



Conference

24 - 25 November 2015 • Vilnius, Lithuania

JOINING FORCES IN HEALTH PROMOTION TO TACKLE
THE BURDEN OF CHRONIC DISEASES IN EUROPE

Location: **Artis Centrum Hotel** | Totoriustr. 23 | 01120 **Vilnius** | Lithuania. ¹

Agenda



Co-funded by
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This conference arises from the Joint Action on Chronic Diseases and Promoting Healthy Ageing across the Life Cycle (JA-CHRODIS), which has received funding from the European Union, in the framework of the Health Programme (2008-2013). Sole responsibility lies with the organiser and the Consumers, Health, Agriculture and Food Executive Agency is not responsible for any use that may be made of the information contained therein.

¹ <http://www.artis.centrumhotels.com/en/> - booking code "CHRODIS"

Day 1, Tuesday November 24th 2015

Opening Addresses

9:00 – 9:30

Opening by Jadvyga Zinkevičiūtė, Vice Minister,
Ministry of Health of the Republic of Lithuania

Welcome by Teresa Chavarria, Coordinator of the JA CHRODIS, ISCIII Spain
Thomas Kunkel, CHRODIS WP 5 Leadership, BZgA Germany

Session 1: The State of Health Promotion and Primary Prevention in Europe

9:30 – 10:30

EU Policy on Health Promotion and Chronic Diseases
Michael Huebel, Head of Unit DG SANTE
European Commission

Recent Developments, Barriers and Potentials of Health Promotion in Europe
Clive Needle, Policy & Advocacy Director,
EuroHealthNet

Health Promotion and Primary Prevention of NCDs in Europe
Jose Luis Castro, Chair designate
NCD Alliance Europe

Chair: Teresa Chavarria, JA CHRODIS

Coffee Break

10:30 – 11:00

Session 2: From Present to Future – What Works, What’s Needed? 11:00 -12:30

Panel discussion on future visions for health promotion and primary prevention.

Elvira Foteva, Head of Directorate International Activities, Projects and
Programs, Ministry of Health Bulgaria (*tbc*)

Raniero Guerra, General Director for Health Prevention,
Ministry of Health, Italy (*tbc*)

Valgerdur Gunnarsdottir, Senior Advisor,
Ministry of Welfare, Republic of Iceland (*tbc*)

Cate Hartigan, Assistant National Director, Health Promotion & Improvement,
Health Services Executive (HSE), Ireland (*tbc*)

Wil Zwart, Ministry of Health, Sports and Welfare, the Netherlands (*tbc*)

Ingrida Zurlyte, Head of WHO Country Office, Lithuania

Chair: Clive Needle, EuroHealthNet

Lunch 12:30 – 14:00

Session 3: From Present to Future II – What Works? What’s Needed? 14:00 – 15:30

Country Reports² : Findings, Needs and Priorities for Health Promotion and Disease
Prevention across Europe - Cristina Chiotan, EuroHealthNet

JA-CHRODIS and Good Practices in the Field of Health Promotion and Disease
Prevention: Need, Concept and Outputs - Thomas Kunkel, BZgA

Interactive group discussions with JA-CHRODIS partners on the situation in EU
member states

Chairs: Djoeke van Dale, National Institute for Public Health and the Environment
(RIVM), the Netherlands
Francisco Ruiz, Andalusian Regional Ministry of Equality, Health and Social
Policies (CSJA), Spain

² See <http://www.chrodis.eu/our-work/05-health-promotion/wp05-activities/country-reports/>

Coffee

15:30 – 16:00

Marketplace for the Promotion of Good Practices

16:00 – 17:30

An interactive forum for mutual exchange and discussion of good practice examples.

Feat. oral and poster presentations of Good Practice examples from Bulgaria, Germany, Ireland, Italy, Lithuania, the Netherlands, Norway, Portugal, Spain, Sweden and the UK.

Chair: Mayte Moreno Casbas, Investén-ISCII

Day 2, Wednesday November 25th 2015

Session 4: Moving Forward - Shaping the Further Process of Mutual Exchange

9:00 -10:30

Good practices – how can we transfer elements of success or learn from challenges and barriers? - Christina Dimitrakaki, University of Athens, Greece

Group discussions: What are the concrete measures that can be taken to address common gaps and needs, and strengthen health promotion and primary prevention in Europe? -

Chair: EuroHealthNet

Closing remarks

Coffee Break

10:30 – 11:00

Session 5: Practical steps - Detailed Results, Networking and Sustainability

[JA-CHRODIS-Internal Session]

11:00 -12:15

Study visits to support learning, exchange and transferability –

results from the survey - Anne Pierson, EuroHealthNet

Group discussions:

What are the best ways to learn from good practices? What would you like to learn during the study visits? What are your expectations?

Options/locations identified for the study visits; next practical steps

Plenary discussion and summary of collective main conclusions and next steps

12:15- 12:30

Lunch

12:30 -13:30

Joining Forces in Health Promotion to Tackle the Burden of Chronic Diseases in Europe

Session 1: The State of Health Promotion and Primary Prevention in Europe

Speech Highlights

- Physical activity is the easiest way to deal with NCD's
- Overweight is a major problem
- Women are less active, which to some extent is owed to cultural norms
- 6 out of 10 people live with at least one illness
- When moving from planning to implementation of programmes & interventions, social norms must be changed/ established in order to get people in general & women in particular more active
- Measures to reduce the use of tobacco can be viewed as a success story of public sector intervention in NCD's
- Tobacco control as an example/ role model: need of collaboration between suitable partners in order to overcome limitations (housing, traffic, employers, safety, media);
- The burden should not be placed on the patient for fully; interventions need to be more accessible, more convenient; more monitoring & better treatment is necessary
- Unique opportunity to become leaders in saving lives
- To adapt the physical environment is a cornerstone, which falls under the responsibility of governments: universal access in particular regarding gender, all social strata, physically challenged is important; in order to walk, run, cycle, climb the city it e.g. needs cycle paths, walkways, but it also needs to be pleasant, without barriers, and safe areas
- Similar measures need to be taken
- Lifestyle change as a huge gain: investment in healthy people pays off; free of cost/ affordable/ reasonably priced for the participating individuals
- It is not only about savings or premature deaths, but mainly about improving the quality of life for those concerned

Session 2: From Present to Future – What Works, What's Needed? Panel discussion on future visions for health promotion and primary prevention¹

Key topics and Highlights

Key topics 1,2 and 3

1. Policy context and capacity on relation to health promotion and prevention

Highlights

- New prevention plan (2015–2018): recognizes need for specific training on new skills, relationship with other sectors, more active role of primary healthcare, new roles (e.g. community nurse) – Italy
- E-learning, communities of practices, exchanges and mentorship, and potentially professional accreditation well implemented in health promotion practice – Italy
- Economic collapse as opportunity to strengthened communal awareness and to put health promotion on the agenda –Iceland
- Positive outcomes: policy and law very influential for lifestyle of people; encompassing approach: education act; health promotion in schools – Iceland
- Financial crisis had impacts not only economically but also on health and wellbeing – Ireland
- Healthy framework (launched in 2013) to increase the number of healthy life years throughout their life stages – Ireland

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- Tobacco strategy as a good example of success – Ireland
- Focus on outcomes (i.e. results) rather than just numbers – Ireland
- “Health in all Policies” approach – The Netherlands
- Health Inequalities maybe even growing (e.g. in obesity) – The Netherlands
- Focus on affordable and accessible healthcare, horizontal goals, Health 2020 – WHO/Lithuania

2. Implementation and evaluation/ monitoring

- Importance of addressing problems and wants outcomes evaluation – Italy
- Importance of collecting more data for monitoring – Iceland
- Inter-sectorial cooperation – Ireland
- Need of robust vehicles both for identification and evaluation of the problems.
Looking to CHRODIS’ involvement – Ireland
- Monitoring at 2 levels: Citizens and Government – The Netherlands
- Importance of evaluations for the effectiveness to implement interventions – The Netherlands
- National policy is relevant to set the agenda – WHO/Lithuania
- Importance of economic evaluation of health promotion interventions – WHO/Lithuania

3. Funding of health promotion and primary prevention: what’s the vision for the future?

- WHO provides policy advice to EU countries – WHO/Lithuania
- Need to look for funding from other sectors, who are crucial for health promotion – WHO/Lithuania – The Netherlands – Ireland

- Industry needs to develop innovative prevention programs & devices – The Netherlands
- Importance of reducing Health Inequalities and the burden on health systems – Ireland
- Importance of: Vertical funds, Diversity, creative ways to address & tackle problems – Iceland
- Health sector is still struggling to be considered as a priority compared to many other societal, economic etc. sectors – Italy.

Interactive group discussions with JA-CHRODIS partners on the situation in EU member states¹

Discussion of Role model

Discussion in subgroups (4–6 persons)

Write down the conclusions of your group discussion in keywords on post-its

Put post-its on the relevant flip-over

Discussion addressing the following questions

What are the common gaps and needs in health promotion and primary prevention in the countries of your group?

Which strategies of policies are, in your opinion, the most successful in your country and what are the factors crucial for this success?

Have you heard strategies or policies in the presentations this morning or in the panel discussion in session 2? What are the opportunities and challenges for implementation in your country?

Can you identify a common strategy which is acceptable/ most promising for all of you in your group?

Highlights

Gaps and needs stressed: In sharing of good practices, lack of coordination, monitoring and evaluation, in targeting inequalities and in distribution of funds.

Challenges for implementation stressed: Following up programmes and activities, infrastructure back-up, complexities in the health care system, Communication between different levels, national policies on data collection, predominance of educational interventions

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Successful Policies and strategies stressed: cross-sectional thinking and health in all policies vision, regulation/ taxation, national policy frameworks, strong focus on health Inequalities, good communication, acknowledgement of the local context.

Pictures from the flip-overs with the most relevant information