence même et ont besoin de notre pleine solidarité.

Cependant, il est possible d'agir. Les interventions pour réduire les émissions de gaz à effet de serre améliorent immédiatement et localement la santé, tout en contribuant à réduire le fardeau des maladies non transmissibles et de l'obésité.

Sur la base des fondements établis dans le cadre de la Cinquième Conférence Ministérielle sur l'Environnement et la Santé en 2010, au cours de laquelle a été adopté l'Engagement à agir de Parme qui vise notamment à protéger la santé et l'environnement face au changement climatique, et de l'Accord de Paris de 2015 adopté lors de la Conférence des Parties de la Convention-Cadre des Nations Unies sur les changements climatiques (CCNUCC), nous, les petits Etats, utiliserons notre expérience et nos ressources pour répondre en utilisant certaines de nos forces intrinsèques - les qualités structurelles que nous partageons, à savoir l'adaptation, l'innovation et la participation :

- Nous sommes réactifs et pouvons nous **adapter** rapidement et stratégiquement aux événements extérieurs.
- Nous sommes des précurseurs et, dans de nombreux cas, des pionniers des **innovations**.
- Nous sommes proches de nos communautés et nous entendons la voix de nos citoyens ce qui permet une approche **participative**.

En capitalisant sur nos forces inhérentes, nous nous engageons à :

- continuer à améliorer et développer nos capacités techniques, y compris au travers d'outils innovants, en relation avec le changement climatique, le développement durable et la santé humaine;
- partager l'information, les bonnes pratiques, les expériences et les leçons tirées au regard de la science, de la planification, des politiques et de la mise en œuvre de la prévention des effets du changement climatique sur la santé (adaptation) et de mesures durables pour réaliser des co-bénéfices pour la santé au travers de la réduction des émissions de gaz à effet de serre (atténuation);
- soutenir la montée en puissance des innovations et le partage des meilleures pratiques en réponse aux urgences toujours plus nombreuses causées par le changement climatique;
- collaborer avec d'autres Gouvernements (y compris ceux des petits Etats), la société civile, les scientifiques et la communauté mondiale de la santé et du développement en matière d'action intersectorielle; en particulier grâce à la coopération avec les structures formelles et informelles du secteur de l'éducation en vue de sensibiliser tous les citoyens au changement climatique, au développement durable et à la santé dès le plus jeune âge ;
- plaider en faveur d'actions concrètes sur le changement climatique et la santé à l'occasion de la Sixième Conférence Ministérielle sur l'Environnement et la Santé en 2017.

Avec cette déclaration, nous, les membres de l'Initiative des petits pays, acceptons la responsabilité de maintenir et d'améliorer la santé et le développement humain durable pour nos jeunes et les générations futures.


Andorra


Cyprus


Iceland


Luxembourg


Malta


Monaco


Montenegro


San Marino

Annex 3. Programme

Final programme

The meeting examines the pillars of the Sustainable Development Goals (SDGs) and Health 2020, offering the specific perspective of small countries.

Monday, 10 October 2016, evening before the meeting begins

Welcome reception (informal) *hosted by the Principality of Monaco*

Day 1: Tuesday, 11 October 2016

Opening
Moderator: Dr Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (in English)

- Mr Gilles Tonelli, Minister of Foreign Affairs and Cooperation, Monaco (in French)
- Dr Zsuzsanna Jakab, WHO Regional Director for Europe (in English)
- Mr Stéphane Valeri, Minister of Social Affairs and Health, Monaco (in French)

Session 1. Towards a more equitable, healthier and sustainable Europe
Moderators: Dr Bettina Menne and Dr Christoph Hamelmann, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (in English)
This session aims at setting the scene for health-in-all-policies and health-in-all-SDGs approaches by translating policies into action from the perspective of members of the small countries initiative.
The Monaco Statement on "Health in all Policies – Health in all SDGs: Call for Action on Climate Change" will be presented.

Presentations:

- Dr Zsuzsanna Jakab, WHO Regional Director for Europe (in English)
- Mr Stéphane Valeri, Minister of Social Affairs and Health, Monaco (in French)
- Professor Patrick Rampal, Centre Scientifique de Monaco, Monaco (in French)

Structured discussion

- What is the biggest opportunity or achievement in implementing the 2030 Agenda for Sustainable Development, building on Health 2020?
- How can we best enable intersectoral cooperation and policy coherence for health?
- How will you implement the health aspects of the 2030 Agenda?

Session 2. Strengthening people-centred health systems for better health outcomes
Moderators: Dr Elke Jakubowski, Senior Advisor, Division of Health Systems and Public Health, WHO Regional Office for Europe (in English)
Dr Francesco Zambon, Coordinator small countries initiative, WHO Regional Office for Europe (in English)

This session focuses on experiences in engaging non-health sectors and draws on the new publication on intersectoral action in small countries and WHO policies towards people-centred health systems in the European Region, especially regarding transforming and integrating health services to meet key health challenges of the small countries such as NCDs, and moving towards universal health coverage.

Panel discussion:

- Dr Carles Álvarez Marfany, Minister of Health, Social Affairs and Employment, Andorra (in French)
- Dr Robert Goerens, Chief Physician, Health Directorate, Ministry of Health, Luxemburg (in English)
- Dr Jean Lorenzi, Inspector General – General Adviser–Physician, Department of Social Protection, Monaco (in French)
- Dr Francesco Mussoni, Minister of Health and Social Security, San Marino (in English)
- Dr Mira Dasic, Deputy Minister of Health, Montenegro (in English)

Structured discussion

For panellists:

- What are the main opportunities in engaging other sectors in strengthening people-centred health systems and improving health outcomes?
- What are the main health system bottlenecks in engaging other sectors?
- What aspects are particularly relevant for small countries in engaging other sectors in working towards people-centred health systems?

For all participants:

- From the presented experiences, what conclusions do you draw for the health services governance and financing responsibilities and arrangements?

Session 3. Resilience: what it is and why it matters

Moderator: Dr Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (in English)

Resilience is one of the four cross-cutting priority areas of Health 2020. During the Second High-level Meeting of Small Countries, in Andorra in July 2015, Member States highlighted the need to better understand the definition of resilience, and how to strengthen resilience in countries with small population, through in-depth analysis of explanatory case studies.

Presentation:

- Professor Lino Briguglio, Director, Islands and Small States Institute, University of Malta, Malta (in English)

Panel discussion:

- Mr Kristján Þór Júlíusson, Minister of Health, Iceland (in English)
- Dr Natasha Azzopardi Muscat, Lecturer, Health Services Management, University of Malta, Malta (in English)
- Dr Erio Ziglio, WHO Consultant (in English)

Structured discussion

For panellists:

- What made it possible from the legislative, educational, organizational and professional points of view to carry out interventions to strengthen resilience?
- What is the most important innovation in the interventions carried out? Is this innovation or intervention also applicable to other small (and bigger) countries?
- What is the lesson learnt? Please describe one enabling factor and one challenge (and how it was overcome).

For all participants:

- Are you carrying out interventions to strengthen resilience at individual, community and system levels? If so, do you address all three levels?
- What more could be done to reinforce those aspects/determinants that keep an individual/community/system healthy? How can (new) interventions that reinforce protective factors complement those (existing) that target risk factors?

Intervention from the floor:

- Dr Francesco Mussoni, Minister of Health and Social Security, San Marino (in English)
- Dr Robert Goerens, Chief Physician, Health Directorate, Ministry of Health, Luxemburg (in English)

Session 4. Responsiveness of small countries on women's health throughout the life-course
Moderator: Ms Isabel Yordi Focal Point for Gender, Equity and Human Rights, WHO Regional Office for Europe (in English)

Member States adopted a strategy on women's health and well-being at the 66th session of the Regional Committee for Europe, and discussed a report that summarized the evidence base behind the strategy. This session offers an overview of country initiatives, in progress or planned, that address the recommendations of the strategy.

Presentations:

- Ms Isabel Yordi, Focal Point for Gender, Equity and Human Rights, WHO Regional Office for Europe (in English)
- Mr Kristján Þór Júlíusson, Minister of Health, Iceland (in English)

Structured discussion

- What type of current initiatives focus on improving women's health and well-being, either directly or indirectly by acting on the determinants of health?
- How do your current policies take into account gender and discrimination?
- What are your main challenges in terms of improving women's health and well-being?
- How could the strategy support your efforts toward improving women's health and well-being? What future actions and collaboration do you envisage in this regard?
- Would members of the small countries initiative benefit from collaborating on women's health issues?

Day 1: Tuesday, 11 October 2016 (contd)

Intervention from the floor:

- Professor Franco Borruto, Consultant, Department of Social Affairs and Health, Monaco (in French)
- Dr Francesco Mussoni, Minister of Health and Social Security, San Marino (in English)

Session 5. Making a difference through communicating the implementation of global goals

Moderators: Ms Faith Vorting, Communication Officer, WHO Regional Office for Europe (in English)
Dr Francesco Zambon, Coordinator, Small countries initiative, WHO Regional Office for Europe (in English)

The session focus on how to increase the outreach of health promotion and disease prevention initiatives through effective communication. It reports on how the SDGs can be communicated to other sectors and to lay audiences, offering a new opportunity to reinvigorate these initiatives.
This session covers all SDGs from a communication standpoint.

Panel discussion/interview:

- Dr Robert Goerens, Chief Physician, Health Directorate, Ministry of Health, Luxemburg (in English)
- Ms Eleonora Pozzi, Journalist, San Marino RTV, Television of the Republic of San Marino

Day 2:Wednesday, 12 October 2016

Session 6. Health and sustainable development: measuring progress through the Small Countries Health Information Network (SCHIN)

Moderator: Dr Neville Calleja, Director, Department of Health Information and Research, Ministry for Energy and Health, Malta; Chair, SCHIN (in English)

This session presents the progress made by SCHIN, whose first meeting was held in Malta in March 2016. It explores how SCHIN supports Member States and how it may inspire other networks, including outside Europe.
It reports on the new WHO European Region gatekeeper function to reduce the reporting burden on countries, and the mechanisms for monitoring and submitting data related to the SDGs indicators, offering possible solutions addressing the specific challenges of small countries.

Presentation:

- Dr Claudia Stein, Director, Division of Information, Evidence, Research and Innovation, WHO Regional Office for Europe (in English)

Panel discussion:

- Dr Neville Calleja, Director, Department of Health Information and Research, Ministry for Energy and Health, Malta; Chair, SCHIN (in English)
- Dr Mira Dasic, Deputy Minister of Health, Montenegro (in English)
- Mr Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs (in French)

Day 2:Wednesday, 12 October 2016 (contd)

Structured discussion

- What are the main benefits of SCHIN?
- What are the greatest threats to the success of SCHIN?
- Will the current design of the gatekeeper function help reduce the burden of reporting in Member States?
- How could SCHIN support the harmonization of indicators across countries?
- What are the most important outcomes of SCHIN over the next 2–3 years?

Session 7. Sustainability through the life-course lens

Moderator: Dr Gunta Lazdane, Programme Manager, Sexual and Reproductive Health, Division of Noncommunicable Diseases and Promoting Health through the Life-course, WHO Regional Office for Europe (in English)

The European strategic framework Health 2020 calls for investing in health through the life-course approach and empowering people. The Second High-level Meeting of Small Countries and the WHO Ministerial Conference on the Life-course Approach in the Context of Health 2020 initiated more active implementation of this approach in European countries. This session presents examples of this approach in small countries and their links to the 2030 Agenda.

Panel discussion:

- Dr Carles Álvarez Marfany, Minister of Health, Social Affairs and Employment, Andorra (in French)
- Mr George Pamboridis, Minister of Health, Cyprus (in English)
- Mr Kristján Þór Júlíusson, Minister of Health, Iceland (in English)
- Dr Robert Goerens, Chief Physician, Health Directorate, Ministry of Health, Luxemburg (in English)
- Dr Natasha Azzopardi Muscat, Lecturer, Health Services Management, University of Malta, Malta (in English)
- Mr Alexandre Bordero, Director, Department of Health Affairs, Ministry of Health and Social Affairs (in French)
- Dr Mira Dasic, Deputy Minister of Health, Montenegro (in English)
- Dr Francesco Mussoni, Minister of Health and Social Security, San Marino (in English)

Structured discussion

- Why did the initiative use the life-course approach?
- What triggered intersectoral collaboration while implementing the life-course approach?
- How will countries ensure the sustainability of these initiatives?
- How will countries monitor the impact of initiatives adopting a life-course approach?

Day 2: Wednesday, 12 October 2016 (contd)

The small countries initiative: the way forward

Moderator: Dr Francesco Zambon, Coordinator small countries initiative, WHO Regional Office for Europe (in English)

- Milestones for 2016-2017
  Dr Piroska Ostlin Director, Division of Policy and Governance for Health and Well-being, WHO Regional Office for Europe (in English)
- Global Health Diplomacy Course for small countries
  Mr Christian Peter Schweizer, Desk Officer, Strategic Relations with Countries, WHO Regional Office for Europe
- Formal endorsement of the Monaco Statement
  Mr Gilles Tonelli, Minister of Foreign Affairs and Cooperation, Monaco (in English)
- Announcement of the Fourth High-level Meeting
  Dr Neville Calleja, Director, Department of Health Information and Research, Ministry for Energy and Health, Malta; Chair, SCHIN (in English)
- Closure by the WHO Regional Director for Europe
  Dr Zsuzsanna Jakab, WHO Regional Director for Europe (in English)

Press conference (endorsement of the Monaco Statement and announcement of the Fourth High-level Meeting of Small Countries in Malta)

Bilateral meetings, *if required by delegations*

Parallel and back-to-back meetings:

11 October 2016

Workshop for communications professionals
This capacity-building workshop focuses on creating a supportive environment for Health 2020 through better engagement of the media as an implementation partner (deliverable 3 of the small countries initiative).
It explores sustainable development and health from the perspective of the media.

12 October 2016

Meeting of the SCHIN focal points
This follow-up meeting was agreed upon at the first meeting of focal points in Malta on 3–4 March 2016.

Annex 4. List of participants

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Mrs Lisa Bronda
Delegate Administrator
Monaco Private Hemodialysis Centre

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Dr Bruno Fissore
Council President
College of Dental Surgeons

Mr Philippe Vial
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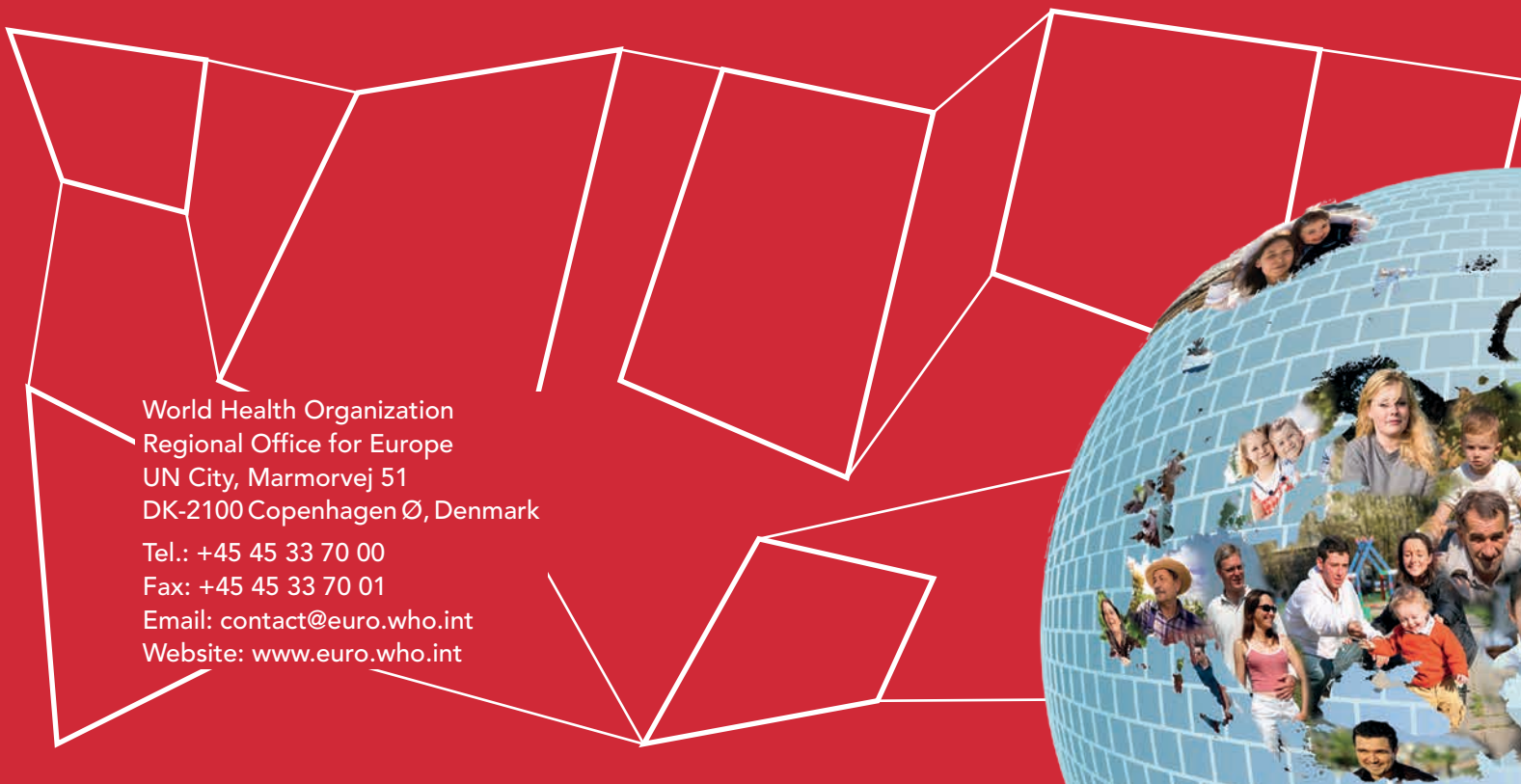
The third high-level meeting of the small countries aimed to find common denominators between the global (SDGs) and European (Health 2020) strategic visions for health and sustainable development. Countries shared their thoughts on significant opportunities or achievements in implementing both agendas, stressing the need for action at all levels of government while engaging the health, education and social policy sectors. Case stories detailing life-course approaches demonstrated how small countries are seizing opportunities and leaving no one behind, while stressing the importance of monitoring all life-course actions to assess impact. There was agreement on the need to transform and integrate health services and identify key policy lessons in health systems to meet small country health challenges. The Small Countries Health Information Network will continue to support WHO European Region Member States, including through its new gatekeeper function to reduce countries' reporting burden, and mechanisms for monitoring SDG indicator data. Work on resilience will continue in 2017, along with communication of the 2030 Agenda to other sectors and lay audiences, increasing the outreach of health promotion and disease prevention initiatives, and support of the transformative Strategy on women's health and well-being in the WHO European Region.



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