Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being

Meeting Report

High-level Conference
7–8 December 2016, Paris, France
Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being

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Paris, France
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Meeting report
ABSTRACT

The high-level conference on Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being, was held in Paris, France on 7–8 December 2016. The conference brought together the health, education and social sectors with the overall aim of strengthening intersectoral cooperation and joint action in the WHO European Region and fostering better and more equal health and well-being and improved social outcomes for children, adolescents and their families. It also served as a starting point and first key step in establishing a platform for exchange of good policy and practice on these issues. There was consensus that the health sector, in partnership with welfare and education, has a leading role to play in supporting parents and caregivers to foster nurturing relationships with their children and create empowered and resilient communities, and that transformative policies and actions are needed to deliver better lives and a healthier younger generation.

Keywords

HEALTH EQUITY
GOVERNANCE FOR HEALTH
INTERSECTORAL ACTION
SOCIAL DETERMINANTS OF HEALTH
GENDER
EARLY CHILDHOOD DEVELOPMENT
ADOLESCENT HEALTH

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Foreword

The health of people living in the WHO European Region is improving. Inequalities among children and adolescents nevertheless persist within and between countries, and child poverty remains a problem across the Region. Disregarding inequalities fosters their perpetuation, contributes to diminished social cohesion, and puts societies at risk of societal and political instability. Children are the future: to achieve the goal of providing a healthy and sustainable future for younger generations, it is vital to address inequalities and make sure that no child is left behind.

The European Region is facing multiple and complex challenges to health and well-being – economic, social, environmental and political. These challenges present themselves at global level and also affect people at local level. Effectively addressing inequalities among children and adolescents requires working between sectors, especially health, education and social sectors. Action should not be limited to these sectors, but they provide an entry point to children and adolescents early in the life-course, and are therefore the right starting point for intersectoral action.

Meeting the challenges requires accelerating commitments under transformative agendas such as the United Nations 2030 Agenda for Sustainable Development and Health 2020, the European policy and strategy for health and well-being, and designing and implementing interconnected solutions that work for all people in the Region. This presents an opportunity to build on national commitments for health and well-being by strengthening work with existing and emerging sectors and building new partnerships.

It is important that joint intersectoral action is evidence-based. The background papers produced for the high-level conference on working together for better health and well-being held in Paris, France synthesize and present the evidence base while identifying the most appropriate and cost-effective interventions to respond to the challenges. This is a crucial step in supporting Member States to implement the right policies and interventions to address inequalities among children and adolescents.

For communities to thrive, the whole of government and whole of society must work together. Mitigating and tackling inequalities among children and adolescents requires empowered and resilient communities, where all people have ownership over their own health and well-being. It will take great leadership in each sector to reach out successfully and systematically to other sectors, and courage to engage with communities and populations. Now is the time to act.

Zsuzsanna Jakab
WHO Regional Director for Europe
### Acronyms

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>CPD</td>
<td>continuing professional development</td>
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<tr>
<td>CSO</td>
<td>civil society organization</td>
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<tr>
<td>EIT</td>
<td>European Institute of Innovation and Technology</td>
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<td>EPIC</td>
<td>European Platform for Investing in Children</td>
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<td>EU</td>
<td>European Union</td>
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<td>GDP</td>
<td>gross domestic product</td>
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<td>ILO</td>
<td>International Labour Organization</td>
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<tr>
<td>LAFOS</td>
<td>joint labour-force service centres (Finland)</td>
</tr>
<tr>
<td>NEET</td>
<td>not in education, employment or training</td>
</tr>
<tr>
<td>NGO</td>
<td>nongovernmental organization</td>
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<tr>
<td>OECD</td>
<td>Organisation for Economic Co-operation and Development</td>
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<tr>
<td>PISA</td>
<td>Programme for International Student Assessment</td>
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<tr>
<td>SDG</td>
<td>(United Nations) Sustainable Development Goal</td>
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<tr>
<td>UNDP</td>
<td>United Nations Development Programme</td>
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<tr>
<td>UNESCO</td>
<td>United Nations Educational, Scientific and Cultural Organization</td>
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<tr>
<td>UNFPA</td>
<td>United Nations Population Fund</td>
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<td>UNICEF</td>
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Executive summary

The high-level conference on Promoting intersectoral and interagency action for health and well-being in the WHO European Region: working together for better health and well-being brought together the health, education and social sectors with the overall aim of strengthening intersectoral cooperation and joint action in the WHO European Region. The fundamental purpose was to foster better and more equal health and well-being, and improved social outcomes for children, adolescents and their families.

The conference objectives were to identify:
- common areas for policy action among the health, education and social sectors;
- joint approaches and concrete actions to promote health and social literacy to improve health and well-being, social outcomes and equity in the European Region; and
- approaches to strengthening intersectoral working among the health, education and social sectors, including at different levels of government.

Expected outcomes from discussions included:
- identifying common policy objectives for health, education and social sector partnerships; and
- agreeing a set of concrete policy recommendations and actions for European, national and local contexts on addressing social determinants of health and reducing the European health divide in the context of the United Nations Sustainable Development Goals (SDGs).

The two-day conference comprised seven sessions.

**Session 1.** *A time to act,* highlighted the importance of issues of scale with regard to intersectoral action. It emphasized the importance of involving civil society, making it easier to focus on addressing people’s genuine needs. The session also acknowledged that while integrated policies for children are important, adolescents should not be forgotten, due to the psychological and physical transitions they experience.

**Session 2.** *Universal social protection floors for better health and well-being,* reminded participants that contrary to the SDG aspirations, poor and rich countries currently are leaving people behind. It is time to review if what has been achieved is sufficient, and where more could be done. Presentations and discussions revealed vulnerabilities in society and inequality among children in Europe due to insufficient social protection floors, a situation exacerbated by parental social insecurity and poverty. A transformative approach that allows for progressive implementation of universal social protection floors and solutions such as financing supported by progressive taxation and burden-sharing is needed. It should also address low wages and the often insurmountable challenge of combining work with care for children.

**Session 3.** *Schools promoting health and well-being for all children and adolescents,* highlighted that while schools’ main way of promoting health is through education, they are more than simply places where children acquire knowledge. A societal shift is taking place, with schools becoming places where children can be supported to gain health, well-being, skills *and* knowledge. Many countries are successfully implementing intersectoral action in the school context, utilizing early childhood education and a life-course perspective and integrating health into physical activity. As learning and teaching methods are dynamic, changes need to be
considered when planning health promotion interventions in school settings. It will also be essential to understand where collaboration between education and health fits within overall frameworks to protect health and development.

**Session 4.** A systems approach – investing in workforce, enabling change, confirmed that many health determinants lie outside of the health-care system. The session focused on: investing in education and training; seeing people in a broader perspective; viewing the health sector as an employer; working in partnership; and promoting advocacy to help address these determinants. Barriers between sectors need to be broken down to enable doctors and other health professionals to become interested and committed to education and social welfare, and educators to realize the impact of their work on health. At the same time, broader awareness of, and greater information on, the education process is necessary for all stakeholders. This will call for teamwork and coordination around integrated and people-centred programmes and activities (not only health) and a health workforce that does not exist in silos, but instead works collaboratively with other sectors.

**Session 5.** A systems approach – good governance for the health and well-being of all children and adolescents, highlighted the importance of listening more to what Member States of the WHO European Region are saying, gathering stories of what is happening in the Region and exploring if ministries could increase dedicated support to intersectoral programmes and activities. Legislative mechanisms would help enable actors to work together and facilitate intersectoral work. Civil society contributions, strong political commitment at various levels and a joint vision are necessary to realize the Health 2020 and United Nations 2030 agendas.

**Session 6.** Bridging the gap – innovation and evidence for action, showed that much research still exists in silos and stressed the need to address research challenges and opportunities jointly in future. Countries circumstances are different, and differences in how health and disease are perceived in every country were stressed, but the issue of methodological nationalism, in which data stop at borders and often do not allow understand of larger transnational trends (including the flows of people) presents a problem. Including well-being as a measure and finding ways of empowering people to manage their health, and not their disease, are important. The European health report 2018 will tell stories of what well-being means to various age and population groups, looking beyond morbidity and mortality and bringing together quantitative and qualitative information. It will consider new concepts and work with Member States to establish qualitative research messages. Evidence needs to be multisectoral but also multi-aspect: quantitative, qualitative, narrative, transformative and complex evidence should be presented together simply, be bold, tell a story, and be placed in policy-implementation contexts.

**Session 7.** A transformative partnership among the health, education and social sectors to reach the 2030 Agenda for Sustainable Development, focused on how work can be carried out in partnership at regional level to support Member States in improving the health and well-being of populations. Issues discussed included how to continue building a transformative partnership among sectors at regional level to work towards the implementation of the 2030 Agenda for Sustainable Development. An explanatory note for the potential ad hoc regional platform was also presented.

The high-level conference was a starting point and first key step in a process of establishing a platform for exchange of good policy and practice. The platform will focus on tackling inequalities and improving the health and well-being of all children and adolescents in the Region. It will address the three main issues emerging from the conference – tackling inequities, focusing on children and adolescents, and promoting intersectoral action – as being key in
implementing conference outcomes and recommendations and allow experiences to be built and shared within the United Nations 2030 Agenda for Sustainable Development and Health 2020, provide a renewed impetus for transformative action and partnerships, and present a unique opportunity to work together across sectors and with different partners.

Social protection systems are of crucial importance. It is imperative to move towards improving financial, environmental, psychosocial and material conditions for all children, adolescents and their families, starting with joint work involving the health, education and social sectors. Crucially, social protection needs to start early in life and adequately address all other transition steps across the life-course to ensure the health and well-being of current and future generations.

The health sector, in partnership with welfare and education, has a leading role to play in supporting parents and caregivers to foster nurturing relationships with their children and create empowered and resilient communities. An early start and focus on those most at risk of vulnerability is crucial to improving the health and well-being of young and future generations and reducing inequalities. Working together using the mechanism of the platform will help ensure accountability and that no child is left behind. Transformative policies and actions to deliver better lives and a healthier younger generation need enabling and guiding instruments, many of which were discussed at the conference.
Background

The 2030 United Nations Agenda for Sustainable Development and the Health 2020 health policy framework commit the Member States of the WHO European Region to develop new models of partnership and intersectoral working. European health ministers adopted decision EU/RC65(1) on promoting intersectoral action for health and well-being in the WHO European Region at the 65th session of the WHO Regional Committee for Europe in 2015, affirming health as a political choice and emphasizing the importance of scaling-up intersectoral working involving diverse actors as the means of meeting today’s global health challenges and global, regional and national goals and targets. The decision emphasizes synergy and common approaches with key sectors for reducing health gaps and increasing well-being. Joint working with education and social sectors is of fundamental importance.
Introduction

Population health and well-being contributes significantly to societies’ social and economic development. Development policies and decisions at local, national and international levels shape the health and well-being of a population. Ensuring that no one is left behind and gaps in health and human capabilities are reduced is central to achieving the goals of inclusive and sustainable development and overall well-being of society. These goals are at the heart of decisions taken by heads of states and governments at the United Nations General Assembly on the 2030 Agenda for Sustainable Development and are major drivers of the Health 2020 health policy framework in the WHO European Region.

Reducing gaps in health and human potential are shared priorities across many policy sectors, highlighting the imperatives of coherence across policies to deliver inclusive and sustained development for all countries and people. The United Nations 2030 Agenda for Sustainable Development and Health 2020 recognize the importance of putting health and well-being centre stage and acting in partnership for people and the planet, striving to deliver prosperity and peace.

Achieving common goals for improving health and human potential means starting early. The influence of important aspects of people’s health and well-being starts before they are born, extending into early childhood life and across key transition points during the life-course. Focusing intersectoral action on giving every child a good start in life is therefore right in policy terms, as well as being fair and cost–effective. Problems encountered early in life are not immutable, but are difficult and expensive to shift with increasing age.

Studies in Europe and elsewhere show a clear relationship between health and well-being outcomes and the family, school and community contexts in which children and adolescents develop. Doing well in childhood is defined by a range of indicators: educational attainment, physical development, social and emotional capacity for sustained relationships, and work-related capabilities such as persistence, team-working and reliability. Family and community contexts influence the development of these capabilities and traits: some families are more nurturing than others, some communities safer than others, and some political systems more supportive than others.

Services that support this stage of life, and which bridge the gap for children who have different starting-points of opportunity, include health, education and social welfare. These intergenerational and multiprofessional services can support children and their families to improve health and well-being through interventions aimed at fostering resilient and empowering parents, as well as supporting children directly.

The WHO Regional Office for Europe convened a high-level conference hosted by the French Ministry of Social Affairs and Health in Paris, France on 7–8 December 2016. The conference brought together the health, education and social sectors with the overall aim of strengthening intersectoral cooperation in the WHO European Region. The fundamental purpose was to foster better and more equal health and social outcomes for children, adolescents and their families.

The conference built on the technical meeting on promoting intersectoral and interagency action for health and well-being in the WHO European Region held in Paris in April 2015.
Objectives were to identify:

- common areas for policy action among the health, education and social sectors;
- joint approaches and concrete actions to promote health and social literacy to improve health and well-being, social outcomes and equity in the European Region; and
- approaches to strengthening intersectoral working among the health, education and social sectors, including at different levels of government.

Expected outcomes from discussions included:

- identifying common policy objectives for health, education and social sector partnerships; and
- agreeing a set of concrete policy recommendations and actions for European, national and local contexts on addressing social determinants of health and reducing the European health divide in the context of the United Nations Sustainable Development Goals (SDGs).

Participants included representatives of Member States, United Nations agencies and other international organizations, and civil society and international experts.

Presenters and panellists are shown in Annex 1.
Opening session

Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being of the WHO Regional Office for Europe and conference co-chair, expressed gratitude to the Government of France for its generous hospitality and commitment to the aims of the conference. Current differences in children’s life chances and opportunities were unfair and needed to be addressed for a sustainable future. The SDGs and Health 2020 committed all sectors to work together. She was delighted that the Regional Office had convened the meeting to explore the way forward, and recognized that a vast amount of work was already being undertaken by Member States. The Regional Committee has referred to health as a political choice, and this view was strongly supported by evidence, such as that underpinning the 2030 Agenda for Sustainable Development and Health 2020. A transformative approach was required. The conference would review opportunities and provide country examples of good practice.

Benoît Vallet, Director-General for Health of the Ministry of Social Affairs and Health of France and conference co-chair, welcomed the WHO Regional Director for Europe and all conference participants, and strongly supported the aims of the conference. He expressed thanks to the WHO team and staff from the General Directorate of Health of the Government of France for their preliminary work. He welcomed the Director-General for Schools of the Ministry of National Education and referred to the long process of the two directorates working together to enhance intersectoral action for public health. Participation of the Organisation for Economic Co-operation and Development (OECD), International Labour Organization (ILO) and the United Nations Educational, Scientific and Cultural Organization (UNESCO) was warmly welcomed. He also thanked the co-chairs of the Scientific Committee, Ilona Kickbusch and Didier Jourdan, committee members for their critical and constructive review of evidence-based approaches, and the chair and members of the Technical Committee.

The conference marked the beginning of a process in which sectors could, and should, cooperate. The aim was to promote and strengthen sharing of good practices and reach consensus on joint action by Member States. He referred specifically to a political declaration on intersectoral cooperation and an outcomes framework of partnership agreed between the directorates for health and education, with specific agreed areas of action and modalities of cooperation.

Florence Robine, Director-General for Schools of the Ministry of National Education of France, expressed pleasure at the opportunity to participate on behalf of children and adolescents. She thanked WHO for its involvement and support. The directorates for health and education had developed a consistent and coordinated policy for public health and education, working together in the context of sustainable development. The fact that the meeting was being held in UNESCO’s headquarters was symbolic, as the agency stands for education and freedom to learn.

Intersectoral approaches allowed the opportunity to learn from international thinking and cooperation and share best practices. Meetings of this kind were very important for reviewing local and regional initiatives. She was convinced that local initiatives can bring people together, breaking down barriers and developing cross-cutting approaches in public policies. These could tackle multiple aspects of health and education policy, such as culture, the environment, housing, the economy and the business sector.
The directorates’ framework agreement plan for young people’s health and welfare recognized that schools were partners for many players working to promote health and train for safety and security. The Ministry of National Education was working on plans to protect schools, putting risk and security first, and rolling out training in first aid. The aim was that children in primary schools could implement measures that are internally consistent and complementary. In the face of current threats, it was important to stay one step ahead in policy terms.

Heinz Koller, Regional Director of the ILO, noted that despite significant efforts in many countries to progress towards universal health coverage, the ILO observes large deficits in health protection among the world’s population, including in the European Region. This is due often to insufficient national legislation and inadequate implementation, including ignoring health workforce shortages and the need for decent working conditions. Against this background, the ILO recommendation 202 concerning national floors of social protection plays a key role: it provides a framework to achieve universal social protection in health in a social and labour market environment that ensures decent employment and economic growth. R202 is therefore a tool to progress towards SDGs 1, 3 and 8.

According to the ILO, one single job for, for example, a physician can trigger 2–3 additional jobs in the broader health economy. Investments in universal health coverage are therefore a source of decent work rather than a cost, as they result in better health status for the population and multiple employment effects sustaining economic growth. The health economy has the potential to create decent jobs for women, who often experience poor working conditions, low incomes and gender gaps in wages or – even worse – provide unpaid care to family members by giving up their own work and social protection and consequently risking impoverishment.

Alanna Armitage, Regional Director, Eastern Europe and Central Asia of the United Nations Population Fund (UNFPA), stated that as we celebrate our achievements, we also recognize that confronting the Region’s health challenges cannot be done by the health sector alone. New models of partnership are required to reduce health gaps and increase well-being in the Region. The challenges the Region faces do not fit a biomedical mode. Childhood marriage and adolescent pregnancies remain a challenge, the unmet need for modern contraception is still high, and the European Region is the only one in which HIV incidence continues to rise and where one in four women still face intimate-partner violence.

Health-literacy skills and the ability to make healthy choices are best developed early in life. This makes the education sector a key player in ensuring better health outcomes by empowering young and future generations to make healthy decisions throughout the life-course. Agenda 2030 provides the opportunity to tackle ill health at its root causes. It also confirms the UNFPA International Conference on Population and Development agenda (goals 3 and 5). UNFPA reaffirms its commitment to partnering with the health, education and social sectors to galvanize efforts and offer new strategies and new results for promoting health and well-being for children, adolescents and their families in the European Region.

Soo Hyang Choi, Director for Inclusion, Peace and Sustainable Development at UNESCO, said that UNESCO and WHO have been collaborating since 1948, when they signed their first agreement for cooperation. Their collective goal is to support Member States, especially in relation to achieving 2030 Agenda goals 3 and 4. UNESCO is fully committed to this, which is exemplified in its strategy on education for health and well-being. The strategy provides the
overarching framework for concerted action by UNESCO and its partners at global, regional and country levels during 2016–2021. It builds on UNESCO’s work on HIV and describes the two strategic priorities of ensuring that all children and young people have access to comprehensive sexuality education and safe and inclusive learning environments, placing a strong emphasis on the role of schools in promoting health. It also reflects recent developments in the global education, HIV and health agendas and is aligned with the new Joint United Nations Programme on HIV/AIDS 2016–2021 strategy and the 2030 Agenda, in particular SDGs 3 (health), 4 (education) and 5 (gender equality).

Zsuzsanna Jakab, the WHO Regional Director for Europe, thanked the ministries of health and education of France for making this meeting possible. She stressed that the meeting had a sense of urgency to act on health inequalities and social inequalities to improve the health and well-being of children in settings in which they live, play and learn. Life expectancy in the WHO European Region has increased and premature mortality decreased, but much work still needs to be done, as pockets of vulnerability that limit the well-being and life opportunities of families and their children still exist. Member States are already taking many steps to address these challenges, and new opportunities, such as reducing social inequities, protecting human resources, building resilient communities and protecting natural resources, should be seized.

It is clear that health and well-being is a political choice. Giving children a good start in life is essential for their future, and social protection must be addressed more rigorously. Health 2020 has set out policy and governance directions to improve health in the European Region. It and the 2030 Agenda put children at the centre and challenge us to explore transformative ways to meet the challenge.

No child or young person should be left behind. It is imperative to move towards improving financial and social conditions for children. Social protection needs, including universal health policies, should be available from early in life, especially in a Region living with the effects of financial crisis. Children are now more at risk of poverty. Schools, as a major determinant of health and well-being of children and adolescents, can create more resilient and empowered young people and provide them with health information. For vulnerable children, education and social challenges co-exist with other health challenges. Children need clean, safe places to learn, play and grow. Ensuring accessible housing is key to assuring a good start for children. The transition between school and work can be a critical moment in the life-course. Young people need decent work conditions and universal protection floors for better health and well-being.

The challenge today is how to take forward evidence and come to an agreement on how agencies will work together. This calls for transformative action, and the implementation of the 2030 Agenda provides impetus. We must create a platform for sharing good practices that work at national, regional and local levels.
Session 1. A time to act

This session provided an overview of the main challenges in addressing health inequalities and improving the health and well-being of children and adolescents in the WHO European Region. Emphasis was placed on the need for intersectoral collaboration and investment in the health, education and social sectors, working together to turn the evidence base into action.

The main questions addressed were as follows.

- Why is now the time to act on addressing these issues around the health and well-being of children and adolescents?
- What is the key evidence to support the action that is needed?
- What are the main challenges in addressing the health and well-being of children across health, education and social sectors?
- Where are the opportunities in child health and well-being?

Three keynote presentations provided background for the subsequent panel discussion.

**Acting on social determinants of health – children and adolescents**

*Sir Michael Marmot, Professor of Epidemiology, University College London, United Kingdom (England)*

There is increasing evidence that treating people and sending them back to the conditions they had before has little effect on their future health and well-being. Factors outside the realm of health care have a considerable impact on health and well-being. For example, an analysis of suicide among aboriginal young people considering degrees of empowerment showed a strong linear relationship between suicide risk and six cultural and community factors: self-government; land-claim participation; increased sense of community control due to availability of health services; education; cultural facilities; and police and fire services. When all six factors were present, no suicides occurred within the five-year study time frame.

While overall mortality rates have been decreasing, certain groups, such as non-Hispanic white people in the United States of America, have excess mortality due to poisonings from alcohol and drugs, suicides, alcoholic liver disease and violent death. Excess risk of premature death is determined by psychosocially determined factors such as low sense of control, self-efficacy and self-esteem. Adverse childhood experiences, including child maltreatment and the household environment being affected by parental separation, domestic violence, mental illness, alcohol abuse, drug use and incarceration, also have long-term, avoidable health impacts. Reduction of child poverty can be achieved by fiscal policies and are likely to have a profound impact on subsequent health inequalities.

Inequalities in education play a key role in generating inequalities in life expectancy. Data from exam performances in the United Kingdom show a 23% gap between poorer children – those eligible for free school meals – and the average in attaining acceptable scores on the General Certificate of Secondary Education exams at age 15 (1). Evidence from Programme for International Student Assessment (PISA) scores show that children attending preschool for more than one year have better mathematics scores at age 15. Family affluence (income) has also been proven to have an effect on fruit consumption, which in turn affects health choices and health patterns in later life.
Societal approaches need to be examined. The United Nations Development Programme (UNDP) shows that countries with previous investment of public expenditure on health care and education score well on the Human Development Index. All the data presented confirm the need to take a life-course approach that looks at social determinants of health early on to have a long-term and positive impact on health and well-being and avoid the intergenerational passing of poverty with resulting morbidity and mortality.

**Investing in health: the economic case**

*Mark Pearson, Deputy Director of Employment, Labour and Social Affairs, OECD*

The relationship between health and socioeconomic development in countries is two-way. However good health centres, hospitals and health professionals may be, improving health over the long term requires a wider perspective encompassing:

- the living environment (housing and pollution)
- workplaces and unemployment (mental health)
- lifestyle choices (alcohol, smoking and physical activity)
- education.

Ill health worsens an individual’s economic prospects throughout the lifecycle. Even pre-birth experience, through mothers who smoke and drink alcohol while pregnant, matters. Ill health can be transmitted through the generations.

Ill health has an economic cost for young infants and children. It can hinder cognitive development in early life, and worsens educational outcomes for school-age children through sleep disorders, mental ill health, increased absenteeism and a greater risk of dropping out of school (2). It is important that people enter stable careers within 5–10 years after compulsory schooling to avoid lasting adverse effects on health.

Evidence from low–middle- and high-income countries indicates that ill health among young infants and children affects human capital accumulation. Adolescents and young people who experience poor health are four times more likely to be not in education, employment or training (NEET). The economic cost of ill health for adults includes unemployment, work absence, so-called presenteeism (lower productivity while at work) and lower wages. Ill health reduces earning and employment potential, with disadvantage compounding over the life-course: the lifetime earnings of highly educated men who experience ill health reduces by 17%, but that of their lesser educated peers goes down by 33%.

This does not affect only one generation (3). Poor health in childhood compounds over time, leading to poor transition to the labour market in adolescence and then into adulthood. Intergenerational transmission passes income inequalities from parent to children. Evidence suggests that children’s income depends on that of their parents, with more striking effects seen in countries with high inequality. People’s earnings in part depend on their parents and their own education, health and social networks.

Social inequalities are being passed to subsequent generations, with considerable social and economic effects. Improving health outcomes requires action across sectors. Fig. 1 shows the relative contribution of different factors and sectors to increased life expectancy over time.
Expanded education coverage, increased health spending, higher incomes and lower pollution levels are important contributors to changes in life expectancy.

**Fig. 1. Contribution of factors to changes in life expectancy from 1990 to 2013**

![Figure 1: Contribution of factors to changes in life expectancy from 1990 to 2013](image)

*Source: James et al. (4).*

Better health is crucial to stronger and more inclusive economic growth and requires interventions within and beyond the health sector. A life-course approach is needed, with early childhood interventions being crucial to ensuring change for the better. Progress is needed in all sectors to improve health. At the same time, good health will help other sectors.

**Scientific background of the conference**

*Didier Jourdan, Dean of the Faculty of Education, University Blaise Pascal Clermont-Ferrand, France*

Participants were introduced to the background document for the conference, *Partnerships for the health and well-being of our young and future generations*. Three key ideas in the document fell under the themes of health determinants and intersectoral action: universal social protection floors for better health and well-being for all children and adolescents; schools and preschools promoting health and well-being for all children and adolescents; and good governance for the health and well-being of all children and adolescents.

Supporting scientific data come from many different fields (epidemiology, sociology, ethnography, education, psychology and others). There is, however, an imbalance between high-volume observational data (describing the health status of the population) and data on interventions and their effectiveness, which are much more scarce. The focus needs to be on
generating data on transferability and scaling-up of policy approaches, and new literature reviews that put the spotlight on the quality of implementation processes and conditions for local change, and how public interventions interact with systems. Transformative intersectoral public policies can underpin transfer and scaling-up. Collaboration among civil society, researchers and public actors is needed to promote this. Intersectoral policies can be strengthened by introducing innovation and participation, promoting and supporting intervention research, and bringing together various forms of knowledge for action.

A project on creating an academic focus for global school health education via a UNESCO chair and WHO collaborating centre is being developed.

Panel

The session 1 panel raised themes that pointed to the need for urgent action on:

- the role of the education system in promoting health among young generations;
- an intersectoral approach to protect children from violence;
- change by means of systemic approaches that promote child and adolescent health throughout the life-course;
- child and civil society participation to improved governance for health;
- the instrumental role of legislative acts on improving the well-being of future generations; and
- how whole-of-government policy and programmatic measures can tackle shared noncommunicable disease risk factors.

Examples were provided from the Republic of Moldova, where the education system is playing an essential role in ensuring access to education for all members of society, promoting health and educating healthy future generations. The education strategy for 2020, approved in 2014, focuses on continued development and modernization of the education system based on three main pillars: access, equity and relevance (with specific attention to inclusive education), minorities and supporting disadvantaged families. The national programme for developing inclusive education (2011–2020) aims to ensure equitable access to quality education, including material, informational and psychological support, for all children. Education for health plays an important role in developing health policies, such as promoting social, economic and cultural dimensions to encourage children and adolescents to make healthy lifestyle choices.

As in other countries, the media in the Republic of Moldova promotes unhealthy foods, resulting in the adoption of unhealthy eating habits. The virtual environments experienced by many adolescents are often transposed to real life, with resulting use of inappropriate language, unsafe sexual behaviours and bullying. Studies show that teenagers who suffer from cyberbullying are more at risk of turning to alcohol and drugs, not wanting to go to school, trusting themselves less, and developing health problems. Adolescents’ risk behaviours are directly linked to poverty, social differences in urban and rural areas, migration (which has left many children behind) and lack of information about the consequences of risk behaviours.

The country is working intersectorally to promote healthy lifestyles and health education among young people through national programmes such as the public health strategy (2014–2020), tobacco- and alcohol-control programmes, food and nutrition programme, and the soon-to-be-approved child and adolescent health and development strategy (2017–2021), which will provide a platform for intersectoral cooperation aimed at ensuring conditions for the fulfilment of health
potential, child and adolescent development, and reductions in child morbidity and mortality from avoidable disease. Evidence-based policies and focused actions are also being developed by the ministries of education and health based on data collected from the 2015 Global Youth Tobacco Survey and the Health Behaviour in School-aged Children survey of 2013/2014.

**Serbia** is experiencing population decline, with births below the replacement level. This poses a risk to the country’s sustainable development. Serbia will form a demographic council, chaired by the Prime Minister, to address the issue by adopting new and effective measures to encourage births, promote early child development, provide appropriate care to mothers and prevent juvenile violence. The council will include representatives from health, education and social welfare ministries as well as civil society; it will be tasked with formulating joint and concrete actions to promote and improve the population’s health and well-being.

Serbia is also focusing on preventing all types of violence against children. In 2015, 6520 cases of violence against children were reported, with the real number likely to be far greater. The National Assembly established a multisectoral Committee on the Rights of Children, chaired by the Serbian Assembly Speaker, with support from WHO and civil society. A new family law (enacted in 2015) and amendments to the Criminal Code concerning child abuse have introduced more severe penalties for violence against children. Institutions are now obliged to take action on any suspected case of violence, and employees in health, social and education institutions are required to report any suspicions of child abuse and provide support to victims. These institutional innovations, along with updated and more effective legislation and cooperation with civil society, have strengthened intersectoral mechanisms for preventing and protecting children from violence.

Participants heard reports from **San Marino** on the development of intersectoral and life-course approaches to promote child and adolescent health. The approaches enhance individual capabilities and environmental resources (social, health and education services, and associations) and institutional, community and individual resilience. Interventions in the pre- and postnatal periods and for schoolchildren up to age 10 have been developed and introduced. A multidisciplinary and intersectoral working group coordinates and plans health promotion interventions and education activities in schools, strengthening collaboration between the health, social and education sectors while building strong alliances with the community.

San Marino is also focusing attention on children with disabilities and promoting their inclusion in school and society, in close cooperation with their families and local associations. A monitoring system with an integrated health and social information system that uses systematic surveys in schools is being put in place to evaluate these interventions.

It is easier to build relations, even informally, and utilize participatory processes in small countries. They can develop flexible approaches, co-constructed from local resources and based on shared needs. Sustainability of human resources remains a challenge, as often one person can undertake multiple roles. A structured network supported by a legal framework can facilitate a resilient system. The Regional Office’s small-countries initiative provides support to enable a comprehensive voice to emerge and strengthen resilience.

**Eurochild** brings together 140 organizations with networks in 33 countries and 19 networks of children’s rights organizations from 15 countries. It is engaged in a child participation strategy that has an emphasis on schools, bringing children and young people together to have their say in
advocacy and governance. This will not happen overnight, but will be a generational change. Eurochild affirmed the importance of acting urgently to seize the opportunity to effect change offered by crises that are characterized by political instability, growing inequalities, disaffection, fragmentation and fragility. The conference draft declaration can support governance, with a strong focus on trust, partnership, consultation and co-ownership of participation, while acknowledging the need for children, adolescents, families and communities to have ownership and for civil society to play a fundamental role in empowering communities.

United Kingdom (Wales) faces many of the opportunities and threats to people’s lives that are seen in other European countries and regions, including climate change, poverty, health inequalities and issues around jobs and growth. It has some of the poorest regions in the United Kingdom, with significant differences in life expectancy. The representative shared experience of creating a legislative link to the 2030 Agenda through the Well-being of Future Generations Act, which sets out seven goals to be delivered in common purpose through collective action. It will make listed public bodies think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. Public bodies will need to consider the impact their decisions could have on people’s health and well-being.

National indicators that will allow annual reporting have been developed and the post of Future Generations Commissioner, who will be instrumental in meeting the obligations, established. United Kingdom (Wales) will need to work in an integrated way, with a focus on improving socioeconomic welfare. Short-term needs have to be balanced with the needs of future generations.

The UNDP representative said that for many people in middle-income countries of the Region – countries in east and southeast Europe, Turkey and central Asia – access to health care is reduced by the relative absence of formal labour market status (which reduces access to social protection) and significant out-of-pocket expenses, which often result from corruption in health-care systems. Children’s access to quality education is also an issue.

These issues are often symptoms of deeper socioeconomic and governance challenges faced by ageing societies with shrinking populations. Dependency rates for state insurance systems are being driven up, putting financial sustainability at risk. Other challenges include extensive labour market informality, with many people working in precarious or vulnerable employment, and capacity gaps that reduce the quality and scope of services provided by public health institutions, particularly in relation to vulnerable populations.

Whole-of-government policy and programmatic measures to address these challenges should focus on:

- creating enabling legal and regulatory frameworks;
- establishing public policies and strategies in sectors outside health that tackle shared risk factors (in control and management of noncommunicable diseases, for instance);
- addressing institutionalized stigma and discrimination (by sensitizing law enforcement and health-service personnel to the needs of people who are living with HIV/AIDS and those at risk of contracting the infection, for example); and
- increasing civic engagement and the role of nongovernmental organizations (NGOs) and the private sector in outreach and service provision as a complement to (not a substitute for) public services.
Addressing longer-term financial sustainability threats to public health insurance systems by reducing social security taxes and supplementing them with additional budget revenues, which could come from reducing fossil-fuel subsidies and capturing illicit financial flows, is also important.

**Summary**

The session raised the importance of issues of scale to intersectoral action. Examples include United Kingdom (Wales), one of the most deprived parts of the United Kingdom, and San Marino, a country with a population of under 1 million. It is important to realize, however, that the interventions described are also possible for large countries.

The important role of civil society was highlighted. The session also showed that while integrated policies for children are important, adolescents cannot be forgotten, due to the psychological and physical transitions they experience (as shown in data relating to NEETs). The information presented in this session and the illustrative country examples provide the background to act and more forward.
Session 2. Universal social protection floors for better health and well-being

The session discussed conference recommendations on early childhood, including tackling inequalities and vulnerability. It looked at child-focused interventions in early childhood and the appropriate mix of policies between sectors to ensure the best start in life. Social and economic determinants of health are at the top of the agenda for health equity, as are gender and rights-based equity – leaving no one behind.

Evidence that investing in health and utilizing a life-course approach are important for future generations is strong. The session focused on social protection floors, taking a life-course approach and making social protection a priority. While social protection floors are defined in ILO recommendations and highlighted in Agenda 2030 Goal 1, what it means to develop or increase them remains unclear.

Increasing social protection means that essential health care and social support can be provided for those in need. It ensures that children have access to healthy nutrition, goods and services. Increasing child poverty has an impact on the rest of life, often working in a vicious cycle, and parental poverty forces children into child labour, abuse, exploitation and hazardous occupations. Other labour market inflexibilities have an impact on women, who cannot stay home when their children are sick and are forced to go out to work. The question is not if social protection should be increased, but specifically how.

The main questions addressed were as follows.

- What are the key intersectoral challenges and opportunities for implementing universal social protection floors?
- How can the demand for more social protection be met in the midst of economic and political crisis?
- How do families’ precarious circumstances affect children’s health and well-being?
- What interventions can build resilience in vulnerable populations?

Two keynote presentations provided background for the subsequent panel discussion.

**Universal social protection floors for better health and well-being**

*Martin McKee, Professor of European Public Health, London School of Hygiene and Tropical Medicine, United Kingdom (England)*

While considerable attention is being given to Agenda 2030 goals 1 and 3, social protection affects more than just those goals. Alleviation of hunger, quality of education, decent work, reduced inequalities, sustainable cities, peace, justice, strong institutions and the importance of partnerships are dependent on social protection and require thinking across the life-course.

Many children in Europe are impoverished or at risk of poverty, and without effective policy responses the situation will get worse. High levels of unmet need for health care exist in many parts of Europe, with aggregate values concealing wide inequalities. Patterns of work have changed across Europe, secure employment being replaced by precariousness and job insecurity. Many people in Europe today experience precariousness in different aspects of their lives, in their employment, income, housing and even food security. In some cases, this is killing them.
Yet this is not inevitable, and things can be done. Countries that have invested in active labour market programmes (to get people back into work) have managed to break the link between job losses and suicides. Losing employment in time of prosperity is one thing, but losing it at a time of austerity is another, and the impact is much greater. There are now many natural experiments showing how even a small amount of extra security can make a large difference: the introduction of a minimum wage, for instance, was associated with marked improvements in mental health for those who benefited from it.

More people are also facing housing precariousness. Housing precariousness had a big effect on people’s well-being in United Kingdom (England) during the financial crisis. A comparative analysis of European Union (EU) data for 27 European countries found that housing payment problems were associated with significant deterioration in the health of renters, with the effect being independent of, and greater than, the impact of job loss (5). Research from the United Kingdom has shown how the growth of food banks has been driven by unemployment, cuts in welfare benefits and increased benefit sanctions.

Civil society involvement is essential to make sure all actors live up to their obligations. There is a duty to make the invisible visible by making data available and collecting data from vulnerable groups (those who are mentally ill, migrants, homeless people and ethnic minorities) through surveys. People need to be given hope for employment, education, homes and food security. Mechanisms for accountability can be created by strengthening civil society. The health and well-being of children need to be a core part of investment in the future.

**Leaving no child behind: creation of prevention chains in North Rhine-Westphalia’s towns and cities**

*Bernd Neuendorf, State Secretary for Family, Children, Youth, Sports and Culture, North Rhine-Westphalia, Germany*

Germany has low youth unemployment, high spending on education and good school-leaving qualifications. The child poverty rate, however, is nearly 20%, with 1 million youth welfare cases (up from 900 000 in 2008) and €5.6 billion being spent on out-of-home childcare (€3.9 billion in 2005). North Rhine-Westphalia is Germany’s most populous state (18 million) and a large industrial sector, and receives many migrants.

Germany spends a large part of the public budget on education, but if parents are poor, their children are also highly likely to be poor. This is the reasoning behind the creation of the “Leave no child behind” programme.

The “Leave no child behind” programme was established with a 50% contribution from the European Social Fund and 50% from local government. The foundations of the programme are that every child must have equal opportunities for the future, irrespective of social background, and a firm belief that investing in children’s future has the dual effect of providing long-term relief for public funds while satisfying the demand for skilled labour. A healthy upbringing, community participation and the best possible education are crucial to promoting and strengthening society in the spirit of solidarity and democracy.

Good health should be embedded in an overall strategy that extends from pregnancy to working life. Special attention needs to be given to the weakest links in the chain, and there is no one-
size-fits-all solution available. Prevention chains involve intersectoral cooperation with a
structure and management that includes education, health, community and urban development
sectors. They result in transparency of services, support for existing networks, and the creation of
certainty in the transition between institutions.

The following are required to create a prevention chain:
1. support from senior ranks of local government;
2. strategic guidance (provided from neighbourhood data) to identify where resources and
data are needed;
3. provision of services where all parents and children may go to ensure non-discriminatory
involvement and services; and
4. participation to understand the needs of parents and teenagers.

North Rhine-Westphalia has prevention chains with intersectoral steering committees established
in every council area. Some are pilot schemes. Two other states in Germany and Austria are also
establishing prevention chains.

Lessons learnt have been identified through cooperation and exchange among towns and cities (a
learning network). Tools and techniques for the transfer of knowledge and skills have also been
developed. A quality framework for creating prevention chains is now available and first
successes have been achieved in relation to development of language abilities, education and the
prevention of rehabilitation costs.

The next steps will be a roll-out of prevention chains in 18–40 council areas, with the “Leave no
child behind” programme continuing to expand throughout North Rhine-Westphalia until 2020.
International cooperation will be strengthened with support from the Bertelsmann Foundation
and the quality of prevention chains and prevention monitoring will be upgraded. The prevention
and equal opportunities policy in North Rhine-Westphalia will continue beyond the May 2017
state elections.

Panel

The session 2 panel showed how universal social protection floors have a critical role in ensuring
health and well-being, specifically the:

- need for reforms favouring universal health coverage and improvements in education
  opportunities;
- importance of investing in human capital as a means of strengthening social protection;
- availability of guidance for EU Member States to tackle child poverty and social
  exclusion, including information on concrete measures; and
- importance of involving people and giving them a voice.

Reforms to ensure universal health coverage in the health sector of Albania were shared. In the
health arena, the country has improved breastfeeding with legislation, halved smoking among
adolescents, and reduced maternal and infant mortality. Visits to family doctors are free of
charge and reimbursement for medications will become available. Universal health care means
focusing on children as a matter of necessity, since these are the adults of the future. Children
should not be left behind in health nor in educational opportunities, with the latter needing more
focused efforts. The country has been able to provide free books to 100 000 children (about one
in five of whom are in basic education) and free transportation for children living at distance
from schools (40% of people live in rural areas). The country’s improved PISA scores are probably due to increased coverage, access and quality.

**Slovenia** shared ideas on social protection floors by providing an employment perspective. After the economic crisis, Slovenia realized that social protection was needed to preserve social peace and move towards social growth. The country advocated that public expenditure is not a cost, but an investment. The economic crisis showed the importance of investing in human capital and provided an opportunity for the ministries of health and labour to collaborate against precariousness through an established process. Europe is ageing, and it is important to invest in everyone. If investments in children are not made, it will cost more in the long run. Investing in people should be viewed as a long-term commitment.

The representative of the **European Commission’s Employment, Social Affairs and Inclusion Directorate-General** spoke of the European Commission’s adopted recommendation on investing in children – breaking the cycle of disadvantage, as part of the Social Investment Package. The recommendation provides guidance for EU Member States on how to tackle child poverty and social exclusion through measures such as family support and benefits, quality childcare and early childhood education. Three key pillars guide Member States in this work:

1. access to adequate resources
2. access to affordable quality services such as childcare
3. the child’s right to participate.

Access to income is crucial. Parents need to be able to earn: if incomes are insufficient, they need to receive additional child and family allowances. Childcare is an essential service that enables parents to hold on to a paid job. Children’s right to participate in legal procedures and in after-school activities will also receive attention.

Twenty social policy benchmarks have been proposed under the social pillar (6). The idea is to promote a process of upward convergence among Member States. For example, 26 of 28 EU Member States now have a guaranteed minimum-income scheme, but only four or five have a minimum income that lies above 60% of their median income, which is the accepted poverty line in the EU.

The social pillar also addresses issues of access to social protection and housing. The EU financially supports social policy in Member States through the European structural and investment funds. Within the European Social Fund, for instance, 25% has been earmarked for social inclusion. Funding is provided over a period of seven years and Member States are asked to co-finance. A similar pre-accession tool exists for non-EU countries.

The European Platform for Investing in Children (EPIC) (7) is an online mutual learning platform providing information about policies that can help children and their families face challenges in the current economic climate in Europe. EPIC helps Member States implement the recommendation on investing in children by presenting a database with evidence-based good practices for the three pillars. Child poverty in Europe is currently estimated at 27%, with single-parent households and migrant families being most at risk. Child poverty is higher than adult poverty and children in vulnerable groups such as Roma are at much higher risk (40–50%). Social investment in individual capacities during the early years (under 3) is particularly beneficial for children from disadvantaged backgrounds and provides large social returns. It is also crucial to breaking cycles of intergenerational transmission of poverty.
The European Anti-poverty Network stressed the importance of involving the people to whom help is targeted and giving them a voice. This includes children and young people, who should be incorporated into partnerships and given opportunities to say what they need. The poverty figure for Roma families in Europe is 80%, according to a recent study by the Fundamental Rights Agency (8). How can these families best be supported, looking at all obstacles and focusing on children’s rights?

Integrated strategies should include access to support into quality jobs for parents and adequate social protection, including minimum income and child benefits: otherwise, it is not possible to guarantee adequate incomes in a world characterized by different forms of work. Investing early in children, including early learning and access to quality services, strengthens society and democracy. Patronizing relationships with recipients of help are inappropriate – they need to be involved. It is rare to see children from poor families become rich and vice versa; understanding how to work with children will allow us to see how to support families at all stages of life.

Discussion

The session identified key elements relevant to social protection floors.

- Availability does not mean affordability, so criteria for social protection are needed at European level. Many people needing help, such as children not registered as poor and migrants, are not receiving it.
- Progressive targeted universalism is needed, as a service for the poor is often a poor service. A universal approach means people do not fall through the gaps, and the middle class is included. European-wide social protection should be set up: a universal scheme is easier to operate and eliminates discrimination and stigmatization.
- Mechanisms to finance social protection, such as taxes, should be identified. A rights- and standards-based approach should be used.
- Child poverty can be passed on through generations. Adults bringing up children need support, as many families are at a loss on how to educate children. The “Leave no child behind” programme from North Rhine-Westphalia includes many families with migration backgrounds who have been supported. North Rhine-Westphalia has institutions that support families, with services provided in kindergartens. Many poor cities and towns have decided to get involved in the programme, even if they have to make financial contributions.
- It is understood that investing in children’s futures would have a dual effect, as it is better to spend on prevention than fix the problem for adults. The example from Albania showed how even middle- and upper-income groups benefit from services provided, such as free orthopaedic prostheses and radiotherapy. Middle- and upper-income families now see that their taxes are being spent appropriately.

Summary

Discussions revealed vulnerabilities in society and the current degree of inequality among children in Europe due to insufficient social protection floors. Parents’ vulnerability, combined with poverty, has a negative impact on children. Inadequate social protection benefits contribute to inequalities, as does the absence of decent working conditions (low wages, insufficient social protection and the impossibility of combining work with care for children). A transformative approach that progressively implements universal social protection floors is needed. Financing could be supported by progressive taxation and burden-sharing.
Decent working conditions need to be provided to parents and the burden on caregivers (often unpaid) needs to be removed. No difference should be made between children from minority and other backgrounds. A whole-of-government approach is needed to coordinate health, social and economic policies.

Europe and the world face a politically challenging environment. The session acted as a reminder that poor and rich countries are leaving people behind. It is time to review whether what has been achieved to date is sufficient, and where more can and should be done.
Session 3. Schools promoting health and well-being for all children and adolescents

The third session focused on conference recommendations relating to schools, education and literacy for health, including the roles of schools in the community and family participation, health promoting school settings, and the needs of children at risk of missing out. Better educated people tend to be healthier: there is a need to focus on the role of schools in communities. Establishing health promoting school settings is critical.

The main questions addressed were as follows.

- What is the first step Member States should take after the Paris conference to have all schools in their country promoting health and well-being?
- What challenges face schools in reaching at-risk children, including refugees?
- What is the role of schools in the promotion of health and well-being among children and adolescents in the community?
- Is there a need to establish standards for health promoting schools?
- How can school systems include health promotion, health literacy and active decision-making in their existing framework for education?
- What research into the effectiveness of school health promotion is needed?

A keynote presentation provided background for the subsequent panel discussion.

Education and health: strengthening intersectoral policy

Florence Robine, Director-General for School Education, Ministry of National Education, Higher Education and Research, France

Benoît Vallet, Director-General for Health, Ministry for Social Affairs and Health, France

The President of France has requested a report to guide work on health and education focusing on young people’s well-being, and an action plan on young people’s health and well-being has been developed. The action plan’s four main objectives are to:

1. allow professionals to better identify the signs of psychological problems in adolescents or young adults, and help them face those situations;
2. ensure that young people feel more supported and listened to;
3. guide young people to qualified professionals to facilitate early interventions, and diversify and improve care while reducing social and geographic inequalities; and
4. build a shared overview of the problems and emerging issues adolescents are facing.

A framework convention on a public health partnership was signed by the Minister of National Education, Higher Education and Research and the Minister of Social Affairs and Health in November 2016. It calls for a set of common objectives among sectors to:

- empower children, adolescents and young people to become responsible agents in their own health and that of others;
- strengthen their competence by making school a beneficial environment for health and learning;
- strengthen the dialogue between schools and local authorities;
- reduce the social and health inequalities that are entrenched in childhood;
- implement sustainable working methods at national level; and
• involve regional agencies for health, education authorities and universities, taking into account their local contexts.

The convention supports children from age 3 throughout the school years. It calls for improving children’s health knowledge through school curricula to empower and enable them to help others. It also calls for strengthening psychosocial aspects related to sexual health, such as forced marriage, and equality between boys and girls. School principals are focusing more attention on engaging parents who seem to be distanced from the school system and who are less involved.

Health is a fundamental component of citizenship in France today, and the school years present an optimal time to screen for problems related to behaviours that can affect health. France’s 2013 law on education reaffirms the need for an inclusive school and a holistic approach to health and well-being. The developing collaboration between health and education professionals is based on earlier and coordinated action.

Health and education citizen committees are being set up at secondary school level to implement health promotion activities, contribute to citizenship education, assess local students’ needs, prepare violence-prevention plans, assist parents in difficulties and set the programme for health education. The committees are chaired by the school leader and involve the entire education community, including parents and partners. They deliver a structured health promotion programme and define the strategy and guidelines for actions to be undertaken in schools based on students’ needs, with an evaluation procedure.

An educational pathway for health provides educators with guidance to ensure a gradual continuum from kindergarten to high school. It develops health promotion through education, prevention and protection, and defines the psychosocial competences to be acquired in schools and outside. The health law passed in 2016 stresses the importance of focusing on health determinants and a coordinated global strategy.

Examples of collaboration between the education and health sectors exist in France. As of 2017, screening of young people aged 11–21 for mental health problems is offered in three regions, supported by funding for psychological care. Houses for teenagers that provide educational continuity and which link suboptimal educational performance and health are now in place. Opportunities for parents to contact associations, teachers and health professionals regarding challenges they face relating to their children in areas such as nutrition, addiction, smoking, video games and early addiction have been provided in schools.

Some French schools have improved health through role-play. The Good Behaviour Game, established in 2006 as a partnership between the Regional Agency for Health of the Provence Alpes Côte d’Azur region, the regional education authority of Nice school academy, the French public health agency, the Interministerial Mission for Combating Drugs and Addictive Behaviours and the municipality of Valbonne Sophia Antipolis (Alpes Maritimes), aims to improve the school environment by encouraging reduction in aggressive and disruptive behaviours. It produces long-term benefits for social integration and the health of future adults, and has been shown to facilitate reductions in the risk of alcohol abuse or addiction in adulthood by 35% and suicide attempts by 47%.

Promoting health is everyone’s business. France understands that health education cannot be added as an afterthought: it should be an essential element of the school curriculum. The number
of actors involved in health education in nevertheless a concern. This calls for family empowerment and involvement, and collaboration with public social organizations focusing on prevention and territorial organization.

**Panel**

In addition to health and education involvement, partnerships on schools require collaboration and an understanding of how to change the environments in which children live. The session 3 panel discussed:

- developing measures to support nutrition and physical activity, such as legislation and regulations;
- promoting policies to encourage school completion and ensure students get jobs on leaving;
- embedding health and well-being in schools and tracking progress with indicators;
- advocating a whole-of-school approach to health that brings benefits to the health and education sectors; and
- guiding health promotion and education through a set of overarching principles.

The government of **Hungary** has launched public health measures covering nutritional health and physical activity. The measures include the introduction of a public health product tax, regulation of dietary trans-fatty acid intakes in the population, and recently established legislation on nutritional health aspects of public catering, particularly school meals.

The legislation on public catering covers education, social and child-protection institutions, and hospitals. It regulates the daily maximum salt intake for different age groups, and sets recommended intakes for milk and dairy goods, cereal-based products, fruits and vegetables. The decree also restricts the use of certain food categories (including those not allowed in mass catering), contains a list of food colourants prohibited for children, and addresses the needs of people with food allergies, intolerance or other dietary needs, such as those with diabetes or who have allergies to gluten.

Daily physical education became part of the government programme of Hungary in 2010. Legislation on national public education decrees that schools must organize five daily physical education classes of 45 minutes per week.

**United Kingdom (Scotland)** has a number of health issues, ranging from obesity to alcohol abuse, that have prevailed over many years. Extensive health and education data are now being used to address inequities in the system.

People are living longer, but not everyone is living healthier, particularly those in the most deprived communities. Health and well-being is one of the eight areas of the national education curriculum, Curriculum for Excellence, reflecting its substantial importance to children’s learning. Health and well-being is one of three core areas (the others being literacy and numeracy) designated as being the “responsibility of all staff” in education establishments.

Learning on health and well-being is designed to ensure that all children and young people (from ages 3 to 18) develop the knowledge and understanding, skills, capabilities and attributes they need for mental, emotional, social and physical well-being now and in the future. Good health and well-being is central to healthy human development, and education establishments have
much to contribute to its development and to addressing inequity through targeted interventions. An example is the policy in place for looked-after children, who are monitored to age 25 and supported through the education system and beyond to transition to a positive destination.

The innovative Getting It Right for Every Child approach aims to ensure that everyone involved in caring for children works together to place the well-being of every child at the heart of public services, and that families get the support they need when they need it. Part of this approach includes a definition and shared understanding of well-being represented by eight well-being indicators – children are safe, healthy, achieving, nurtured, active, responsible, respected and included. Children and young people working with a key adult can self-report on their progress against these indicators.

The Schools for Health in Europe network advocates for a whole-of-school approach to health and well-being. Health promoting schools are better schools. Schools are interested in health but have many other responsibilities; their work on promoting health and well-being therefore needs to be facilitated. A good start is going to schools and listening to their main concerns and understanding how they can be supported. Schools need to be supported to become health promoting schools and implement policies on health and well-being, which implies a democratic approach and active involvement and participation of students, parents and school staff.

The overarching principles of the International Union for Health Promotion and Education are to: build ownership among young people by using participatory approaches and co-creation; work with young people as part of the solution; advocate for systems around schools to support teachers and others and facilitate a culture in schools and communities that acknowledges their value; and promote the idea that working in schools is a cost-effective way of tackling noncommunicable diseases.

Discussion

The representative from Slovenia believed that school environments need to be protected from, among other things, external messages coming into schools. Existing resources such as free school meals and breakfasts, extracurricular activities, computers, phones and tablets need to be available without overburdening schools.

The Serbian representative shared preschool and curriculum reform projects at local levels that involved intersectoral groups (health, social and education sectors). Media and television programmes should be involved in educating parents on how to support early childhood education. A holistic approach will be used at primary school level, combining health with physical activity in the school system.

Solid cooperation for health and education can be seen in Armenia’s five-year strategy for children and adolescents, with the most successful actions being seen in health. As working in an intersectoral way remains a challenge for health, examples of successful practices at urban and city levels would be welcomed.

Legislation from 2014 in United Kingdom (Scotland) has put children at the heart of action. The school curriculum is delivered at local level, meaning teachers can decide what children will learn and what the priorities should be, thereby allowing curriculum-building from the bottom up.
Summary

Countries recognized that at times, intersectoral collaboration works only when there is a problem to be solved. It should nevertheless also be used early for prevention. Many countries are successfully implementing intersectoral actions in the school context, as seen by the examples of early childhood education, use of a life-course perspective and integration of health into physical activity at schools. The challenge being faced by all countries is how to scale-up intersectoral actions from local to regional/national level and meaningfully involve children.

This session showed that schools are more than just places where children go to acquire knowledge. A societal shift is taking place, in which schools are being seen as places where children go for health, well-being, skills and knowledge. Learning and teaching methods are dynamic and need to be considered when planning health promotion interventions in schools. It is vital to understand where collaboration between education and health fits within frameworks to protect health and development.
Session 4. A systems approach – investing in workforce, enabling change

This session considered the capacity of the workforce in the health, education and social sectors to work across sectors to tackle health inequalities in children and adolescents. The issues include the economic return on investments in these sectors in terms of human capital and sustainable development, building stronger links between the sectors, optimizing and planning the workforce, transforming education and providing decent working conditions. Discussions focused on the role of informal caregivers.

The workforce needs to understand the relevance of involvement in intersectoral action and the importance of generating interest in social issues among public health agencies. A Norwegian foreign minister once said that “every minister is a health minister”. Linked to this is an understanding of why education is important to health and health equity.

Four points vital for training the workforce are to:

- put equity as the number one priority;
- train professionals in health and other sectors to understand why and how their sectors intersect;
- realize health literacy is improved automatically when young people come out of the education system literate; and
- understand that different sectors are employers, and that among other factors (such as ethnicity), quality of employment affects health.

The main questions addressed were as follows.

- What intersectoral mechanisms can be used to develop collaboration between the workforces of relevant sectors to better address health inequalities?
- How can state institutions support improvement in adaptability and resilience for better health outcomes in the existing workforce?
- What priority investments are required in the health, education and social workforces to accelerate progress towards universal health coverage and the SDGs, including addressing health inequalities in children and adolescents?
- What critical interventions are required to improve links between the public and private sector workforces?
- How does the gender balance of the health workforce affect the way in which the health sector might lead by example to improve the health of its workers?

A keynote presentation provided background for the subsequent panel discussion.

Building a labour market for human capital and sustainable development – the Finnish experience

Heikki Raisanen, Research Director, Ministry of Economic Affairs and Employment, Finland

Finland is usually a top performer in most international comparisons, but economic development has been sluggish since the financial crisis. While opportunities for human-capital creation are good, there are still 600 000 people with inadequate literacy and numeracy skills to solve everyday problems. There is a need to focus on foundation skills across the entire population, since the high-performing education system has not been able to address this issue.
The NEET rate has increased in Finland, especially for young men (to 10.6% in 2015). Workforce challenges have emerged in the health, social and education sectors. Demand for health services, and consequently the health workforce, has risen due to the ageing population. Currently, there is undersupply for many health and education jobs: this could be covered by increasing immigration, but the language barrier is an issue.

Finland has developed cross-sectoral systemic innovation through joint labour-force service centres (LAFOS) that deal with multiple problems such as health issues, debt, low incomes and poor skill levels. Many of these problems result in unemployment among the population. To address this, the Public Employment Service, Finnish municipalities and the social insurance institution formed LAFOS in the main cities. Personnel were provided for the service centres, with the three authorities working together by means of multiprofessional teams oriented towards solving problems. Within this context, the social insurance institution provided rehabilitation services, the municipalities operated with social work instruments and health services, and the employment and economic development services used labour-market policy instruments such as subsidized employment and training programmes.

Customers were very satisfied with the LAFOS services, and people found new opportunities and solutions. There are now 33 local networks, each with its own management group responsible for organizing the joint service locally. Each organization supplies personnel and allocates funds for the joint service. The head of the local multisectoral joint service is chosen by the municipalities, and the Ministry of Economic Affairs and Employment has set up a cross-sectoral national steering group for the service.

The “Youth Guarantee”, which has been introduced in three phases, provides another example of a cross-sectoral approach being used in Finland. Phase one (2005–2013) sought to help young people gain access to education and employment within a three-month period. Phase two (2013–2016) was characterized by public–private–people partnerships and the provision of multiple services for young people, such as skills programmes, employment and economic development services, social and health rehabilitation services and others, including youth outreach work and workshops. Phase three (2016–present) will consist of one-stop-shop guidance centres nationwide that target young people under 30 and provide multisectoral information, advice, guidance and support using basic services and a broad network of partners. These centres also aim to find a path for young people into education and employment.

The “Youth Guarantee” has resulted in increased cooperation among actors, with more than 50% of organizations offering services for young people changing the way they operate. Unemployment spells among young people have remained short, despite growing unemployment levels. The greatest challenges have been inadequate health and social services and the lack of rehabilitation services for people suffering from addiction or mental health problems.

Finland’s experience has shown that interconnections among sectors is not an end in itself, but is a means to solving some mutual problems. Complex problems have been addressed, improving service availability and effectiveness. People need to help to face their most pressing problems. If people are ill, for example, they will not be ready to benefit from employment services, and individuals with large debts may not be motivated to accept job offers due to their mental state.

Creativity and flexibility should be used when bringing different kinds of expertise together. Mechanisms such as one-stop shops, networks and public–private–people partnerships should be
considered. Building intersectoral networks helps lead to change in the health, social, education and employment sectors.

**Panel**

The session 4 panel highlighted the following issues as being essential for taking a systems approach to investing in the workforce.

- The effects of the economic crisis can be mitigated by adopting whole-of-government approaches.
- Educational quality can be assessed by the effectiveness of schools, and social and medical systems.
- Supporting continuing professional development (CPD) represents a long-term investment in the health and social care workforce.
- Social protection floors can be extended through financial burden-sharing: 2.5 million jobs can be created by investing in universal social protection floors.
- National public health associations can play a role in bringing together professionals across agencies.
- Decent working conditions must be guaranteed.

Being a small country, **Iceland** understands the need for staff to work together and take on multiple roles. The whole of government works together in Iceland. The country was severely affected by the economic crisis in 2008 and reacted by developing the Welfare Watch, with 19 institutions representing a multitude of sectors coming together to focus on those at most risk (including children and families). Welfare Watch remains in place, even if the crisis is now over. The ministries of health, social affairs and social security were merged in 2011, providing another example of how silos can be broken down.

Two aspects of the higher education sector considered important in the **Russian Federation** were highlighted:

- providing healthy lifestyles from childhood to adolescence creates a strong foundation for higher education; and
- the role of the education system in training present and future teachers, doctors and social workers.

When talking about access to education or social services, the quality of education must be considered: an assessment of the effectiveness of schools, social and medical systems is needed. The country has embarked on a three-year education, culture and social protection project, in which independent quality assessment of services involves a civil society feedback loop to citizens. The medical and education systems have access to the data and the project is coordinated by the Ministry of Finance. A quality assessment of the project through accreditation, including stakeholders, professional association representatives, students and the labour market, is also taking place.

The **European Public Health Association** representative stressed that key public investments in the health-care and social services workforces are needed, including vocational education and training and CPD for acquisition of new professional qualifications, skills and knowledge. Health-care and social services workers need to be better prepared to work in cooperation with professionals from the education sector. These investments are indispensable to ensuring the sustainable financing of effective and safe staffing levels to address and reduce health
inequalities among children and adolescents. Only well-staffed services can effectively improve health literacy, carry out health education, and teach interpersonal and social skills to build resilience and empowerment in the population.

People working in health care, social services and education need access to CPD opportunities financed by employers and undertaken during paid working time. The CPD should focus on the acquisition of knowledge, skills and competences to enable staff to better address and implement intersectoral approaches and multidisciplinary working. Regulatory and funding mechanisms that support cross-sectoral cooperation of workers from the health-care, social services and education sectors, and funding mechanisms that support overcoming silo working and focus on person-centred care and integrated services, are also needed. Such public investments will realize social returns stemming from a healthier population and reduced health inequalities among children and adolescents, and help to ensure healthy and safe working conditions.

The European Public Health Association representative reiterated that working people are facing huge challenges. State institutions need to recognize these and create ways to make people more resilient. One of the keys lies in intersectoral working and working across agencies. Intersectoral work is essential for adaptability and provides real opportunities for stakeholders to come together. State institutions are then able to ensure common standards are applied, and navigating layers of bureaucracy becomes easier.

Countries can also play an important role in providing training opportunities and ensuring staff have time to engage with them, take time out and take stock of how they are working. National public health associations can provide a natural forum through which professionals can come together. While countries have an important role, the importance of NGOs also needs to be recognized.

The ILO representative highlighted three key elements as being critical to investing in the workforce to enable change:
1. inequalities in health for children must be reduced
2. funds need to be generated for investments
3. jobs need to be created.

The most effective tool to prevent and reduce social inequalities is to extend social protection floors, which need to be affordable (not paid out of pocket) and financed by burden-sharing. Such investments will yield better results for the economy and employment. The ILO estimates that 2.5 million jobs can be created in Europe through investing in universal social protection floors.

People also need to be guaranteed decent working conditions. Europe currently has 14 million unpaid care workers. These individuals, mostly women, have given up their jobs to provide care for free. The health sector needs to become an example of providing decent working conditions. Many workers have inadequate salaries and working conditions, elements that are fundamental to the quality of services provided.

**Discussion**

The session confirmed that health determinants lie outside the health-care system. Focusing on five key areas would help address these determinants:
1. investing in education and training
2. seeing people in a broader perspective
3. viewing the health sector as an employer
4. working in partnership
5. promoting advocacy.

It is crucial to break down barriers to enable doctors and other health professionals to develop interest in education, and social welfare staff and educators to see the impact of their work on health. At the same time, broader awareness of, and greater information on, the educational process is necessary for all stakeholders.

Teamwork and coordination around integrated and people-centred (not health-only) care are also needed. The health workforce can no longer exist in silos, and involvement of different disciplines is required. This is a major challenge. All sectors need to work towards the health and well-being of children and adolescents. Each sector's mandate should be respected and the ownership of outcomes should be shared.

It is also important to understand the ways in which investments can be secured. The role of non-state and non-public actors should be considered. The private sector can make important contributions to innovation. An example from the Philippines shows how the private sector is reaching out to communities, helping people who find it difficult to access the health-care system.

The question of scale and country size was discussed. Small countries often share a trust that enables them to work together to organize services more effectively. Countries with large populations may find intercountry coordination challenging. As care of children and adolescents becomes more fragmented, sharing of data can facilitate work across sectors. Linked data-sharing and mutual trust is very much the way forward for organizations.

The importance of assessment criteria cannot be dismissed. Process is often mistaken for outcome, and it is important to assess if good things are really taking place.

Low salaries and lack of resources should also be reviewed, since it is difficult to motivate children and adolescents if their role models working in the social sector are struggling to survive financially. The needs of the hidden workforce (those working from home unpaid) should be addressed, as many women are giving up their jobs due to the absence of parental leave.

Universal social protection floors that reduce inequalities will allow the workforce to draw from all parts of the population and can create jobs. It was suggested that investing in one nurse creates 2.5 other jobs. A crisis provides an opportunity for change and there is a sense of urgency in the need to move in a direction not seen before.

Summary

Session 4 concluded that people-centred care is needed more than clinical health care. To achieve this, teamwork and coordination are required: the health workforce can no longer work in silos, but need to work with professionals from other disciplines. The issue of process often being mistaken for outcome arose, as did the need to ensure change is taking place by carrying out periodic assessments.
There was consensus on the role of social protection floors in reducing inequalities, as they enable the workforce to draw from all parts of the population. Quality of work was stressed as being a critical factor, as there are millions of workers in unacceptable working conditions. The need to move towards a holistic systems approach to bring about change is urgent: a crisis provides an opportunity for change.
Session 5. A systems approach – good governance for the health and well-being of all children and adolescents

The fifth session discussed the conference outcome statement, looking at setting targets and instruments, implementing intersectoral mechanisms and instruments for joint accountability, and maximizing the involvement and participation of partners outside of government. Approaches to strengthening policy coherence and accountability for intersectoral action were also explored.

The main questions addressed were as follows.

- How can whole-of-government mechanisms be implemented to foster policy coherence for child and adolescent health and well-being?
- How can national policy be implemented at subnational level to ensure stronger overall policy coherence to support the future health and well-being of children and adolescents?
- How can intersectoral governance for improving health equity be strengthened, and how can this affect the health and well-being of future generations?
- How effective are joint-funding and joint-budgeting mechanisms in bringing sectors together? Are there examples of where joint funding has worked?
- What needs to be put in place to foster civil society involvement in intersectoral governance for health and well-being? How can children, adolescents and civil society contribute to participatory governance processes?
- What is the role of parliaments and governments in tackling the commercial determinants of health?
- How can policy coherence between national and international levels in the context of the SDGs be strengthened, and how can this affect the health and well-being of future generations?

Panel

The session 5 panel reflected the need for a systems approach and good governance to achieve health and well-being, calling specifically for:

- more general reforms because of factors outside of the health sector;
- the possibility of establishing health targets with joint stakeholders in other sectors;
- identification of mutual interests and working with available resources;
- identification of win–win situations to facilitate intersectoral work;
- recognition of the value of national frameworks to improve health and well-being, with high-level political support and involvement of many sectors; and
- advocacy for health within other fora to ensure that public health laws reflect realities.

The representative from the Republic of Moldova showed how “it takes a partnership to put an apple on a child’s plate.” The country has implemented important reforms in family medicine and early childcare in recent years, resulting in maternal and child deaths being reduced by a factor of three. This is positive, but a single category of reform is insufficient: more general reforms need to be considered, as factors outside the health sector are important.

Regulations on nutrition in preschools and primary schools have been overhauled, as children spend so much time in these settings. All children are offered free lunches to reduce stigma and promote equality. “Putting an apple on a child’s plate” called for involvement from several
ministries, including finance, agriculture, education and health. This shows how education and health issues cannot be separated and need to be considered in parallel.

The Republic of Moldova saw a large emigration in the 1980s as people sought to improve their families’ financial well-being in other countries. Many children were left with grandparents who could not offer the kind of care parents provide. Today, the government has started the “one plus one” programme to try to get people to return to the country. Under “one plus one”, the government matches every euro brought back to the Republic of Moldova.

The representative from Austria spoke of the importance of working across institutions, speaking a common language and promoting health in all policies, including the health care sector. Austria established a multistakeholder engagement process in 2011 to define 10 health targets, involving more than 40 stakeholders and 10 ministries, Lander representatives, trade unions, NGOs and national youth councils. The targets address a variety of topics, such as health literacy and equity, and children and young people’s health. The overarching goal is to improve health and well-being, and increase the healthy life years of everyone in the country. The process for reaching the targets involves twice-yearly joint stakeholder meetings and intersectoral working groups for each health target. Working groups are led by different institutions or sectors, with each group defining subtargets, concrete actions and indicators.

The Austrian experience has revealed many challenges, but also created positive learning. It is crucial to understand the interests of, and benefits for, other sectors and overcome silo-thinking (in and outside the health-care sector). It is also important that actions indicate clear responsibilities and financing, identify mutual interests and progress work within available resources.

Networking, dialogue and coordinated action are needed to move from theory to practical implementation. Ongoing leadership from the health ministry is important, while involving relevant experts, opinion leaders, decision-makers, best friends and critical voices. This is a dynamic process – what works today might not work in five years – so constant strategic planning and reflection is highly relevant.

The involvement of different stakeholders supports serious engagement across sectors, commitment and joint ownership. At the same time, political support and a political mandate are crucial. The health targets were approved by the Council of Ministers and form part of the current government programme and health reform. Unless a direct link with overarching intersectoral processes and strategies is fostered, intersectoral collaboration will not have a sustainable impact.

The importance of promoting healthy nutrition from top-down and bottom-up is recognized in Slovenia. The country has a tradition of intersectoral working, as demonstrated in its second national plan for nutrition and physical activity, which involves eight ministries, the private sector and NGOs. Regular communication, team-work and the creation of working groups has improved collaboration. It is important to find activities that create win–win situations; each sector has to be able to see the advantages.

Today, the agriculture, education and health sectors work with NGOs to promote healthy breakfasts in all schools in the country (school kitchens and canteens are subsidized). School canteens prepare and promote locally produced Slovenian foods on one day of each school
week, but children seem disinclined to take healthy food options. The health ministry therefore financed a pilot project in which young chefs planned healthy meals using locally produced foods. Thirty schools took part, providing an example of national-level financing of a pilot project implemented at local level.

**Ireland** shared the Healthy Ireland Framework (2013–2025), a national framework for action to improve health and well-being. Its main focus is on well-being and quality of the life-course. Healthy Ireland’s goals are to increase the proportion of people who are healthy at all stages of life, reduce health inequalities, protect the public from threats to health and well-being, and create an environment in which every individual and sector of society can play their part in achieving a healthy Ireland. Implementation is overseen by a government cabinet committee chaired by the Prime Minister. National policies and plans have been published under the framework on topics such as obesity, physical activity and sexual health.

Good progress has been made on improving engagement among government departments, with joint projects underway including reforms for well-being in education, energy efficiency, a new national network of health cities and counties, and joint work with the private sector on healthy workplaces.

Healthy Ireland has a council that acts as a multistakeholder national forum, providing a platform to connect and mobilize communities, families and individuals with the aim of supporting everyone to enjoy the best possible health and well-being. The council has been established for an initial three-year period and has 35 members from a wide range of sectors, including health, academia, civil society (young and older people), sport, NGOs and the media.

The framework adopts a whole-of-government and whole-of-society approach to improving health and well-being and the quality of people’s lives. It is now considered a brand, which has helped unify its elements. The experience has taught Ireland of the importance of partnerships, empowerment and flexibility, and seizing opportunities in the ecosystem. A very recent development has been the establishment of a new Healthy Ireland fund of €5 million to help drive cross-sectoral work.

Experience of advocating for health in **France** was shared. Of the 1300 Healthy Cities in Europe, 85 are coordinated by the French national network, which advocates on health topics such as improving indoor and outdoor air quality through action at local and national levels. While France has a number of national public health campaigns, it is not always clear how they can be supported at local level.

The role of the Deputy Mayor for Health in Rennes, who attends many meetings organized by the education, transport and child sectors, was highlighted. She promotes a health-in-all-polices approach by reminding each sector of the impact its policies will have on children’s health. Only by working together through creating alliances will the means to reach the most vulnerable with public health messages, and consequently reduce inequalities, be achieved. She also highlights the need to protect young people from tobacco risk by working with cities to adopt a coherent approach at all levels to adapting urban environments around schools in accordance with risk-reduction strategies.

The **European Public Health Alliance** emphasized the need for closer partnerships with civil society for policy development. The Alliance is advocating for a process that allows earlier and
more systematic involvement of civil society organizations (CSOs). CSOs could take on multiple roles and make several contributions; they present a model for intersectoral collaboration, as various sectors, such as employment, trade, environment, economic and education, are already talking to each other. CSOs can also be used as an early warning system, since they are close to the people affected. Policy-makers see value in the so-called silver economy and take action on healthy ageing that keeps grandparents healthy. Is their value measured, however, in terms of their provision of free care for grandchildren and spouses? There is a need to understand the health effects on older people of this kind of work.

CSOs can play a so-called watchdog role by listening to people on the other side of the gap; this is now deciding elections and referenda in some countries. People are experiencing a precariousness they have not felt before, and when people feel they are not being listened to, they tend to support extreme parties. Buy-in from the public and acceptance and understanding at all levels improve when civil society is used as a sounding board.

New accountability mechanisms are needed and should be applied at relevant levels. One example is that since boroughs have had to report on road traffic accidents, speed limits have plunged. Closer partnerships with civil society will support accountable and sustainable policy development.

David McDaId (London School of Economics and Political Science) spoke of how to finance intersectoral collaboration, stating that the main barrier to working across sectors is money. Schools, for instance, are often responsible for paying for health promoting activities, but perceive that much of the benefits are enjoyed by other sectors. There is a need to change the dynamics of financing intersectoral work. Solid legislative frameworks are also critical. The benefits of being involved in an intersectoral action should be communicated in each sector’s own language, including sector-specific benefits such as improved child development and academic performance.

The WHO Health Evidence Network synthesis report (9) provides three examples of financing mechanisms for intersectoral collaboration: discretionary but earmarked funding; recurring delegated financing allocated to an independent body; and joint budgeting between two or more sectors.

Summary

The statement “it takes good partnership to put an apple on a child’s plate” resonated in this session and was reflected in panel interventions, where it was acknowledged that “it takes good governance to put an apple on a child’s plate” would be equally pertinent. Discussions highlighted the fact that what Member States are saying needs to be heard and acknowledged. It would be helpful to gather stories of what is happening in the Region and explore if ministries could dedicate support to a package for intersectoral work. Legislative initiatives would enable actors to work together and facilitate intersectoral collaboration. Civil society contributions should be considered – civil society should not just be brought in at the end of the process. Political commitment at various levels is needed to realize the Health 2020 and 2030 agendas. A joint vision must also be found.
Session 6. Bridging the gap – innovation and evidence for action

The 2030 Agenda’s Target 17.19 of Goal 17 calls for the development of measures of progress on sustainable development that complement gross domestic product (GDP). This is an essential component of successful implementation of the 2030 Agenda and, in the European Region, Health 2020. The 2015 European health report (10) marks a leap forward in this area. This innovation in evidence is essential for improving health equity and the health and well-being of future generations. It is also essential to meet the call of the 2030 Agenda, which in turn needs a transformative approach to evidence.

The session discussed the challenges in filling gaps in the evidence base and explored how innovative non-traditional approaches toward data-collection and a range of qualitative methodologies can meet the challenge posed by the 2030 Agenda and support the goal of improving the health and well-being of young and future generations. In particular, the session:

- explored the role of innovation in evidence to support transformation in practice;
- presented the role of culture and the need for a culture-sensitive approach to the challenge of measuring health and well-being;
- explored how qualitative research can give voice to vulnerable populations who are unheard; and
- highlighted the importance and benefits of nuanced, multilayered, qualitative evidence in understanding the drivers that catalyse positive, holistic well-being for children and adolescents.

Evidence is needed to put policies into practice, and the international community is faced with delivering a transformative set of goals in this context.

A series of questions guided the discussion.

**What kind of data and qualitative evidence, including stories, do we have to support this? How can the call for a transformation of approaches for data collection be met by the evidence and research community?**

Ilona Kickbush, Professor at the Graduate Studies Institute in Geneva, Switzerland, responded by saying it is important to think about what is needed when we say that the 2030 Agenda goals must be transformative, and what kind of information is needed for this kind of action. Health promotion’s main focus should be on positive health. Health 2020 describes transformation in a way that goes back to the WHO definition of health. It is also important to understand what constitutes health and well-being for people. If the kind of health envisaged is one that empowers people and creates resilience, then it is important to search for that, but research currently does not do this. Research and policy tend to do the same thing over and over again and expect different results. Courage to move forward and transform is needed.

The work of the European Institute of Innovation and Technology (EIT) is designed to foster cooperation among the health, education and research communities. How can this act as a model for partnerships between sectors, including the research community, to meet common challenges?

Sylvie Bové, Director of EIT Health, answered that EIT Health was created to address healthy living and active ageing. Its goal is to contribute to increasing the competitiveness of European
industry, improve the quality of life of Europe’s citizens and support health-care systems’ sustainability through a consortium of more than 50 core and 90 associate partners from leading businesses, research centres and universities from 14 EU countries. The partnership promotes entrepreneurship and development of innovations in healthy living and active ageing, providing Europe with new opportunities and resources through delivering products, concepts and services, including educational programmes. EIT will use an investor approach to drive the integration of business, research and higher education, boost innovation and catalyse new solutions for Europe.

Intersectoral action for health is a complex area that cannot be solved by addressing one area alone. The EIT partnership links elements and aims to break down silos. Europe has complex health-care systems, which presents both a challenge and an opportunity. Sharing experiences across health-care systems in Europe would be very valuable.

**How can evidence from humanities and social sciences, such as historical or anthropological research, contribute to our understanding of child and adolescent health?**

Mark Jackson, Professor of the History of Medicine at the University of Exeter, United Kingdom (England), responded by stating that many of the challenges faced by policy-makers are shared by researchers. Researchers need to focus on complex health issues, rather than working solely within disciplines, and bring together policy partners to develop approaches to supporting health across the life-course. New research agendas that draw out the cultural contexts of health need to be developed around migration, environment, well-being and nutrition. New forms of information that allow interpretation of statistical indicators are also needed. In Romania, for example, only 20% of women are screened for cervical cancer, and women have resisted state interventions in relation to screening and vaccination persistently since the 1970s. In addition, ethnographic studies show that women with cervical cancer have been stigmatized. To address these issues, evidence from anthropological and historical studies needs to be included in the implementation and evaluation of health policies.

While quantitative data are important, other layers of evidence are necessary for healthy public policies. One example is provided by life satisfaction studies, which show that subjective well-being is low in United Kingdom (England) compared with Malta. What does not always appear in these studies is the fact that life satisfaction is measured differently in each country and region, and that there is a strong cultural component to the issue. Such cases demonstrate the value of introducing and integrating new forms of evidence from the humanities and social sciences to develop appropriate policies.

**Discussion**

**Iceland** has focused on well-being for a long period. It has guided policy-making in the country. Having well-being measures was instrumental in Iceland’s preparation for Health 2020 implementation (this was highlighted in the 2015 European health report). Well-being is not owned by one sector, but is the responsibility of all. Population surveys carried out in 2007 included existing well-being measures and actions aimed at increasing well-being, which consequently increased.

Iceland has been able to measure decreases in adult well-being and increases in adolescent well-being. During the 2008 crisis, young people reported being happier because their parents were spending more time with them. Even when the country had a lower GDP, well-being was higher.
The combination of qualitative and quantitative data has allowed Iceland to tell a story in a different way.

The representative from Slovenia reported on a tradition of using mixed research methods and expressed concern about measurement of the 2030 Agenda goals at global level due to issues such as trade agreements and country debts. Research and evidence must have utility to affect the global context.

A representative from the European Public Health Association mentioned the challenge presented by the increasing use of benchmarking using quantitative data, and how this is resulting in cynicism and backlashes from organizations wishing to promote their own interests. Consequently, governments often have to respond to social-media frenzies over qualitative data. Contextual determinants need to be adjusted for, and determinants outside the health sector must be considered.

The challenge with data disaggregation faced by United Kingdom (Scotland) was cited. If the aim is not to leave people behind, means of accessing those who are difficult to reach must be identified. Mixed research methods are good, but not if there is a risk of flattening data, as people could then be missed. How can data on the most difficult-to-reach people be captured?

**Summary**

At present, research exists in silos: linking of different aspects and issues is needed. It is important to understand if interdependence makes for data reliability across Europe. Including well-being as a measure and empowering people to manage their health, and not their disease, are important, but finding the appropriate means is essential. A cultural shift, in which people want actively to manage their health, is also needed. Business models are required to shift resources from managing disease to managing health.

The WHO European health report 2015 marks the beginning of looking at health in a new way and charts the path to a better and more holistic description of health and well-being. The 2018 European health report will tell stories of what well-being means to various age and population groups. It will show that well-being is an interesting and multifaceted concept that goes beyond a focus on morbidity and mortality alone. Instead, it will bring together quantitative and qualitative information, consider new concepts such as community resilience and empowerment, and work with Member States to use qualitative research messages.

The session showed that evidence needs to be multisectoral, but that this alone is not sufficient. It also needs to be multifaceted (quantitative, qualitative, narrative) and transformative, but with an awareness that this can potentially be hindered by benchmarking. Even when evidence is complex, it needs to be presented in a simple way: it should tell a story and be placed in context (especially cultural), as policy implementation operates in contexts. Evidence needs to be detailed – as Sir Michael Marmot, Professor of Epidemiology at University College London, United Kingdom (England) reminded participants, where health inequalities are highest, health information inequalities are greatest, so where health is poorest, information is poorest. Health information inequalities must be addressed. It is imperative that bolder and transformative approaches are applied to the collection and application of evidence.
Session 7. A transformative partnership among the health, education and social sectors to reach the 2030 Agenda for Sustainable Development

The final session focused on how work at regional level in the future can be carried out in partnership to support Member States in improving the health and well-being of populations. Issues such as how to continue building a transformative partnership at regional level between different sectors to work towards implementation of the 2030 Agenda for Sustainable Development were discussed.

This high-level conference was a starting point for moving forward, and the first key step on a process that would provide a platform for exchange of good policy and practice focused on tackling inequalities and improving the health and well-being of all children and adolescents in the European Region. An explanatory note for the ad hoc regional platform was also presented.

Zsuzsanna Jakab, the WHO Regional Director for Europe, reiterated the three main issues emerging from the conference: tackling inequities; focusing on children and adolescents; and intersectoral action. These are the key elements of focus when commencing implementation of the conference outcomes and recommendations.

Many examples of inspiring work and action ongoing in Member States across the Region had been presented, as well as good practices to inspire countries’ implementation of their own policies and interventions. The new platform will enable these experiences to be developed and shared. Implementation of the United Nations 2030 Agenda for Sustainable Development has provided a renewed impetus for transformative action and partnerships – a unique opportunity to work together across sectors and with different partners now exists.

It is imperative to move towards improving the financial, environmental, psychosocial and material conditions for all children, adolescents and their families, starting with the health, education and social sectors. Social protection systems are crucial. To ensure health and well-being in current and future generations, social protection needs to start early in life and address adequately all other transition steps throughout life. The health sector, in partnership with welfare and education, has a leading role to play in supporting parents and caregivers to foster nurturing relationships with their children and create empowered and resilient communities.

An early start and focus on those most at risk of vulnerability is crucial to improving the health and well-being of young and future generations and reducing inequalities. Working together using the mechanism of the platform will help ensure accountability and that no child is left behind. Transforming policies and actions to deliver better lives and a healthier younger generation need enabling and guiding instruments, many of which this conference discussed.

Participating United Nations agencies made statements reflecting their views of how the platform would facilitate the achievement of these goals.

The ILO emphasized the economic, social, political and cultural diversity of Member States of the European Region. Policies therefore need to be contextualized and adapted to the specific needs of a given country, with health being approached in a holistic and intersectoral manner. Results and sustainable progress in health can only be achieved through investments in a range of sectors and through policy coherence. To this end, partnerships must be built with health-
service users and providers, ministries, civil society, academia and international organizations. Data and evidence also need to be compiled and made available so that evidence-based policies are developed and implemented. ILO, focusing especially on workplace health and a healthy labour force, places social protection and quality employment at the core of the policies and programmes that effectively promote health for all.

The United Nations Children’s Fund (UNICEF) stated that the transformative agenda speaks to what could be done collectively to transcend individual and agency tenures. As many elements discussed in the conference are already part of UNICEF’s agenda, it would be useful to make an inventory of initiatives underway that could contribute to achieving desired outcomes. UNICEF would like to become part of such a platform and welcomed the identification of opportunities that are specific and time-bound.

The UNDP stressed how many countries are facing growing threats to their human development accomplishments in eastern Europe and central Asia due to inequalities. Male life expectancy in Roma and migrant populations in Europe is reducing, while incidence of HIV is rising. Whole-of-government approaches to public health, non-discrimination and investing in equity and health throughout the lifecycle are needed. Using the resident-coordinator system and approaches that bring together United Nations agencies to improve the efficiency and effectiveness of operational activities at country level, UNDP is focusing on social, economic and environmental determinants of health and health equity being integrated in development policy and practice to maximize co-benefits for health and development. Leaving no one behind, keeping the 2030 Agenda in mind, will be a challenge to face together.

The UNFPA pointed to the need to accelerate the process and be sure no one is left behind. Financial resources invested in young generations pay dividends in the future. Multisectoral youth policies that will help people be at the heart of the development agenda are needed. UNFPA has a programme aimed at improving sexual and reproductive health outcomes among women and adolescents, as well as a successful collaboration with UNICEF and UNESCO and active participation in gender coalitions.

This is a time for new actions and expanded partnerships, and the WHO issue-based health coalition is an opportunity to be seized. This platform has a chance to reach the needs of eastern Europe and central Asia and will benefit from civil society participation, including youth networks. The focus should be on joint actions aimed at achieving high-impact and fast results, such as health education in schools (including comprehensive sexuality education), youth-friendly services and other intersectoral actions promoting health, preventing disease and protecting human rights.

Health-seeking behaviour must be nurtured from the early years, in line with the life-course approach to health in general and sexual and reproductive health in particular. The platform can strengthen the synergies, harmonize the approaches and accelerate knowledge-sharing through intersectoral cooperation.

Among existing challenges are:

- resistance, largely due to persistent myths and misconceptions on introducing initiatives such as healthy lifestyle education or comprehensive sexuality education in schools, both of which have proven effects at a relatively low cost;
- insufficient state funding and decreasing donor assistance to middle-income countries;
• investments in health, education and social sectors often being inadequate to meet needs; and  
• much-needed increased participation from the private sector and civil society has yet to be addressed.

UNESCO has been documenting and supporting good policies and practices in health education in a number of areas, including comprehensive sexuality education, school violence and education on substance-use prevention. It published global guidance on how to address school-related gender-based violence with UN Women in 2016. In 2017, it will publish a booklet on education-sector responses to the use of alcohol, tobacco and drugs in collaboration with WHO and the United Nations Office on Drugs and Crime, and a new version of the international guidance on sexual education with the Joint United Nations Programme on HIV and AIDS, UNFPA, UNICEF, UN Women and WHO will be released. These stand as three examples of interagency work.

Beyond documenting best practice, UNESCO also has a strong commitment to supporting implementation by Member States. Good cooperation at country level among all United Nations agencies is required, working with civil society (including young people). The platform proposed by WHO could reactivate tools that already exist (such as health promoting schools) and take it a step forward by scaling-up successful interventions. It will be critical to have a common strategy and a clear division of labour.

The World Bank recognizes that it is imperative to invest in health, populations and nutrition to achieve the 2030 Agenda goals. Social inclusion is a pillar of the country diagnostics carried out by the World Bank, with assessments being completed with the Bank’s health, population and nutrition teams. The work also includes social inclusion of Roma populations, where the Bank is working across silos to improve access to inclusive education.

The World Bank is also committed to early childhood development (US$ 6 billion has already been invested in this area), with education taking the lead. Support for care of children and older people and interaction with female labour-force protection is also being provided. The Bank supports universal social protection by means of cash transfers and integration of social services at local level, such as in Bulgaria and Romania. The regional platform could serve as a mechanism to identify recurrent bottlenecks to intersectoral working and provide incentives to work together. The platform could also provide knowledge products and monitoring systems that reflect necessary links.

In addition, Armenia noted the high-quality scientific basis for the conference, and reflected that while the 2030 Agenda is flexible, it is necessary to understand what percentage of indicators could be improved. Countries will need directives and guidelines to reach the 2030 Agenda goals.

In response to the agency statements, the WHO Regional Director for Europe recapitulated that there is a strong United Nations coordination mechanism in the European Region. A good example for the new platform coming from the WHO European Environment and Health Process was noted. It will be necessary to review and ensure policy coherence, identify policy gaps and action areas for joint work, and inspire ongoing work.
Going beyond national level by reaching out to the subnational level will be of key importance. All settings, including schools, play a vital role in this work, and a core part of the 2030 Agenda’s implementation will take place at local level. The platform should be a living entity that meets regularly (every 18–24 months) and between meetings responds positively to country needs. Member States are invited to join this process (as they did in the Environment and Health Process) to make it work.

The conference had highlighted some areas where joint work is already taking place in the European Region, such as the Schools for Health in Europe network, which reaches out to all schools and has clear guidelines and criteria for school membership. Working with ILO will help understandings of how social protection floors can be established in medium- and high-income settings. It is important to be bolder and not stop after reaching set targets. A roadmap for implementation of the 2030 Agenda will be presented at the WHO Regional Committee in September 2017.
Conclusion

The conference focused on creating a healthy, equitable and sustainable future for children in the context of the United Nations 2030 Agenda and Health 2020. It reiterated that health is a political choice that is focused on all determinants with all sectors working together. Discussions took place in an intersectoral and interdisciplinary sphere, with inputs from many different sectors – health, education, social, family, children and the economy. The variety strengthened the potency of the messages.

Having other United Nations agencies and key partners present and engaging in the discussion was important for the future of this work, as to go far, players must go together. Participants were asked to share the conference discussions with their governments and ministries before the next consultation on the draft declaration. The focus on intersectoral work, starting early with children and equity prevailed throughout the conference and will remain crucial for continuing the discussion together and creating a path for the future.

Key points

Urgency

The current situation in Europe is characterized by a confluence of the need for urgency in action, and the opportunity created by the policy context. The 2030 Agenda and its goals have created an enabling policy environment that complements the ongoing implementation of Health 2020. There is growing evidence of the challenges, but also that tackling the challenges is possible, and there is an economic argument for doing so. Challenges posed by the digital revolution also need to be faced.

Effectively tackling health inequalities and creating a healthier, safer future for young and future generations requires universal social protection that puts children at the centre. Far too many have had health care needs unmet after the financial crisis in Europe. Universal social protection will support a life-course approach. The evidence is clear that investment in children strengthens society and democracy. Children must be supported in the places where they spend most time, which entails engaging with schools and communities.

A participatory approach

Child-centeredness was stressed as one of the strongest elements needed in the policy process. Children and their families must be at the centre of the policy process, and taking a participatory approach is crucial for this. Not only is it an important element of Health 2020, but all the evidence has shown that it is important in achieving the best outcomes.

To reach children, it is necessary to work through the family. This requires strong and resilient families and communities, and social protection measures that are universal. Evidence presented during the conference showed that parents’ poverty increases the likelihood of child poverty and often forces children into child labour. It also demonstrates that child poverty increases throughout the life-course, and increasing poverty has impacts on future life opportunities.

Schools and education

The school setting is essential, and health is of crucial importance for education and learning. The framework convention between health and education in France offered a positive example of
how intersectoral collaboration between the sectors can be achieved. It clearly demonstrates that health is a component of citizenship and personal, social and civic skills. Knowledge about bodies, health and behaviour is critical to being able to develop a stance in relation to media stereotypes and peer pressure about certain lifestyle choices.

**Workforce**

These interventions fall on the frontline of all sectors – the workforce – all of whom need to be empowered and enabled to deliver. It is important to lead by example in addressing the burdens and challenges of the care workforce and informal sector, which are issues that affect health and well-being in various sectors throughout the Region. The workforce is now faced with new demands: more involvement from other sectors is needed to introduce necessary changes, and the platform represents a starting point.

**Governance and mechanisms**

Political will and commitment is very important, and the nature of the mechanisms matter. A supportive policy environment and wide consultative approach are needed, involving those affected to foster ownership and buy-in from all relevant parties.

**Evidence**

Evidence needs to be multisectoral, but also quantitative and narrative, with information that becomes transformative. Caution should be applied with benchmarking, which could obstruct achievement of the objectives. Evidence must be presented in a comprehensive way and put into a cultural context, but the information needed is often not available. Dealing with health inequalities also means dealing with inequalities in health information.

**Partnership and platform**

This first meeting of a regional platform for working together for better health and well-being brought together United Nations agencies and key partners to reflect on how best to work in support of Member States to ensure that people are at the heart of the development agenda. The meeting represented the first time in public health history that WHO has convened the health, education and social sectors in one room, consequently taking the first step in a process. The opportunity, the will and the leadership tools are available to adopt transformative approaches to make sure no child is left behind and that a healthier and happier future is being created for coming generations.

**Closure of conference**

**Draft Declaration**

The Draft Declaration was well supported as a set of draft concepts. Formal official consultation will take place prior to the Regional Committee meeting in 2017.

Some points emerged in discussion, including the need to:

- ensure full participation
- balance risk prevention and opportunities
- strengthen mental health
- reinforce culturally appropriate action
- use the platform as an implementation pathway for agreed action
- support the coherence of intersectoral action with existing processes.

**Concluding remarks**

_Zsuzsanna Jakab, the WHO Regional Director for Europe_, spoke positively of the opportunities to deal with inequities and social determinants as they affected children through intersectoral cooperation, as highlighted in the SDGs and Health 2002. The many examples of good practice described in the conference would allow Member States to make more progress, providing new impetus to national health development plans based on partnerships.

The platform would allow further development of policies to build social protection systems and policies to support the crucial early start and address transitions. The health sector had a leading role to play in nurturing, focusing on those most at risk, improving health literacy, empowering communities and revitalizing health promoting schools. Improved governance for health was needed in relation to each country’s circumstances and priorities, and improved ways to share accountability together and create enabling and guiding instruments for intersectoral work, in coherence with existing work, need to be found.

The Regional Committee in 2017 would focus on furthering this European policy effort. It will aim for renewed impetus for action and partnerships. A unique opportunity to bring together national development plans to include health and well-being, and to improve financial, psychosocial and cultural links with health, now exists.

The Regional Director expressed her warm thanks to the Government of France and the directors-general for health and education for their hospitality and support or the conference, and for their great intellectual contribution to its content and success.

_Benoît Vallet, Director-General for Health of the Ministry of Social Affairs and Health of France_, thanked all participants of behalf of the Government of France for their participation. France had been proud to help write another page in the history of public health to allow all children to have better chances. As an example, he indicated that France intended to have a first smoke-free generation by 2024. He extended personal thanks to all those who had contributed and to the co-chairs of the Scientific Committee, Ilona Kickbusch and Didier Jourdan, and welcomed the creation of the platform for sharing of knowledge and best practices. Finally, he thanked WHO, the Regional Director, Piroska Östlin and WHO staff for their intellectual input and great organizational support.

In reply, _Piroska Östlin, Director, Division of Policy and Governance for Health and Well-being at the Regional Office_, reciprocated and extended her thanks to all speakers, moderators and participants.
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