



# Workshop Report

'Health Promotion'

14-15 June 2018, Zagreb,  
Croatia



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# Introduction

The third event from the series of six workshops organised within the ‘ESI Funds for Health’ project took place on 14-15 June 2018 in Zagreb, Croatia and covered the topic of ‘Active and healthy ageing, healthy workforce, health promotion and disease prevention’ (i.e. thematic block 5 of the project). It was organised in cooperation with the Croatian Institute of Public Health and centred on the exemplary ESI funded project ‘Healthy Living’ that the Institute is implementing, and which served as the ‘host’ project for the event.

Four members from the ‘ESI Funds for Health’ project attended the event (Rosa Castro and Agnieszka Markowska from Milieu and Mojca Gabrijelcic and Andrew Barnfield from EuroHealthNet) together with two representatives of DG SANTE (Katarzyna Kielar-Kowalczyk and Stephan Schreck). Dr Sanja Musić Milanović, Head of Division for Health Promotion and Project Coordinator of the ‘Healthy Living’ project participated and spoke on behalf of the Croatian Institute of Public Health and presented the project to the audience. In addition to the ‘ESI Funds for Health’ project team, three speakers with specialised knowledge of the ‘Healthy Living’ project gave presentations and participated (Maja Lang Morović, Martina Markelić, and Ljiljana Muslić).

The event spanned over two days and included a smaller peer review around the host project (Day 1) and a larger thematic workshop (Day 2). The peer review took place on the premises of the Croatian Institute of Public Health and had 41 core participants from nine Member States including Croatia. The core participants included two main contact points and coordinators of the host project and representatives of other Member States coming from a variety of institutions, including national institutions and Ministries (e.g. Croatia, Latvia, Romania and Slovenia), research organisations (Finland, Germany and Spain), and other organisations (Poland) all of which are implementing ESI funded projects on health promotion. In addition, 19 representatives from the Croatian Institute of Public Health attended the peer review.

The thematic workshop took place at the same venue and had 60 participants, approximately half of which were from Croatia while the rest were international participants. The participants at the thematic workshop had different backgrounds and varying experience with the ESIF. There were participants who attended the peer review and had more knowledge of the ESIF, including Managing Authorities, other ministries and public-sector institutions in Croatia, and other participants (some of them project beneficiaries), including representatives of academic institutions, professional associations and NGOs.

The peer review workshop asked the presenting projects to focus on five key questions:

- What are the main policy challenges being addressed by the projects?
- What are the key successes so far and what are the factors behind these successes? How could others replicate them?
- Who are the key stakeholders that need to be involved in projects for this theme to ensure the right outcome? What are the best practices for involving stakeholders, in health promotion projects?
- What are the biggest challenges or problems which the project managers/beneficiaries face at various stages of project design and implementation? How these challenges were tackled and how were the problems resolved?
- What are the lessons learnt and what recommendations can be given to other beneficiaries based on experience from the projects discussed?

## Key messages from the event

Based on the presentations and discussions, the following are the key messages stemming from the two-day event:

- Most projects that have been funded by ESI build upon already established inter-sectoral cooperation and well developed multi-sectoral competences. Previously established networks of relevant stakeholders with participatory engagement of stakeholders in the action planning that defines the responsibilities with established strategic frameworks is essential to successful projects.
- There is an urgent need for more international or cross-border cooperation in health promotion programmes to overcome silos and to link physical, mental and sexual health and environmental issues. This also requires linking a whole range of different stakeholders to the same action, inter alia, by sharing experiences, capacity-building, and supporting public institutions to carry out the work.
- There needs to be clarity around the different funds and what sorts of projects can be funded. This is an opportunity to establish funding coordinators across the different streams so that projects working in a similar field can connect with each other across Europe. ESIF were seen as the best way for recipient countries to work on whole-population level projects.
- Participants shared their experience about administrative requirements linked to the funds, and some of them found the requirements to be extremely challenging. It was suggested either streamlining the administrative requirements or including an administrative development tool to help the recipients of the funds. This challenge is particularly acute in ministries and institutions that must deliver a suite of health promotion projects and programmes with limited human resources.
- Importance is growing for health promotion across EU Joint Actions programmes. The ESI funds should focus on projects that work to reduce health inequalities and new life burdens (media messages, different environment affects, and smart interventions). This would signal to countries and to other stakeholders that ESIF have a social purpose.
- Projects need to develop good project management and administrative support, transparent documentation, milestones and deliverables with clear indicators for evaluation. There must be clear connections among content and administrative issues, but the administration of the project must be simple and straightforward.

# Main Findings and Conclusions

The ‘Health Promotion’ event was organised by the ESI Funds for health project in collaboration with the Croatian Institute of Public Health in Zagreb. The event aimed to foster a better understanding on how the ESI Funds support health promotion and disease prevention, active and healthy ageing, and workplace health and safety. During the event, participants had the opportunity to exchange their experience and discuss projects related to this broad theme.

The ESI Funds for Health project has mapped Member State programming and project spending in this area for the 2014-2020 period to get an idea of the extent to which the funds are supporting these types of health-related interventions. The work also compares spending trends with the main EU policy objectives, as well as relevant national objectives set forth in the European Semester process, which coordinates economic and fiscal policy across the EU. These mainly relate to the need to manage public spending pressures triggered by population ageing and chronic diseases, as well as to build labour participation by preventing health-related exits from the workforce.

A review of ESI-funded projects across the EU as of 2017<sup>1</sup> found over 6,000 health-relevant projects, of which 2,470 projects addressing health promotion and disease prevention, active and healthy ageing and healthy workforce. The value of these projects amounts to around EUR 1.9 billion. Investments in this theme were found in 23 Member States, with a particular concentration of projects in Poland (1,776 projects) and Germany (216 projects); a significant number of projects in this area can also be found in Belgium, UK, and Estonia. In terms of spending for projects in this theme, Poland, UK, Slovakia and Latvia appear to be the leaders.

Projects in health promotion and disease prevention tend to support interventions that aim to foster a healthier lifestyle of the population and prevent negative impacts of various risk factors linked to chronic diseases such as obesity, type 2 diabetes, cardiovascular diseases and mental health disorders. Health promotion and disease prevention can increase cost-effectiveness of health care by reducing (curative) costs. This workshop also included workplace health and safety projects. These projects aim to promote safer and healthier conditions in the workplace, which improves productivity and competitiveness and has a positive impact on the sustainability of social security systems.

The workshop therefore sought to better understand how key projects supporting health promotion were planned and conceived, namely:

- Which thematic objectives, investment priorities and strategic objectives from the relevant Operational Programmes are addressed through the health promotion projects reviewed at the workshop? What is the rationale behind this? Are there other ways in which these kinds of projects could be designed and supported within the ESIF planning and spending mechanism?
- Which institutions are involved in identifying and developing health promotion projects? Are skills-building projects in particular regions part of a wider national-level strategic approach to addressing health promotion issues?
- For larger projects, especially those supporting the Interreg interventions of health promotion activities across a number of Member States, how are these projects designed? What are their key challenges and success factors?
- Are there other important factors that have not yet been identified by the ESI funds for health project that should be included in the final report on the health promotion theme?

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<sup>1</sup> Following the workshop further research was undertaken that identified additional projects, for the most up-to-date data see the mapping documents and final publication available on the project website: <http://www.esifundsforhealth.eu/>

- What can be done in the current and upcoming MFF to ensure key health promotion priorities are supported by the ESI funds?
- What is being funded by ESI funds and how is it related to the needs and policy goals in the areas of health promotion, active and healthy ageing and workplace health and safety?
- What are the good practices, success stories and what are problems/issues encountered by project beneficiaries?

The answers to these questions, as well as other key issues that emerged during the discussion, are considered critical for the project final report, which aims to draw conclusions about the extent to which current ESIF spending in health supports strategic policy goals, as well as learn lessons about how projects are designed and implemented and draw conclusions and recommendations for how spending can be improved in health.

## Key conclusions from the peer review/Day 1

The representatives of seven Member States (Croatia, Estonia, France, Germany, Latvia, Poland, Slovenia, and Spain) who attended the peer review each presented the somewhat similar key challenges they face in their work on Health Promotion - along with several country-specific aspects. All the countries face challenges in tackling lifestyle behaviours affecting chronic disease development and developing cross-sectoral support for their work and projects. The peer review representatives came from public health institutes, universities, or health associations with responsibilities for developing health promotion programmes and policies in the country. All of them are currently managing ESI funded projects addressing health promotion, disease prevention, healthy ageing and health and safety in the workplace.

While all the countries faced challenges related to growing chronic diseases or lifestyle behaviours that have a negative impact on the health and wellbeing of their citizens, each of the projects took a slightly different approach or target audience for their project activities. Since health promotion is a broad topic, there was consensus on the need to develop an interdisciplinary approach that involves a wide and diverse range of stakeholders. Several interrelated needs were exemplified by the projects, including the need to focus on children and young people to establish beneficial lifestyle behaviours early, the need to incorporate environmental factors influencing people's health, the need to address the specific challenges of the elderly, the opportunity of developing e-health tools that could support interventions, and the need to address cultural beliefs around hazardous products such as alcohol.

The countries that participated in the peer review presented different ways of tackling these issues using ESI funds:

- In Croatia, the Institute of Public Health is leading an EU 4 million project (Healthy Living) that aims to improve the health of the population by reducing behavioural, biomedical and socio-medical risk factors through the creation of supportive environments enabling good health and high-quality life for the citizens of Croatia. Specific objectives of the project are improving knowledge and attitudes on the importance of healthy nutrition and physical activity for the prevention of overweight and obesity.
- The Interreg France-Spain (Capas Cité) project of EU 2.7 million that unites two universities to implement an ESIF project that aims to improve the health of underprivileged groups, specific vulnerable groups (obese people) and young people (pupils and students) through the practice of physical activity. The project aims to create a new cross-border health infrastructure with 2 satellites in Tarbes, France and in Huesca, Spain.
- In Slovenia, an EU 6 million project (Responsible approach to alcohol use) aims to establish an interdisciplinary approach for screening and providing interventions to help with the incidence of

hazardous and harmful alcohol drinking in Slovenian adults. The project includes a capacity building component for health professionals and social workers, a pilot of the approach, and a capacity building intervention for media representatives to support responsible media coverage of alcohol consumption, which is key to help develop cultural change around alcohol misuse.

- In Latvia, the ‘Complex health promotion and disease prevention measures’ project aims to improve the availability of health promotion and disease prevention services in Latvia, by implementing the following local measures: promoting healthy nutrition; promoting physical activity issues; measures to reduce the prevalence of addictive substances and processes; measures for the promotion of mental health; and measures for the promotion of sexual and reproductive health. The implementation of the local projects has been an initiative of the Ministry of Health in collaboration with municipalities.
- The BaltCity Prevention Interreg project supported with EUR 2.7 million from ESIF, focuses on developing and using new technologies that will be employed in the planning procedures and as innovative tools for prevention purposes. The participation of the users and the co-creation process are key elements of this new intervention model. The prevention interventions are offered by public health authorities (e.g. health care and social departments in municipalities) and address people with different health issues.

A few issues common to these varying approaches were raised and discussed during the peer review:

- The healthcare budgets in the countries involved in the workshops are not able to adequately cover the rising need for financing health promotion. The increasing age of the population coupled with lifestyle behaviours and costs of chronic diseases means that **ESI funding is a viable method to support spending in this high priority area.**
- The challenge of harmful alcohol use that was the focus of the project from Slovenia drew attention, and was discussed at length by participants, because it illustrated the complexities of tackling an issue with deep cultural and economic importance. Alcohol production is an important economic sector and the way in which alcohol consumption was reported within the country is a key obstacle to prevention and promotion interventions in this area. Harmful alcohol consumption costs over EU 200 million, which easily dwarfs the EU 6 million that the project received from the ESIF funds. The conclusion of the group was that **ESI funds must be coupled with high level strategic thinking** that combines financial support with broad societal goals. This could include combining different resources, linking different sources of funding, and targeting drivers of other sectors (decrease the alcohol harm while targeting the active population at the workplace).
- The issue of **indicators** and how to record success of the projects was raised during the peer review day. The need for short, medium, and long-term indicators was felt to be important to demonstrate the impacts of different types of actions that occur as part of the projects. This will also help to show the outcomes of changes in organisational administration, project development, and related policies. However, the problem is that the impact on health of health promotion interventions is extremely difficult to prove. A question arose about how best to record the success of the projects and it was suggested that challenges in evaluating health promotion interventions with persist unless other indicators are used to complement quantitative indicators.
- The projects in the Health Promotion workshop were funded through different streams. Each of these has different objectives and investment priorities as stipulated in the ESIF regulations. Some participants in the workshop felt that this poses problems for projects about the clarity of funding. However, participants also felt that this creates an opportunity to establish funding coordinators across the different streams so that projects working in a similar field can connect with each other across Europe. This will unify the projects while signalling a clear EU added-value to the use of the funds.
- The participants also felt that it was important to educate the educators. The idea came from across the projects featured in the peer review and relates to the need to change the mind-set within the medical field. **Health promotion needs to be actively inserted in all projects that feature health or**

**healthcare.** Education of the policy decision makers in ‘Health in All Policies’ (HiAP) principles and in public health issues should also be a priority. Participants believed that the EU Commission should engage in this sort of long-term strategic thinking in association with the ESI funds.

Several good practices and success factors were identified and agreed upon during the discussions:

- The existence of previously established **networks of relevant stakeholders** that include participatory engagement in the planning of projects. Clearly defined responsibilities with established strategic frameworks that include cross-sectoral skills and knowledge were also deemed essential as also the use of established networks to ensure the viability of projects and mitigate against disruptions.
- The **administrative and project management capacity** within beneficiary institutions, especially for large projects, was considered an extremely significant factor. The host project from Croatia ‘Healthy Living’ explained that their project was built upon clear administrative and management duties and guidelines from the beginning. This ensured effective communication throughout the project and united the content with the administration. The clear processes also mitigated some of the administrative burdens that such a large grant entail.
- Health promotion projects must have a well-defined and strong **epidemiologic argumentation as the groundwork**. A definition of a common denominator for action that links with priorities at the policy level will draw collaboration from across different sectors of government and society. A clear rationale that responds to national health priority challenges also makes the projects successful because this enables national authorities to prioritise health promotion over other spending concerns.

Finally, the peer review shed light on the preliminary findings of the ESI funds for health project related to spending trends in health promotion. The following key points were raised:

- The projects in theme 5 (health promotion, disease prevention, healthy ageing and workplace health and safety) accounted for 33% of health-related projects funded under ESI funds. The reason for this seems to be that even though health promotion and prevention interventions have proved to be very cost-effective by reducing healthcare (curative) costs, they are still under-funded by national governments throughout Europe. Many projects that received ESI funding target a large section of the population but there is still little co-ordination on what types of interventions are producing good results, when are they producing such good results and for whom. The spending trends corroborates this with the number of projects funded.
- The growing recognition of the effects of chronic diseases and lifestyle behaviours is driving the need to invest in health promotion programmes. The ESI funds are considered as a test for programmes that national governments cannot fund straight away without knowing whether they will be successful or not. This is an issue in countries with higher burden of chronic diseases, aging population, and limited workforce capacity. It also affects countries with lower life expectancy and fewer years lived in good health. The use of ESIF to support potentially good projects was discussed as a reason why there is a high number of projects and a large spending in this theme.
- Discussions at the peer review revealed the importance of cross border work; health promotion was considered as a clear cross border issue for which better regional cooperation is needed. This was discussed in greater detail during the thematic workshop the following day.

## Key Conclusions from the thematic workshop/Day 2

The thematic workshop had three main parts:

1. Policy developments, future competences, and Funds priorities - the first part included presentations by the European Commission, the project team, and the host institution. It focused on presenting the key health promotion challenges that should be addressed in the EU, the main EU policies and activities, and the ESIF spending trends on this theme (preliminary findings of the ‘ESI Funds for Health’ project).

2. In what ways can ESI Funds support health promotion - the second part of the workshop provided an overview of the different types of projects funded in this theme for the current programming period. It included presentations of projects relating to the sub-theme 'active and healthy ageing': 'Green Care Farms' (Poland) and 'Let us be active!' (Interreg Central Baltic) and a summary of the peer review day. This part focused on presenting specific examples on how the ESIF are used to support the health promotion.
3. A breakout session provided an opportunity for all participants to discuss in smaller groups key elements of project planning, the relationship of projects with challenges in this theme and policy goals, and the challenges and opportunities related to project implementation. This session also provided an opportunity for discussing how the ESIF can best support the needs of this theme in the future.

In contrast to the peer review, the workshop focused more broadly on the health promotion challenges in Europe and the opportunities for the ESIF to address these challenges. European countries face common health promotion challenges that cover a broad spectrum. They can be largely grouped into the following categories:

- Lifestyle behaviours;
- Environmental Factors;
- Ageing population;
- Chronic diseases;
- Mental Health;
- Nutrition and diet;
- Promoting sustainable workplace health and safety.

The spending trends identified during the mapping activities of the ESI Funds for Health project indicated that this theme is the largest among the six health-related themes covered by the research, both in terms of the number of supported projects and in terms of their total budget. Overall, 2,470 out of a total of 6,414 projects have been classified under this theme, representing 39% of the total number of projects. In terms of budget, investments under Theme 5 amounted to around EUR 1.9 billion, or around 33% of health investments identified. The peer review highlighted that the ESI funds are used to fund projects that are innovative, new or untried on a national level, that build on existing collaborative networks, and that work on areas in which national governments are reluctant to address the challenges. This indicates that the ESI funds are being used as an essential funding stream to tackle health promotion activities and that **the use of funds was extremely beneficial to countries who wanted to trial a project before scaling up to national level with national funding replacing the ESI funds** (e.g. more regions of Poland are planning to follow the model of the Green Care Farms).

Another major message emerging from discussions is that health promotion is a difficult area for project funding. Not only is the field of health promotion wide, covering a diverse range of chronic diseases and other health related problems. But, the tools and techniques for adequate health promotion programmes are also many and varied. **The need to find what works, when, and for whom is as pressing as the need for funding.** In one sense using ESI funding as a method of scaling up seemed a sensible approach to the participants. However, each participant spoke of the limited resources available in national ministries or institutes for health promotion. The challenge regards both human as well as financial resources. Therefore, financial programmes should be complemented by other coordinated approaches. For example, **possible connections between different ESI funds' objectives (ESF which focus on human resources) and other funds should be explored** as a method of 'upscaling' efforts to develop health promotion either within a member state or across a region.

Participants of the workshop provided several suggestions to address the above-mentioned challenges. Some suggested that ESI funds should support projects in partner countries sharing similar concerns, but they also mentioned that in these cases **there should be more coordination between projects to capture and disseminate key learning points** and that this was fundamental to avoid duplicative efforts and to streamline both funding and knowledge dissemination.

Some participants also mentioned that the ESI also need to fund projects for longer duration than four or five years. The participants at the workshops felt that there should be a more ambitious approach to allocating funds for health promotion. Some participants believed that this could either meant making it easier to use different funding streams to fund different parts of the project or simply that once the key epidemiological basis was proved, ESI funds should be able to step in with concrete long-term funding to deliver short, medium, and long-term results that will improve the living, working, and social conditions in Europe that underpin good health and wellbeing for all.

Finally, a key concern for the participants was the issue of sustainability of projects and results. There is a clear need to maintain access to different types of funding and different sources of funding. This goes hand in hand with the need to maintain connections with all stakeholders, authorities, and ministries involved in the project. The project-focused requirements of the ESI funds are a good mechanism to get projects developed and started. However, this ultimately creates a strict and short timescale for the project and the deliverables. Some participants believed that this 'life-space' of the project needs to be extended and the ESI funds should focus on thinking outside of the political time-span of four or five years.

The need to include connection with different and innovative financial instruments to help sustain projects was also discussed by participants on both days of the Zagreb workshop. Participants mentioned the need for more strategic level thinking and planning at the EU level. This was particularly evident in terms of coordination between projects on the same topic and on setting a vision for common European solutions and skills development to help find answers to shared problems.

# Annex 1: Peer review presentation and discussion summaries (Day 1)

The peer review was divided in three parts:

1. Presentations of ESI funded projects that support the health promotion: this included the presentation by the host of the Healthy Living project.
2. Presentations of institutions from four other beneficiaries of ESI funds from Baltic region Interreg, France-Spain Interreg, Latvia, and Slovenia that focus on health promotion. These institutions presented their approaches for tackling the challenges of health promotion within ESI projects.
3. Summary and conclusions: based on the presentations and following discussions, the concluding part of the peer review sought to summarise the findings and draw lessons to present at the thematic workshop on the following day.

## Presentations

### **Presentation of the project ‘Healthy Living’: objectives and planning, Croatian Institute of Public Health**

- The project has been developing since 2001. It targets the whole population through efforts to reduce obesity which has been identified as a common denominator for the main health risks.
- The ‘Healthy Living’ project is an example of how health promotion is using the ESI funds as a cost effective public health tool at the population level.
- The first step is to work closely with key ministries to embed the projects within the organisational hierarchy, as this helps to mitigate against changes in personnel.
- The ESI funds have helped to scale-up the project and spread it to the whole country.
- The ESI funds are part of a process of establishing and maintaining cross-sectoral support and the co-production of ideas, programmes, and common solutions.
- A key success of the project has been to explain that they are not asking for anything, but rather establishing a mechanism to spread good health throughout the country to all people.
- A key foundation block is the development of local ownership of the project. This means that local public health workers can feel a close connection to the project and can use their local skills and experience to adapt it.
- The project uses strict monitoring and evaluation procedures to certify actions and develop a picture of success.

### **Presentation of the project ‘Healthy Living’: practical implementation, challenges, and good practices, Croatian Institute of Public Health**

- Project management structures must be in place before the project starts. This includes clearly defined budget and Gantt charts to establish close working connections between content and administration teams.
- Challenges include: procurement procedures, archiving actions, partners - unit coordination, implementation, and communication (internal and external).
- Steps for success include planning in advance, using a management hand book, and developing a management system (roles and responsibility) and a monitoring system.

#### Element 1 - Physical Health

- Challenges: training experts and building capacity within the local regions, different levels of programme uptake, and the number of people needed to be 'on-board' with the project in each local area.
- Steps for success: clearly defined goals and targets, continued education for school staff and local implementers, and variation in the programme for different local contexts.

#### Element 2 - Physical Activity

- Challenges: A coherent programme to educate school staff in health literacy, facilitating study visits, and developing educative deliverables.
- Steps for success: Link to national plan and strategies, establishing a working group, producing a working manual, organising educational workshops, providing models and literature for schools, and evaluating progress.

#### Element 3 - Food Labelling

- Challenges: Establish connections with other departments (cross-sectoral approach), educate the media, and explore legal options.
- Steps for success: A clear validation programme, concise information, and the inclusion of all sectors of society.

#### Element 4 - Health and Workplace

- Challenges: Encouraging business to care for staff health, empowering staff to think about their health, and maintaining interest in the project (sustainability).
- Steps for success: Cross-sectoral support with strong leadership from the project and Health Ministry, clearly defined phases of project - analysis and implementation, and listening to local teams.

#### Element 5 - Health and Environment

- Challenges: Contemporary living and working conditions, the reliance on private transport, and changing the mind-set around safety and activity.
- Steps for success: clear certification process, multi-dimensional approach, clear guidance and information, trusted sources of information, close support for local teams, and collaboration across sectors.

#### **Peer project 1 - Complex health promotion and disease prevention measures, Latvia**

- The project identified their needs through municipalities developing their own local project. The structural funds were able to support the sense of ownership of the local teams who were able to choose what they wanted to focus on. The success is that the funds created a drive for the decentralisation of health promotion and could kick-start similar processes in Public Health.
- An issue that the project team raised was sustainability. What to do when the project funding finishes and how to maintain local support and funding? This was an interesting question within the workshop that was further discussed during Day 2.
- The project used the funds to help local teams work on 'easier' health concerns. The next step is to try to work on 'harder' health concerns and 'harder to reach people'. For this, they think that it will be more difficult to obtain funding with the timescale of proving good health outcomes stemming out of health promotion interventions.

#### **Peer project 2 - Together for responsible attitude towards alcohol drinking (TRADAD), Slovenia**

- The project identified their needs at the outset using a systems approach. This led to clear phases (development, training, capacity building, and piloting) and to multiple levels of the project (national, regional, local, and individual).

- A success of using the ESI funds is that the project was able to involve three ministries from the country (Labour, Health, and Social Affairs). This established an inter-sectoral approach to harmful drinking.
- It is difficult to measure the impact of health promotion which makes ESIF an attractive step in developing a national programme. Furthermore, the use of a cross-sectoral steering group enables a long-term plan for measurement and embeds the project into a system approach.
- A success of the funds is the ability to give the money directly to local implementing partners who can shape the project to fit their local context and focus on whichever phases have the most pressing needs.
- An element of the structural funds that is problematic is the excessive administrative burden that it places upon small health promotion departments and ministries. This is particularly acute in ministries and institutions that have limited human resources.

### **Peer project 3 - Baltic cities tackle lifestyle related diseases, Interreg Baltic Sea**

- This project focuses on prevention and health promotion using new technologies. The project team felt that the structural funds was the best source for funding this type of project as they emphasise the development of new projects, ideas, and solutions.
- However, they added that a pre-existing structure or loose association helped to develop a setting for the funds to be used.
- The project team felt that to succeed in using ESIF, projects need to have a clearly defined rationale and audience that seeks to make a large and long-term impact.
- The funds are ideally suited to health promotion challenges as they involve cross border collaboration and an effort to find common solutions to common problems.
- The inclusion of SME's in the project highlights the problems around conflicts of interest and projects must rely upon EU guidelines for any problems or issues.

### **Peer project 4 -Capas Cité, Interreg project (France-Spain)**

- The funds have helped to form a long-term connection between cities and universities in two neighbouring countries. Beneficiaries believed that it would be hard to fund this project without the help of ESI funding.
- The project team felt that the project was successful because it focused on one health behaviour (increasing physical activity) at a city level and for the whole population. However, the project was multi-faceted as it worked on three levels (school, community, and under-privileged groups) with variations of the programmes offered in each city
- The project team suggested that pre-existing networks and associations helped to justify the project and attract ESI Funds.
- The key challenge for the project team was sustainability, and in particular, how to expand the project towards other health issues.
- Another challenge is the evaluation of the cost-benefit ratio of projects and health promotion, since the impact of a project on physical activity is extremely hard to measure.

## **Discussions and conclusions**

Dr. Mojca Gabrijelčič-Blenkuš, EuroHealthNet

Mojca Gabrijelčič-Blenkuš gave a presentation at the end of Day 1 to conclude the first day's discussion. Mojca focused on six key areas that featured across the projects.

- Argumentation to act

There is a strong epidemiologic argumentation to act in several health issues highlighted by the projects. Projects need to define common denominators for action, link these actions with priorities at the policy level and respond to national health priority challenges.

- Inter-sectoral collaboration and stakeholder's networks

Already established inter-sectoral cooperation and multi-sectoral competences are key for projects. Many projects featured previously established networks of relevant stakeholders; participatory engagement of stakeholders in the action planning, which require a clear definition of responsibilities and strategic frameworks. Inter-sector collaboration is needed to overcome silos and link physical, mental and sexual health and environmental issues - linking different stakeholder to the same prevention or promotion action. One significant challenge within inter-sectoral collaboration is the need to consider conflicts of interest, especially while working with private sector; this often requires setting clear public private partnership (PPP) rules.

- Technical and administrative issues

Good administrative support, transparent documentation, clear milestones and deliverables, use of indicators for evaluation, connections among content and administrative staff, and simplification of administrative procedures are all key requirements for a good administrative and technical management of projects.

- Policy level

Political support of an aware policy decision maker, from health or other sectors and the recognition of the window of opportunity are essential to launch successful projects, obtain funding and sustain projects in time. It is important to link projects (especially large-scale ones) to existing policy level strategies (e.g. actions defined in legislation). Another important aspect is to raise awareness among policy decision makers in HiAP principles and in public health issues.

- Implementation issues

Some of the issues identified as key to the successful implementation of projects were clearly defined implementation roles, effective and holistic education of educators, action planning and implementation based in target group's needs, involvement of target groups', and the recognition of capacity building (knowledge, institutional, human) as the project added value.

- Economic, social and cultural capitals

There is a need to understand the decrease of the disease burden with publicly funded health actions and the impact resources from other sectors (e.g. the decreased share of burden of disease caused by the specific sector when implementing a successful intervention).

It is important to balance structural interventions (measures to create supportive environments) and individual action (stimulated by campaigns). Moreover, it is also important to combine different resources, for instance, by linking public funding with resources from other sectors (e.g. decreasing alcohol harm while targeting the active population at the workplace).

A focus not only in economic but also in social aspects of a problem (e.g. nobody likes to walk alone, cultural involvement of museums) is also important to plan and implement successful actions.

- Miscellaneous

Discussions also mentioned: (1) the importance of including technology development in interventions, developing cross border work, and identifying the globalization drivers of disease; (2) the importance of

preventing or decreasing inequalities while implementing programmes; and the difficulties in the transposition of good practices.

## Annex 2: Thematic Workshop presentation and discussion summaries (Day 2)

The thematic workshop started with a panel of the representatives of the Croatian government giving short speeches about the importance of the ESI Funds for the Croatian economy, with special focus on the funding for health projects. The following Croatian institutions were represented:

- Ministry of Labour and Social Welfare,
- Ministry of Health;
- European Commission Representation in Croatia,
- Director of the Croatian Institute of Public Health;

In addition to the representatives from the Croatian government, Mr. Stefan Schreck from the European Commission (DG SANTE) also participated in the panel. The panel highlighted the importance of inter-sectoral collaboration to advance health promotion and disease prevention at a national level. It also helped to start a discussion around the opportunities to tackle the challenges in this area. For instance, the Ministry of Labour mentioned the importance of large-scale projects funded with ESIF, which are addressing the needs of vulnerable groups, the lack of medical staff and other inter-related health problems.

Three presentations followed, including a presentation of the European Commission, a keynote-style presentation delivered by the leader of the Croatian host project and a presentation on findings of the ESI Funds for Health project delivered by Milieu.

The remaining part of the workshop included a panel of the beneficiaries of projects giving short summaries of their presentations from Day 1 Peer Review, two additional presentations of projects in the sub-theme 'Active and healthy ageing', breakout sessions and conclusions.

### Presentations

#### **Presentation of the European Commission, Katarzyna Kielar-Kowalczyk and Stefan Schreck**

- The presentation provided an overview of how the EU level supports the reform of national health systems by providing a common policy framework, acting as a knowledge broker (e.g. providing information such as that available in the publication "State of health in the EU"), coordinating economic policy through the European Semester and cooperating to enable mutual learning among Member States. In 'State of Health in the EU', health promotion and disease prevention are identified as an area in which there should be more focus.
- The European Semester process provides an opportunity for learning and emphasizing interventions in key areas. For 2018, the Country Specific Recommendations for several countries reflected the need to address challenges that are long-term and complex by nature. Among this, there was emphasis in improving the fiscal sustainability and cost-effectiveness of health systems, also through investments in prevention and promotion.
- The EU faces major challenges linked to an ageing population: longer life expectancy but not "healthy life years", higher burden of chronic diseases related to often preventable lifestyles. Along with these challenges, from the demand side there is a higher expectation for patient-centred, effective and safe care and a greater movement of people (patients but also health workforce); whilst from the supply side there is rapid development of new technologies, which are often costly. All these challenges pose the need for health systems to adapt.

- The EU Commission's Communication 2014 called for Effective, Accessible and Resilient health systems outlining a series of shared policy objectives. More recently, in the European Pillar of Social Rights, principle 16 recognizes the right of everyone to 'affordable, preventive and curative health care of good quality', also mentioning cooperation at the EU level through the European Semester and cooperation with the national level.
- The Commission's presentation also introduced the purpose of the ESI Funds for Health project, which is part of a long-term strategy to support relevant authorities in EU Member States for the effective implementation of ESIF for health. A previous project (2013-2015) mapped the planned use of ESIF for the 2014-2020 programming period and provided a series of practical tools and guidelines. The ESI Funds for Health project is currently mapping the use of ESIF for health in all 28 Member States and Regional Cooperation programmes, while further developing capacities of the relevant actors and supporting capacity building in Member States.
- Different EU initiatives to cooperate with Member States in this area were illustrated: the best practices portal designed by DG SANTE, also to meet Sustainable Development Goal 3.4 (to reduce premature mortality from non-communicable diseases by one-third by 2030), and the work developed by the Steering Group on Promotion and Prevention, which aims at facilitating the implementation of evidence-based best practices across EU countries.

#### **Keynote presentation, Sanja Music-Milanovic**

- Dr Music-Milanovic explained how obesity has been identified as the single common denominator for all the major non-communicable diseases observed in Croatia and in other parts of the world and she also provided context for the impact that such diseases are posing to individuals and societies.
- Dr Music-Milanovic also explained how Andrija Stampar's principles relating to public health, which include active participation of the involved communities, and a holistic approach to public health interventions, still remain valid after 100 years.

#### **ESI Funds for Health project presentation, Rosa Castro and Agnieszka Markowska**

- An explanation was provided about the project objectives and deliverables;
- An overview of the types of projects funded within theme 5 (Active and healthy ageing, healthy workforce, health promotion and disease prevention) presented in the workshop was also developed.
- Statistics and indicators related to the theme regarding the spending trends were also provided and some preliminary conclusions were explained. Among them, there is relatively low number of projects in health promotion and disease prevention. On the other hand, there is a large number of workplace health and safety projects, but most of them focus on the employment rather than on the health component. Active and healthy ageing also has a high number of projects, in line with a number of CSRs for several countries.

#### **Presentations of two additional projects from the sub-theme 'Active and healthy ageing'**

- **Green Care Farms, Poland**
  - Regional Operational Programme for the Kujawsko-Pomorskie Region;
  - 3 pillars: physical efficiency, intellectual efficiency, social efficiency
  - Daily stay for the elderly on farms, increasing care competences of farmers
  - Interest of other regions in the same solution.
- **Let us be Active, Interreg Central Baltic:**
  - Addresses the problem of social exclusion and loneliness of older people through the improvement of information about existing and development of new opportunities for voluntary work for seniors in Pärnu, Turku and Riga;
  - Mapped the already existing volunteering activities available and suitable for older people, conducted surveys and interviews with seniors and public health professionals to find out how

they can be involved in volunteering, organized workshops and trainings for seniors and social workers, developed new volunteering activities for seniors (Tripfriend activity, call centre), created an information and support system for seniors (call centre, online platforms)

- Challenges: wrong expectations based on the survey results, difficulties to reach lonely, socially excluded people at home, keeping the volunteers' motivation high, ensuring the engagement and support of the professionals
- Successes: thanks to the project, partners overcome several misconceptions about senior volunteering, e.g. that seniors are not interested; new knowledge was generated, e.g. that seniors want to consider volunteering as a hobby, not work and they prefer engaging in the pop-up activities, thanks to the cross-border cooperation and exchange of experiences, better results were achieved, good communication on the EU level: lots of interest in the project, "social innovation", new project application pending (3 Polish cities).

## Breakout sessions

### Breakout session 1 - Key Messages/conclusions:

- The health sector is not a priority on the political agenda, it should be included as a priority across all sectors of the economy.
- Health should be imbedded in EU key strategic documents (not only in "health" policy but integrated in other relevant sectors - intersectoral/horizontal collaboration).
- Health objectives should be backed up by economic arguments, it is essential to link research with cost-benefit analysis.
- Cooperation with stakeholders and capacity building are very important for successful implementation of health promotion projects.
- Sustainability of projects can be maintained through educating people involved in the network.

### Breakout sessions 2 - Key Messages/conclusions:

- Identify good practices and use what already exists. The EU developed the 'Best practices portal', which enables mutual learning about the types of interventions that can better support this theme.
- The question of how to keep results from projects for a sufficiently long period of time (and to adjust and adapt) was a key point in the discussions. Financial sustainability is a challenge and building a good network of people (NGOs, policy makers, etc.) seems to be an essential point to ensure sustainability: involving key stakeholders is important for these purposes.
- Example of Green Farms project - they found farms and participants, but despite the fact that stakeholders are very interested in the project, resources are still needed. Some participants mentioned the need to involve regions and local communities in the projects. Promotion of the project is very important to be recognized by stakeholders and policy makers, and eventually to have access to financial resources.
- The issue of short-term interest of politicians (electoral time period) was also mentioned. This raises the need to reserve some money in advance for 5 years follow up.
- The issue of gathering evidence about the outcomes of the project and evaluating those outcomes was also discussed. While piloting a project is useful, sometimes there are too many pilot interventions and not much being implemented. A suggested solution is to enable better interaction and links between researchers (testing and investigating outcomes) and policy makers.
- Enabling learning and developing good practices. While there seems to be an abundance of good practices to learn from, the lack of detailed information about funded projects is a problem. All projects should be published in one place, e.g. a website, with the description of the project, target groups and the area it operates. It was suggested that there should be more awareness on the existence of ESIF funds; make them known at the EU level. There should be a list of the projects

funded by EU, and that list should be widespread. While the lists of projects are only available in the national languages a possible solution would be to create a platform to communicate and enable interaction between project beneficiaries (e.g. a social network for project beneficiaries).

- Project Application form requires so much planning - it was suggested that this should be made more flexible.
- Administrative requirements are often hard to fulfil - e.g. to send the application forms to all Ministries and Agencies.
- A good project management is required to have an overview of the whole project, as well as good communication within the team members.
- Better communication with people from different municipalities, make them more aware of the funds is also important.
- Building the project from the people and their needs was also considered an essential part for successful projects.
- Two main suggestions and pressing questions emerged:
  - To make sure sufficient information is available to learn from the good practices; and
  - To incorporate sustainability in the project by involving key stakeholders, country representatives, policy makers, etc.

#### **Breakout session 3 - Key Messages/conclusions:**

- Streamline project management and administration - local perspective needed.
- Overlapping of preventative programmes, national and regional; this needs to be re-organised on a stable basis.
- Promote health equity - proportional universalism, tackle new life burdens (media messages, different environments, smart interventions).
- Health in all policies incorporated into ESIF+, each stream and department need to know that they must involve health.
- Strategic thinking on a political level, investment in people, funds linked closely to EU semester.
- Too many types of funding streams, not clear where it is best to go, funding coordination across the different streams is needed because similar projects within countries are funded.
- Funds are good for whole-population level projects.
- More needs to be done to connect projects with private finance and private businesses, funding should be linked to outcomes and financing should have strategic aims. Private corporations must be monitored closely - perhaps this could be a role for the EU Commission to develop guidelines in this regard.

## Annex 3: List of participants

### Day 1 - Peer review

	First name	Last name	Organisation
1.	Aleksandra	Bielińska	Kujawsko-Pomorski Agriculture Advisory Centre
2.	Julien	BOIS	University of Pau (CAPAS-Cité)
3.	Nenad	Borkovic	Croatian Institute of Public Health (CIPH)
4.	Dora	Bukal	Croatian Institute of Public Health (CIPH)
5.	Lionel	Dubertrand	Ville de Tarbes (CAPAS-Cité)
6.	Sergio	Estrada	University of Zaragoza (CAPAS-Cité)
7.	Aleksandra	Hapka	Kujawsko-Pomorski Agriculture Advisory Centre
8.	Karmen	Henigsmann	National Institute of Public Health
9.	Tadeja	Hocevar	National Institute of Public Health
10.	Martina	Jelinic	Croatian Institute of Public Health (CIPH)
11.	Levke	Johannsen	Flensburg University of Applied Science
12.	Suzana	Kaiser Majic	Croatian Institute of Public Health (CIPH)
13.	Kristine	Karsa	Ministry of Health
14.	Lana	Kasumovic	Croatian Institute of Public Health (CIPH)
15.	Katarzyna	Kielar-Kowalczyk	European Commission
16.	Maja	Koprivanac	Croatian Institute of Public Health (CIPH)
17.	Slaven	Krtalic	Croatian Institute of Public Health (CIPH)
18.	Maja	Lang Morovic	Croatian Institute of Public Health (CIPH)
19.	Maja	Lang Morovic	Croatian Institute of Public Health (CIPH)
20.	Ana	Malenica	Ministry of Health
21.	Martina	Markelic	Croatian Institute of Public Health (CIPH)
22.	Kaija	Matinheikki	Helsinki Metropolia University of Applied Sciences
23.	Mirjana	Matulic	Croatian Institute of Public Health (CIPH)
24.	Antonija	Medur	Croatian Institute of Public Health (CIPH)
25.	Eva	Murko	Croatian Institute of Public Health (CIPH)
26.	Sanja	Music Milanovic	Croatian Institute of Public Health (CIPH)
27.	Ljiljana	Muslic	Croatian Institute of Public Health (CIPH)
28.	Tatjana	Nemeth Blazic	Croatian Institute of Public Health (CIPH)
29.	Mary	Novosel	Croatian Institute of Public Health (CIPH)

	First name	Last name	Organisation
30.	Kristīne	Pavasare	Ministry of Health of the Republic of Latvia
31.	Ivana	Pavic	Croatian Institute of Public Health (CIPH)
32.	Mariana	Postolache	Ministry of Health Romania
33.	Stefan	Schreck	European Commission
34.	Petra	Smoljo	Croatian Institute of Public Health (CIPH)
35.	Andrea	Stancic	HIT Konferencja
36.	Līga	Timša	Ministry of Health of Latvia
37.	Diana	Virtaci	Ministry of Health
38.	Andrew	Barnfield	EuroHealthNet
39.	Rosa	Castro	Milieu Ltd
40.	Agnieszka	Markowska	Milieu Ltd
41.	Mojca	Gabrijelcic	National institute of Public Health Slovenia; EuroHealthNet

## Day 2 - Workshop

	First name	Last name	Organisation
1.	Cristian	Andriciuc	Romanian Federation of Diabetes Associations
2.	Aleksandra	Bielińska	Kujawsko-Pomorski Agriculture Advisory Centre
3.	Ivana	Bocina	Public Health Institute of Split and Dalmatia County
4.	Julien	BOIS	University of Pau (CAPAS-Cité)
5.	Nenad	Borkovic	Croatian Institute of Public Health (CIPH)
6.	Maja	Brnas	Ministry of Health (Croatia)
7.	Dora	Bukal	Croatian Institute of Public Health
8.	Magdalena	Cedzyńska	Institute of Oncology
9.	Dean	Delic	Cybermed
10.	Daniela	Drandić	Parents in Action - Roda
11.	Lionel	DUBERTRAND	Ville de Tarbes (CAPAS-Cité)
12.	Hanna	Dunning	Baltic Region Healthy Cities Association
13.	Maja	Đurica Truhlaž	Institute of Public Health "St.Rok" Virovitica-podravinaica-
14.	Sergio	ESTRADA	University of Zaragoza (CAPAS-Cité)
15.	Jonathan	Gomez-Raja	FundeSalud, Government of Extremadura
16.	MARINA	GULIN	Public health office of the region Šibenik-Knin
17.	Aleksandra	Hapka	Kujawsko-Pomorski Agriculture Advisory Centre

	First name	Last name	Organisation
18.	Karmen	Henigsmann	National Institute of Public Health
19.	Tadeja	Hocevar	National Institute of Public Health
20.	Tomislav	Horvat	European Commission DG EMPL
21.	Lothar	Janssen	Bundesministerium für Gesundheit
22.	Levke	Johannsen	Flensburg University of Applied Science
23.	Lana	Kasumovic	Croatian institute of public health
24.	Katarzyna	Kielar-Kowalczyk	European Commission
25.	Pawel	Koczkodaj	Maria Sklodowska-Curie Institute - Oncology Center
26.	Markus	Kujawa	The Standing Committee of European Doctors (CPME)
27.	Maja	Lang Morovic	Croatian Institute of Public Health
28.	Ines	Lazarevic Rukavina	Ministry of Health of the Republic of Lithuania
29.	Vanja	Lazic	DZ Zagreb-Centar
30.	Ana	Malenica	Health Ministry Croatia
31.	Martina	Markelic	Croatia Institute of Public Health
32.	Olgica	Martinis	Agencija za odgoj i obrazovanje
33.	Kaija	Matinheikki	Helsinki Metropolia University of Applied Sciences
34.	Mirjana	Matulic	Croatian Institute of Public Health
35.	Antonija	Medur	Hrvatski zavod za javno zdravstvo
36.	Antonija	Medur	HZJZ
37.	Eva	Murko	National Institute of Public Health
38.	Tatjana	Nemeth Blazic	Croatian Institute of Public Health
39.	Iveta	Nohavova	European Oncology Nursing Society (EONS)
40.	Zivile	Pauzaitė	Secretariat of the Northern Dimension Partnership in Public Health and Social Well-being
41.	Kristīne	Pavasare	Ministry of Health of the Republic of Latvia
42.	Lea	Pollak	Croatian institute off public health
43.	Ivana	Popek	Institute of Public Health of Sisak-Moslavina County
44.	Mariana	Postolache	Ministry of Health
45.	Irena	Przepiórka	The Maria Sklodowska-Curie Institute - Oncology Center
46.	Mirella	Ratic	European Commission
47.	Stefan	Schreck	European Commission
48.	Kristina	Sekulic	Zavod za javno zdravstvo Karlovačke županije
49.	Petra	Smoljo	Croatian institute off public health

	First name	Last name	Organisation
50.	Miran	Šolinc	Association ŠKUC
51.	Pawel	Szymanski	Ministry of Investment and Economic Development
52.	Līga	Timša	Ministry of Health of Latvia
53.	Jurica	Toth	Medtronic
54.	Banga	Vaitkutė	Ministry of Finance of the Republic of Lithuania
55.	Diana	Vīrtaci	Ministry of Health
56.	Hrvoje	Vranjes	Zavod za javno zdravstvo Zagrebačke županije
57.	Andrew	Barnfield	EuroHealthNet
58.	Rosa	Castro	Milieu Ltd
59.	Agnieszka	Markowska	Milieu Ltd
60.	Mojca	Gabrijelcic	EuroHealthNet and Slovenian Institute for Public Health and EuroHealthNet

## Annex 4: Event agendas

### ‘Health promotion’ Workshop

#### Agenda: Peer review

14 June, 2018

University of Zagreb School of Medicine, Andrija Stampar School of Public Health  
Rockefellerova 4, Classroom A

Time	Agenda
9:00-9:30	Registration
09:30-10:00	Welcome and introduction  <i>Milieu and a representative of the Croatian Institute of Public Health</i>
10:00-10:45	Presentation of the project ‘Healthy Living’: objectives and planning  Questions and discussion  <i>Croatian Institute of Public Health</i>
10:45-11:00	Coffee break
11:00-12:00	Presentation of the project ‘Healthy Living’: practical implementation, challenges and good practices  Questions and discussion  <i>Croatian Institute of Public Health</i>
12:00-13:30	A tour around the Croatian Institute of Public Health and lunch
13:30-15:30	Peer review  <i>Moderator: Dr. Mojca Gabrijelčič-Blenkuš, EuroHealthNet</i>
13:30-14:00	Peer project 1 - presentation and a short discussion  Complex health promotion and disease prevention measures, Latvia  Kristine Pavasare, Ministry of Health, Latvia
14:00-14:30	Peer project 2 - presentation and a short discussion  Together for responsible attitude towards alcohol drinking (TRADAD), Slovenia  Tadeja Hočevar, Karmen Henigsman and Jasmina Črnko-Papič, NIJZ
14:30-15:00	Peer project 3 - presentation and a short discussion  Baltic cities tackle lifestyle related diseases, Interreg Baltic Sea  Levke Johanssen, Flensburg University
15:00-15:30	Peer project 4 - presentation and a short discussion  Capas Cité, Interreg project (France-Spain)

Time	Agenda
	Julien Bois, Sergio Estrada, Lionel Dubertrand, Capas Cite
15:30-15:45	Coffee break
15:45-16:15	Moderated discussion and summary of key lessons learned
16:15-16:30	Conclusions  <i>Dr. Mojca Gabrijelčič-Blenkuš, EuroHealthNet</i>
18:00	Networking dinner and a guided tour of Zagreb

# ‘Health promotion’ Workshop

## Agenda: Thematic workshop

15 June, 2018

University of Zagreb School of Medicine, Andrija Stampar School of Public Health  
Rockefellerova 4, Classroom A

Time	Agenda
08:45-09:15	Registration
09:15-10:00	<b>Opening</b> <i>Milieu and the representatives of Croatian Ministries</i>
10:00-13:00	<b>Plenary</b> <i>Moderator: Dr. Mojca Gabrijelčič-Blenkuš, National institute of Public Health Slovenia (NIJZ) and EuroHealthNet</i>
10:00-10:30	Policy developments and ESI Funds priorities related to the theme ‘Active and healthy ageing, workplace health and safety, health promotion, disease prevention and disease management’ <i>Katarzyna Kielar-Kowalczyk and Stefan Schreck, European Commission</i>
10:30-11:00	Keynote-style presentation related to the theme ‘Active and healthy ageing, workplace health and safety, health promotion and disease prevention’ <i>Dr. Sanja Musić Milanović, Head of Division for Health Promotion, Croatian Institute of Public Health</i>
11:00-11:15	Coffee break
11:15-11:45	ESI Funds for Health: overview of statistics and findings from the project work related to this theme <i>Rosa Castro and Agnieszka Markowska, Milieu</i>
11:45-12:00	The future competence demands for health promotion <i>Kaija Matinheikki-Kokko, Health Promotion Programme, Interreg Central Baltic</i>
12:00-12:45	Panel discussion consisting of: <ul style="list-style-type: none"> <li>• Short presentations of the projects discussed during the first day of the workshop (5 minutes per project, <i>project beneficiaries, including the host project</i>)</li> <li>• Two presentations by exemplary projects from the sub-theme ‘active and healthy ageing’: <ul style="list-style-type: none"> <li>○ Green Care Farms, Poland</li> <li>○ Let us be active! Interreg Central Baltic</li> </ul> </li> </ul>

Time	Agenda
12:45-13:45	Networking lunch
13:45-14:15	<ul style="list-style-type: none"> <li>• Summary of the peer review discussions from Day 1</li> <li>• Introduction to the breakout sessions: discussion questions</li> </ul> <i>EuroHealthNet</i>
14:15-15:15	<b>Breakout sessions: Room E and O</b>
	<ul style="list-style-type: none"> <li>• Discussion on key elements related to policy goals</li> <li>• Discussion on contribution of ESIF to this theme</li> <li>• Discussion on good practices and problems</li> </ul> <i>Moderators: Milieu &amp; EuroHealthNet</i>
15:15-15:30	Coffee break
15:30-16:15	<p><b>Summary and conclusions of the event</b></p> <p>Main conclusions/responses to the discussion questions reported by the moderators of each group</p> <p><i>Milieu &amp; EuroHealthNet</i></p> <p>Concluding remarks</p> <p><i>Dr. Mojca Gabrijelčič-Blenkuš, National institute of Public Health Slovenia (NIJZ) and EuroHealthNet</i></p>

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